A MERKLE-C KNIPPRATH NH
1190 E. 2900 NORTH ROAD
CLIFTON, IL. 60927

Reference Numbers Facility ID 6000012
Health Service Area 004 Planning Service Area 075

Administrator
STEPHEN DE BRAEKLEER

Contact Person and Telephone
STEPHEN DE BRAEKLEER
815-694-2306

Date Completed
4/2/2013

Registered Agent Information
DAMIEN DE BRAEKELEER
1190 E 2900 N RD
Clifton, IL 60927

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	17
Mental Illness	3
Developmental Disability	1
Circulatory System	8
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	42

Total Residents Diagnosed as Mentally Ill 5

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	99	99	47	99	42	57	99	99
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	47	99	42	57	99	99

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	42
Total Admissions 2011	43
Total Discharges 2011	43
Residents on 12/31/2011	42
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1698	4.7%	7627	21.1%	0	0	6215	0	15540	43.0%	43.0%
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	1698	4.7%	7627	21.1%	0	0	6215	0	15540	43.0%	43.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	0	8	0	0	0	0	0	0	0	8	8
75 to 84	2	9	0	0	0	0	0	0	2	9	11
85+	3	14	0	0	0	0	0	0	3	14	17
TOTALS	6	36	0	0	0	0	0	0	6	36	42

A MERKLE-C KNIPPRATH NH
1190 E. 2900 NORTH ROAD
CLIFTON, IL. 60927

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 075

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	24	0	0	15	0	42
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	24	0	0	15	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	42	0	0	0	42
Race Unknown	0	0	0	0	0
Total	42	0	0	0	42

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	42	0	0	0	42
Ethnicity Unknown	0	0	0	0	0
Total	42	0	0	0	42

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	9.00
Certified Aides	26.00
Other Health Staff	4.00
Non-Health Staff	30.00
Totals	78.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
29.8%	31.7%	0.0%	0.0%	38.5%	100.0%		0.0%
931,670	992,362	0	0	1,206,283	3,130,315	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

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

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

Administrator
TERI SCHULTZ

Contact Person and Telephone
HOWARD WENGROW
847-679-2121

Date Completed
1/22/2013

Registered Agent Information
Abraham J. Stern
105 Wacker Dr.
Chicago, IL 60606

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	20
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	5
Mental Illness	5
Developmental Disability	0
Circulatory System	1
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	21
Non-Medical Conditions	0
TOTALS	65

Total Residents Diagnosed as Mentally Ill 5

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	82	82	72	82	65	17	19	74
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	82	82	72	82	65	17	19	74

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	72
Total Admissions 2011	111
Total Discharges 2011	118
Residents on 12/31/2011	65
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2299	33.2%	21717	80.4%	0	0	2127	0	26143	87.3%	87.3%
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	2299	33.2%	21717	80.4%	0	0	2127	0	26143	87.3%	87.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	10	3	0	0	0	0	0	0	10	3	13
60 to 64	3	4	0	0	0	0	0	0	3	4	7
65 to 74	4	6	0	0	0	0	0	0	4	6	10
75 to 84	7	8	0	0	0	0	0	0	7	8	15
85+	8	12	0	0	0	0	0	0	8	12	20
TOTALS	32	33	0	0	0	0	0	0	32	33	65

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

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	52	0	0	6	0	65
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	52	0	0	6	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	54	0	0	0	54
Race Unknown	5	0	0	0	5
Total	65	0	0	0	65

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	61	0	0	0	61
Ethnicity Unknown	1	0	0	0	1
Total	65	0	0	0	65

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	3.00
Certified Aides	19.00
Other Health Staff	2.00
Non-Health Staff	19.00
Totals	51.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
12.4%	78.8%	0.0%	0.0%	8.8%	100.0%		0.0%
539,757	3,437,492	0	0	384,437	4,361,686	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ABBOTT HOUSE LLC
405 CENTRAL AVENUE
HIGHLAND PARK, IL. 60035

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

Administrator
Ivy Fishman

Contact Person and Telephone
IVY FISHMAN
8474326080

Date Completed
4/3/2013

Registered Agent Information
Abbott House LLC
405 CENTRAL AVENUE

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	101
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	101
Total Residents Diagnosed as Mentally Ill	101

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	106	106	105	106	101	5	0	106
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	106	106	105	106	101	5	0	106

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	102
Total Admissions 2011	40
Total Discharges 2011	41
Residents on 12/31/2011	101
Identified Offenders	6

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	33467	86.5%	1250	0	2097	0	36814	95.2%	95.2%
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%	33467	86.5%	1250	0	2097	0	36814	95.2%	95.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	12	9	0	0	0	0	0	0	12	9	21
45 to 59	21	24	0	0	0	0	0	0	21	24	45
60 to 64	11	9	0	0	0	0	0	0	11	9	20
65 to 74	7	7	0	0	0	0	0	0	7	7	14
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	52	49	0	0	0	0	0	0	52	49	101

ABBOTT HOUSE LLC
405 CENTRAL AVENUE
HIGHLAND PARK, IL. 60035

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	94	3	0	4	0	101
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	94	3	0	4	0	101

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	157	153
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	94	0	0	0	94
Race Unknown	0	0	0	0	0
Total	101	0	0	0	101

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	100	0	0	0	100
Ethnicity Unknown	0	0	0	0	0
Total	101	0	0	0	101

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	4.00
Certified Aides	12.00
Other Health Staff	0.00
Non-Health Staff	35.00
Totals	62.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	87.3%	3.9%	0.0%	8.7%	100.0%		0.0%
0	3,703,915	167,200	0	370,077	4,241,192	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ABERDEEN TERRACE
4029 ABERDEEN
ALTON, IL. 62002

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

Administrator
James Haney

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/3/2013

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 62401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	4
Total Residents Diagnosed as Mentally Ill	1

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	4
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	4
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1464	######	0	0	0	0	1464	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1464	######	0	0	0	0	1464	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	0	0	0	2	0	2
45 to 59	0	0	0	0	2	0	0	0	2	0	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	4	0	0	0	4	0	4

ABERDEEN TERRACE
4029 ABERDEEN
ALTON, IL. 62002

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	4	0	4
Race Unknown	0	0	0	0	0
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	4	0	4
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	6.50
Other Health Staff	0.25
Non-Health Staff	0.00
Totals	7.59

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	98.1%	1.3%	0.0%	0.6%	100.0%		0.0%
0	305,835	3,988	0	1,985	311,808	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ABINGTON OF GLENVIEW
3901 GLENVIEW ROAD
GLENVIEW, IL. 60025

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

Administrator
Marilyn Novak

Contact Person and Telephone
JONATHAN DIXON
(847) 729-0000, ext. 103

Date Completed
4/19/2013

Registered Agent Information
James M. Mainzer
180 N. LaSalle, Suite 3300
Chicago, IL 60601

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	11
Mental Illness	0
Developmental Disability	0
Circulatory System	26
Respiratory System	8
Digestive System	1
Genitourinary System Disorders	12
Skin Disorders	2
Musculo-skeletal Disorders	46
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	119

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	192	175	129	175	119	73	100	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	192	175	129	175	119	73	100	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	118
Total Admissions 2011	912
Total Discharges 2011	911
Residents on 12/31/2011	119
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	16961	46.5%	0	0.0%	0	2397	22442	0	41800	59.6%	65.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	16961	46.5%	0	0.0%	0	2397	22442	0	41800	59.6%	65.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	4	10	0	0	0	0	0	0	4	10	14
75 to 84	9	23	0	0	0	0	0	0	9	23	32
85+	17	53	0	0	0	0	0	0	17	53	70
TOTALS	31	88	0	0	0	0	0	0	31	88	119

ABINGTON OF GLENVIEW
3901 GLENVIEW ROAD
GLENVIEW, IL. 60025

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	41	0	0	7	71	0	119
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	41	0	0	7	71	0	119

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	310	220
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	112	0	0	0	112
Race Unknown	6	0	0	0	6
Total	119	0	0	0	119

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	118	0	0	0	118
Ethnicity Unknown	0	0	0	0	0
Total	119	0	0	0	119

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	3.00
Certified Aides	39.00
Other Health Staff	3.00
Non-Health Staff	64.00
Totals	125.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
60.8%	0.0%	0.0%	5.7%	33.5%	100.0%		0.0%
8,572,476	0	0	802,465	4,725,630	14,100,571	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ADDOLORATA VILLA
555 MCHENRY ROAD
WHEELING, IL. 60090

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

Administrator
Brian Celerio

Contact Person and Telephone
Brian Celerio
(847)403-5567

Date Completed
4/19/2013

Registered Agent Information
CT Corporation
208 S. LaSalle Street
Chicago, IL 60604

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	28
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	5
Other Medical Conditions	2
Non-Medical Conditions	44
TOTALS	108

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	98	98	92	98	83	15	88	30
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	43	31	31	31	25	18		
TOTAL BEDS	141	129	123	129	108	33	88	30

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	108
Total Admissions 2011	152
Total Discharges 2011	152
Residents on 12/31/2011	108
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3960	12.3%	5384	49.2%	0	147	19662	0	29153	81.5%	81.5%
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	9783	708	10491	66.8%	92.7%
TOTALS	3960	12.3%	5384	49.2%	0	147	29445	708	39644	77.0%	84.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	3	0	0	0	0	0	1	2	4	6
75 to 84	3	11	0	0	0	0	1	9	4	20	24
85+	13	51	0	0	0	0	2	12	15	63	78
TOTALS	18	65	0	0	0	0	3	22	21	87	108

ADDOLORATA VILLA
555 MCHENRY ROAD
WHEELING, IL. 60090

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	15	0	2	61	0	83
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	22	3	25
TOTALS	5	15	0	2	83	3	108

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	315	288
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	160	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	83	0	0	25	108
Race Unknown	0	0	0	0	0
Total	83	0	0	25	108

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	1	2
Non-Hispanic	82	0	0	24	106
Ethnicity Unknown	0	0	0	0	0
Total	83	0	0	25	108

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	3.00
Physicians	0.20
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	6.00
Certified Aides	38.00
Other Health Staff	16.00
Non-Health Staff	61.00
Totals	139.20

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
28.8%	9.5%	0.0%	1.0%	60.7%	100.0%		1.3%
2,446,056	812,193	0	81,012	5,168,163	8,507,424	113,755	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ADLOFF PLACE
50 ADLOFF LANE
SPRINGFIELD, IL. 62703

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

Administrator
Jill Henson

Contact Person and Telephone
DAWN BLISSET
217-529-9632

Registered Agent Information

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	14
Total Residents Diagnosed as Mentally Ill	10

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	14	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	14	16	14	2	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	14
Total Admissions 2011	4
Total Discharges 2011	4
Residents on 12/31/2011	14
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4930	84.4%	0	0	0	0	4930	84.4%	84.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4930	84.4%	0	0	0	0	4930	84.4%	84.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	3	0	0	3	3	6
45 to 59	0	0	0	0	2	3	0	0	2	3	5
60 to 64	0	0	0	0	1	2	0	0	1	2	3
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	6	8	0	0	6	8	14

ADLOFF PLACE
50 ADLOFF LANE
SPRINGFIELD, IL. 62703

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	9	0	9
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.50
LPN's	0.00
Certified Aides	0.00
Other Health Staff	13.25
Non-Health Staff	1.50
Totals	16.25

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	630,630	0	0	0	630,630	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ADVOCATE SOUTH SUBURBAN HOSPITAL
17800 SOUTH KEDZIE AVENUE
HAZEL CREST, IL. 60429

Reference Numbers Facility ID 6011720
Health Service Area 007 Planning Service Area 705

Administrator
RICHARD HEIM

Contact Person and Telephone
KELLY O'HARA
708/213-3356

Registered Agent Information

Date Completed
4/12/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	1
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	24

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	41	37	36	37	24	17	31	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	41	37	36	37	24	17	31	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	28
Total Admissions 2011	1,032
Total Discharges 2011	1,036
Residents on 12/31/2011	24
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7117	62.9%	0	0.0%	0	3628	0	0	10745	71.8%	79.6%
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	7117	62.9%	0	0.0%	0	3628	0	0	10745	71.8%	79.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	2	4	0	0	0	0	0	0	2	4	6
75 to 84	4	6	0	0	0	0	0	0	4	6	10
85+	1	3	0	0	0	0	0	0	1	3	4
TOTALS	8	16	0	0	0	0	0	0	8	16	24

ADVOCATE SOUTH SUBURBAN HOSPITAL
17800 SOUTH KEDZIE AVENUE
HAZEL CREST, IL. 60429

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	0	0	9	0	0	24
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	0	0	9	0	0	24

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	880	825
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	16	0	0	0	16
Hawaiian/Pacific Isl.	0	0	0	0	0
White	8	0	0	0	8
Race Unknown	0	0	0	0	0
Total	24	0	0	0	24

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	24	0	0	0	24
Ethnicity Unknown	0	0	0	0	0
Total	24	0	0	0	24

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	20.10
LPN's	0.00
Certified Aides	0.00
Other Health Staff	14.10
Non-Health Staff	2.10
Totals	37.30

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
42.9%	0.0%	0.0%	57.1%	0.0%	100.0%		0.0%
3,144,224	0	0	4,180,189	0	7,324,413	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALBANY CARE
901 MAPLE AVENUE
EVANSTON, IL. 60202

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

Administrator
Dennis Tossi

Contact Person and Telephone
DENNIS TOSSI
847-475-4000

Registered Agent Information
Thomas Winter
6840 N. Lincoln Ave.
Lincolnwood, IL 60712

Date Completed
4/8/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	365
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	365
Total Residents Diagnosed as Mentally Ill	365

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	417	417	390	417	365	52	0	417
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	417	417	390	417	365	52	0	417

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	392
Total Admissions 2011	72
Total Discharges 2011	99
Residents on 12/31/2011	365
Identified Offenders	35

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	134469	88.3%	0	397	2046	0	136912	90.0%	90.0%
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	0	0.0%	134469	88.3%	0	397	2046	0	136912	90.0%	90.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	50	26	0	0	0	0	0	0	50	26	76
45 to 59	113	67	0	0	0	0	0	0	113	67	180
60 to 64	37	27	0	0	0	0	0	0	37	27	64
65 to 74	15	23	0	0	0	0	0	0	15	23	38
75 to 84	3	3	0	0	0	0	0	0	3	3	6
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	218	147	0	0	0	0	0	0	218	147	365

ALBANY CARE
901 MAPLE AVENUE
EVANSTON, IL. 60202

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	360	0	0	5	0	365
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	360	0	0	5	0	365

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	7	0	0	0	7
American Indian	1	0	0	0	1
Black	70	0	0	0	70
Hawaiian/Pacific Isl.	0	0	0	0	0
White	287	0	0	0	287
Race Unknown	0	0	0	0	0
Total	365	0	0	0	365

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	17	0	0	0	17
Non-Hispanic	348	0	0	0	348
Ethnicity Unknown	0	0	0	0	0
Total	365	0	0	0	365

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	23.00
Certified Aides	57.00
Other Health Staff	42.00
Non-Health Staff	46.00
Totals	175.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	75.8%	0.3%	0.0%	23.9%	100.0%		0.0%
0	11,654,686	45,959	0	3,684,317	15,384,962	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALDEN - DES PLAINES REHAB/HCC
1221 EAST GOLF ROAD
DES PLAINES, IL. 60016

Reference Numbers Facility ID 6014757
Health Service Area 007 Planning Service Area 702

Administrator
Bryan Pottow

Contact Person and Telephone
CHRIS KUEHN
773-286-3883

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Ave Suite 140
Chicago, IL 60646

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	65
Non-Medical Conditions	0
TOTALS	73
Total Residents Diagnosed as Mentally Ill	0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	110	95	90	95	73	37	110	22
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	110	95	90	95	73	37	110	22

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	66
Total Admissions 2011	831
Total Discharges 2011	824
Residents on 12/31/2011	73
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	16246	40.5%	5088	63.4%	355	2490	2401	0	26580	66.2%	76.7%
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	16246	40.5%	5088	63.4%	355	2490	2401	0	26580	66.2%	76.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	1	6	0	0	0	0	0	0	1	6	7
75 to 84	6	15	0	0	0	0	0	0	6	15	21
85+	12	29	0	0	0	0	0	0	12	29	41
TOTALS	21	52	0	0	0	0	0	0	21	52	73

ALDEN - DES PLAINES REHAB/HCC
1221 EAST GOLF ROAD
DES PLAINES, IL. 60016

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	46	18	0	3	6	0	73
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	46	18	0	3	6	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	310	290
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	2	0	0	0	2
White	68	0	0	0	68
Race Unknown	1	0	0	0	1
Total	73	0	0	0	73

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	72	0	0	0	72
Ethnicity Unknown	0	0	0	0	0
Total	73	0	0	0	73

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	6.00
Certified Aides	21.00
Other Health Staff	1.00
Non-Health Staff	44.00
Totals	81.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
77.6%	6.9%	0.5%	9.1%	5.8%	100.0%		0.0%
8,845,259	787,221	55,386	1,038,725	664,689	11,391,280	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

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

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

Administrator
Lorrie Woebbeking

Contact Person and Telephone
CHRIS KUEHN
773-286-3883

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Avenue, Suit 140
Chicago, IL 60646

Date Completed
4/12/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	16
Respiratory System	13
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	69
Non-Medical Conditions	0
TOTALS	118

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	150	150	131	150	118	32	150	150
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	150	150	131	150	118	32	150	150

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	118
Total Admissions 2011	788
Total Discharges 2011	788
Residents on 12/31/2011	118
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	20540	37.5%	16679	30.5%	735	3200	2670	0	43824	80.0%	80.0%
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	20540	37.5%	16679	30.5%	735	3200	2670	0	43824	80.0%	80.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	2	0	0	0	0	0	0	1	2	3
45 to 59	5	8	0	0	0	0	0	0	5	8	13
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	4	12	0	0	0	0	0	0	4	12	16
75 to 84	12	32	0	0	0	0	0	0	12	32	44
85+	8	31	0	0	0	0	0	0	8	31	39
TOTALS	32	86	0	0	0	0	0	0	32	86	118

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

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	53	45	2	9	9	0	118
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	53	45	2	9	9	0	118

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	360	340
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	99	0	0	0	99
Race Unknown	14	0	0	0	14
Total	118	0	0	0	118

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	106	0	0	0	106
Ethnicity Unknown	8	0	0	0	8
Total	118	0	0	0	118

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	5.00
Certified Aides	33.00
Other Health Staff	7.00
Non-Health Staff	39.00
Totals	104.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
57.1%	28.4%	0.8%	9.1%	4.6%	100.0%		0.0%
9,492,201	4,719,060	134,763	1,519,652	762,660	16,628,336	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

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

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

Administrator
Kaitlin Crist

Contact Person and Telephone
CHRIS KUEHN
773-724-6534

Date Completed
4/8/2013

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson, Suite 140
Chicago, IL 60646

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	50
Non-Medical Conditions	0
TOTALS	62

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	52	52	47	52	38	14	52	52
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	47	47	26	47	24	23		
TOTAL BEDS	99	99	73	99	62	37	52	52

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	60
Total Admissions 2011	371
Total Discharges 2011	369
Residents on 12/31/2011	62
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8185	43.1%	2685	14.1%	0	1474	1710	0	14054	74.0%	74.0%
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	8869	0	8869	51.7%	51.7%
TOTALS	8185	43.1%	2685	14.1%	0	1474	10579	0	22923	63.4%	63.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	1	3	0	0	0	0	0	1	1	4	5
75 to 84	2	6	0	0	0	0	1	5	3	11	14
85+	9	12	0	0	0	0	1	16	10	28	38
TOTALS	15	23	0	0	0	0	2	22	17	45	62

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

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	26	6	0	5	1	0	38
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	24	0	24
TOTALS	26	6	0	5	25	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	432	260
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	155	91

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	11	0	0	0	11
Hawaiian/Pacific Isl.	0	0	0	0	0
White	26	0	0	24	50
Race Unknown	0	0	0	0	0
Total	38	0	0	24	62

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	38	0	0	24	62
Ethnicity Unknown	0	0	0	0	0
Total	38	0	0	24	62

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.15
LPN's	3.49
Certified Aides	14.04
Other Health Staff	1.89
Non-Health Staff	24.02
Totals	52.59

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
61.7%	6.1%	0.2%	9.0%	23.0%	100.0%		0.0%
4,363,476	432,241	15,082	636,964	1,626,529	7,074,292	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALDEN ESTATES OF NAPERVILLE
1525 SOUTH OXFORD LANE
NAPERVILLE, IL. 60565

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

Administrator
Nancy Kazmierski

Contact Person and Telephone
CHRIS KUEHN

Registered Agent Information

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	2
Blood Disorders	7
*Nervous System Non Alzheimer	7
Alzheimer Disease	1
Mental Illness	1
Developmental Disability	0
Circulatory System	28
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	3
Other Medical Conditions	85
Non-Medical Conditions	0
TOTALS	147

Total Residents Diagnosed as Mentally Ill 3

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	203	176	176	148	148	55	203	203
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	203	176	176	148	148	55	203	203

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	162
Total Admissions 2011	355
Total Discharges 2011	370
Residents on 12/31/2011	147
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8106	10.9%	41108	55.5%	5506	1332	3192	0	59244	80.0%	92.2%
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	8106	10.9%	41108	55.5%	5506	1332	3192	0	59244	80.0%	92.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	4	1	0	0	0	0	0	0	4	1	5
60 to 64	5	1	0	0	0	0	0	0	5	1	6
65 to 74	9	9	0	0	0	0	0	0	9	9	18
75 to 84	14	30	0	0	0	0	0	0	14	30	44
85+	15	60	0	0	0	0	0	0	15	60	75
TOTALS	47	101	0	0	0	0	0	0	47	101	148

ALDEN ESTATES OF NAPERVILLE
1525 SOUTH OXFORD LANE
NAPERVILLE, IL. 60565

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	105	18	4	6	0	148
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	105	18	4	6	0	148

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	294	293
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	0	5
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	124	0	0	0	124
Race Unknown	16	0	0	0	16
Total	148	0	0	0	148

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	134	0	0	0	134
Ethnicity Unknown	4	0	0	0	4
Total	148	0	0	0	148

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	11.50
Certified Aides	47.50
Other Health Staff	5.00
Non-Health Staff	7.00
Totals	88.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
34.5%	47.9%	6.7%	5.1%	5.8%	100.0%		0.0%
4,355,528	6,038,399	840,427	644,124	735,367	12,613,845	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALDEN ESTATES OF ORLAND PARK
16450 SOUTH 97TH AVENUE
ORLAND PARK, IL. 60467

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

Administrator
Katie Lynn Maniatis

Contact Person and Telephone
CHRIS KUEHN
773-724-6534

Date Completed
4/9/2013

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Ave., Suite 140
Chicago, IL 60646

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	114
Non-Medical Conditions	0
TOTALS	132

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	200	156	156	132	132	68	200	200
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	200	156	156	132	132	68	200	200

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	148
Total Admissions 2011	1,183
Total Discharges 2011	1,199
Residents on 12/31/2011	132
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	31488	43.1%	9867	13.5%	1616	2543	5779	0	51293	70.3%	90.1%
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	31488	43.1%	9867	13.5%	1616	2543	5779	0	51293	70.3%	90.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	4	0	0	0	0	0	0	1	4	5
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	2	14	0	0	0	0	0	0	2	14	16
75 to 84	11	35	0	0	0	0	0	0	11	35	46
85+	9	54	0	0	0	0	0	0	9	54	63
TOTALS	24	108	0	0	0	0	0	0	24	108	132

ALDEN ESTATES OF ORLAND PARK
16450 SOUTH 97TH AVENUE
ORLAND PARK, IL. 60467

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	82	25	6	6	13	0	132
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	82	25	6	6	13	0	132

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	305	300
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	11	0	0	0	11
Hawaiian/Pacific Isl.	0	0	0	0	0
White	120	0	0	0	120
Race Unknown	0	0	0	0	0
Total	132	0	0	0	132

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	131	0	0	0	131
Ethnicity Unknown	0	0	0	0	0
Total	132	0	0	0	132

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	9.00
Certified Aides	36.00
Other Health Staff	19.00
Non-Health Staff	41.00
Totals	119.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
78.1%	7.7%	1.3%	5.2%	7.7%	100.0%		0.0%
16,126,107	1,594,476	266,704	1,068,893	1,600,427	20,656,607	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALDEN ESTATES OF SHOREWOOD
710 WEST BLACK ROAD
SHOREWOOD, IL. 60404

Reference Numbers Facility ID 6016695
Health Service Area 009 Planning Service Area 197

Administrator
Annette Borcky

Contact Person and Telephone
CHRIS KUEHN
773-724-6534

Date Completed
4/12/2013

Registered Agent Information
Mary Chelotti-Smith
4200 West Peterson Avenue, Suite 140
Chicago, IL 60646

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	39
Non-Medical Conditions	0
TOTALS	42
Total Residents Diagnosed as Mentally Ill	0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	100	50	45	50	42	58	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	100	50	45	50	42	58	0	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	0
Total Admissions 2011	267
Total Discharges 2011	225
Residents on 12/31/2011	42
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5325	0.0%	957	0.0%	24	688	119	0	7113	19.5%	39.0%
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	5325	0.0%	957	0.0%	24	688	119	0	7113	19.5%	39.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	0	11	0	0	0	0	0	0	0	11	11
75 to 84	4	8	0	0	0	0	0	0	4	8	12
85+	5	12	0	0	0	0	0	0	5	12	17
TOTALS	10	32	0	0	0	0	0	0	10	32	42

ALDEN ESTATES OF SHOREWOOD
710 WEST BLACK ROAD
SHOREWOOD, IL. 60404

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	35	3	1	2	1	0	42
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	35	3	1	2	1	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	400	300
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	39	0	0	0	39
Race Unknown	0	0	0	0	0
Total	42	0	0	0	42

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	42	0	0	0	42
Ethnicity Unknown	0	0	0	0	0
Total	42	0	0	0	42

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.95
LPN's	0.00
Certified Aides	13.29
Other Health Staff	14.90
Non-Health Staff	17.71
Totals	55.85

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
86.6%	3.5%	0.1%	8.8%	1.0%	100.0%		0.0%
2,780,689	112,870	3,119	282,555	32,068	3,211,301	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

07-102 3/9/2012 Facility licensed for operation with 100 Nursing Care beds.

ALDEN ESTATES OF SKOKIE
4626 OLD ORCHARD ROAD
SKOKIE, IL. 60076

Reference Numbers Facility ID 6006886
Health Service Area 007 Planning Service Area 702

Administrator
Lindsay McKenzie

Contact Person and Telephone
CHRIS KUEHN
773-724-6534

Registered Agent Information
Mary Chelotti-Smith
4200 W Peterson Suite 140
Chicago, IL 60646

Date Completed
4/3/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	19

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	56	29	29	28	19	37	56	56
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	56	29	29	28	19	37	56	56

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	581
Total Discharges 2011	578
Residents on 12/31/2011	19
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6523	31.9%	0	0.0%	0	2487	11	0	9021	44.1%	85.2%
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	6523	31.9%	0	0.0%	0	2487	11	0	9021	44.1%	85.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	3	0	0	0	0	0	0	2	3	5
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	7	0	0	0	0	0	0	1	7	8
75 to 84	2	3	0	0	0	0	0	0	2	3	5
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	5	14	0	0	0	0	0	0	5	14	19

ALDEN ESTATES OF SKOKIE
4626 OLD ORCHARD ROAD
SKOKIE, IL. 60076

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	0	0	6	0	0	19
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	0	0	6	0	0	19

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	18	0	0	0	18
Race Unknown	0	0	0	0	0
Total	19	0	0	0	19

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	19	0	0	0	19
Ethnicity Unknown	0	0	0	0	0
Total	19	0	0	0	19

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.84
LPN's	0.66
Certified Aides	7.91
Other Health Staff	3.37
Non-Health Staff	17.59
Totals	37.37

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
73.2%	0.0%	0.0%	26.8%	0.0%	100.0%		0.0%
3,662,806	0	0	1,341,807	0	5,004,613	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

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

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

Administrator
Allison Pease

Contact Person and Telephone
CHRIS KUEHN
773-286-3883

Date Completed
4/18/2013

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Avenue, Suite 140
Chicago, IL 60646

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	3
Mental Illness	4
Developmental Disability	0
Circulatory System	14
Respiratory System	3
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	36
Non-Medical Conditions	0
TOTALS	75
Total Residents Diagnosed as Mentally Ill	61

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	96	96	88	96	75	21	33	96
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	96	96	88	96	75	21	33	96

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	79
Total Admissions 2011	190
Total Discharges 2011	194
Residents on 12/31/2011	75
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1420	11.8%	22668	64.7%	2374	613	1486	0	28561	81.5%	81.5%
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	1420	11.8%	22668	64.7%	2374	613	1486	0	28561	81.5%	81.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	4	4	0	0	0	0	0	0	4	4	8
60 to 64	4	4	0	0	0	0	0	0	4	4	8
65 to 74	10	7	0	0	0	0	0	0	10	7	17
75 to 84	10	12	0	0	0	0	0	0	10	12	22
85+	6	13	0	0	0	0	0	0	6	13	19
TOTALS	35	40	0	0	0	0	0	0	35	40	75

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

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	56	9	4	2	0	75
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	56	9	4	2	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	266	264
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	17	0	0	0	17
Hawaiian/Pacific Isl.	0	0	0	0	0
White	57	0	0	0	57
Race Unknown	0	0	0	0	0
Total	75	0	0	0	75

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	66	0	0	0	66
Ethnicity Unknown	0	0	0	0	0
Total	75	0	0	0	75

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	10.00
Certified Aides	18.00
Other Health Staff	4.00
Non-Health Staff	18.00
Totals	57.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
14.1%	65.6%	7.9%	5.3%	7.2%	100.0%		0.0%
704,384	3,288,124	395,086	263,248	360,563	5,011,405	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

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

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

Administrator
Jennifer Illarde

Contact Person and Telephone
CHRIS KUEHN
773-286-3883

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Avenue, Suite 140
Chicago, IL 60646

Date Completed
4/12/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	61
Non-Medical Conditions	0
TOTALS	63

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	93	80	77	80	63	30	93	10
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	93	80	77	80	63	30	93	10

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	72
Total Admissions 2011	911
Total Discharges 2011	920
Residents on 12/31/2011	63
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	18133	53.4%	1168	32.0%	0	3737	754	0	23792	70.1%	81.5%
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	18133	53.4%	1168	32.0%	0	3737	754	0	23792	70.1%	81.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	1	10	0	0	0	0	0	0	1	10	11
75 to 84	11	15	0	0	0	0	0	0	11	15	26
85+	7	18	0	0	0	0	0	0	7	18	25
TOTALS	20	43	0	0	0	0	0	0	20	43	63

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

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	50	2	0	9	2	0	63
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	50	2	0	9	2	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	360	320
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	1	0	0	0	1
Total	63	0	0	0	63

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	62	0	0	0	62
Ethnicity Unknown	1	0	0	0	1
Total	63	0	0	0	63

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.26
LPN's	1.41
Certified Aides	18.92
Other Health Staff	33.77
Non-Health Staff	2.36
Totals	68.72

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
83.1%	1.5%	0.0%	13.2%	2.1%	100.0%		0.0%
9,610,999	172,665	4,204	1,530,327	244,919	11,563,114	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALDEN OF OLD TOWN EAST
108 SOUTH FIRST STREET
BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID 6014807
Health Service Area 007 Planning Service Area 703

Administrator
Gloria Di Nuzzo

Contact Person and Telephone
CHRIS KUEHN
773-286-3883

Date Completed
4/17/2013

Registered Agent Information
Mary Chelotti Smith
4200 W Peterson Suite 140
Chicago, IL 60646

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 5

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	64
Total Discharges 2011	64
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5313	91.0%	0	394	0	0	5707	97.7%	97.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5313	91.0%	0	394	0	0	5707	97.7%	97.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	6	0	0	2	6	8
45 to 59	0	0	0	0	2	2	0	0	2	2	4
60 to 64	0	0	0	0	0	2	0	0	0	2	2
65 to 74	0	0	0	0	1	0	0	0	1	0	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	5	10	0	0	5	10	15

ALDEN OF OLD TOWN EAST
108 SOUTH FIRST STREET
BLOOMINGDALE, IL. 60108

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	1	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	1	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	402
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.29
LPN's	0.86
Certified Aides	7.25
Other Health Staff	0.00
Non-Health Staff	3.75
Totals	13.40

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	87.3%	0.0%	0.0%	12.7%	100.0%		0.0%
0	1,061,680	0	0	155,063	1,216,743	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALDEN OF OLD TOWN WEST
118 SOUTH BLOOMINGDALE ROAD
BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID 6014815
Health Service Area 007 Planning Service Area 703

Administrator
Gloria Di Nuzzo

Contact Person and Telephone
CHRIS KUEHN
773-286-3883

Registered Agent Information
Mary Chelotti-Smith
4200 W Peterson Ave Suite 140
Chicago, IL 60646

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 3

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	7
Total Discharges 2011	8
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5769	98.8%	0	60	0	0	5829	99.8%	99.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5769	98.8%	0	60	0	0	5829	99.8%	99.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	4	0	0	6	4	10
45 to 59	0	0	0	0	2	1	0	0	2	1	3
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	7	0	0	8	7	15

ALDEN OF OLD TOWN WEST
118 SOUTH BLOOMINGDALE ROAD
BLOOMINGDALE, IL. 60108

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	402
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	2	0	2
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.29
LPN's	0.86
Certified Aides	8.00
Other Health Staff	0.00
Non-Health Staff	4.00
Totals	14.40

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	98.4%	0.0%	0.0%	1.6%	100.0%		0.0%
0	1,320,141	0	0	20,957	1,341,098	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALDEN OF WATERFORD
2021 RANDI DRIVE
AURORA, IL. 60504

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

Administrator
Nora O'Gorman

Contact Person and Telephone
CHRIS KUEHN
773-286-3883

Registered Agent Information
Mary Chelotti-Smith
4200 W Peterson Avenue 140
Chicago, IL 60646

Date Completed
3/30/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	19
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	33
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	74

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	99	99	87	99	74	25	99	40
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	87	99	74	25	99	40

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	88
Total Admissions 2011	382
Total Discharges 2011	396
Residents on 12/31/2011	74
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7655	21.2%	4481	30.7%	606	2227	1885	0	16854	46.6%	46.6%
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	7655	21.2%	4481	30.7%	606	2227	1885	0	16854	46.6%	46.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	8	6	0	0	0	0	0	0	8	6	14
75 to 84	7	16	0	0	0	0	0	0	7	16	23
85+	5	26	0	0	0	0	0	0	5	26	31
TOTALS	22	52	0	0	0	0	0	0	22	52	74

ALDEN OF WATERFORD
2021 RANDI DRIVE
AURORA, IL. 60504

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	36	20	2	8	8	0	74
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	36	20	2	8	8	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	345	320
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	58	0	0	0	58
Race Unknown	5	0	0	0	5
Total	74	0	0	0	74

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	69	0	0	0	69
Ethnicity Unknown	2	0	0	0	2
Total	74	0	0	0	74

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.26
LPN's	0.62
Certified Aides	21.34
Other Health Staff	4.00
Non-Health Staff	31.10
Totals	71.32

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
65.0%	11.1%	1.4%	14.3%	8.2%	100.0%		0.0%
7,126,078	1,218,529	150,410	1,564,676	903,322	10,963,015	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

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

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

Administrator
Gloria Di Nuzzo

Contact Person and Telephone
CHRIS KUEHN

Date Completed
4/17/2013

Registered Agent Information
Mary Chelottis-Smith
4200 W Peterson Suite 140
Chicago, IL 60646

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 7

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	101
Total Discharges 2011	102
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5664	97.0%	0	0	0	0	5664	97.0%	97.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5664	97.0%	0	0	0	0	5664	97.0%	97.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	3	0	0	5	3	8
45 to 59	0	0	0	0	2	3	0	0	2	3	5
60 to 64	0	0	0	0	0	2	0	0	0	2	2
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	7	8	0	0	7	8	15

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

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	402
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.19
LPN's	0.78
Certified Aides	7.56
Other Health Staff	0.00
Non-Health Staff	3.75
Totals	12.53

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	1,189,762	0	0	0	1,189,762	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

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

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

Administrator
Pamela Lamb

Contact Person and Telephone
CHRIS KUEHN
(773) 286-3883, ext. 6534

Date Completed
4/19/2013

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Avenue, Suite 140
Chicago, IL 60646

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	15
Alzheimer Disease	42
Mental Illness	42
Developmental Disability	0
Circulatory System	35
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	36
Non-Medical Conditions	0
TOTALS	190

Total Residents Diagnosed as Mentally Ill 42

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	316	240	213	213	190	126	316	316
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	316	240	213	213	190	126	316	316

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	195
Total Admissions 2011	785
Total Discharges 2011	790
Residents on 12/31/2011	190
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5094	4.4%	60757	52.7%	4030	552	3753	0	74186	64.3%	84.7%
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	5094	4.4%	60757	52.7%	4030	552	3753	0	74186	64.3%	84.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	7	6	0	0	0	0	0	0	7	6	13
45 to 59	12	14	0	0	0	0	0	0	12	14	26
60 to 64	8	10	0	0	0	0	0	0	8	10	18
65 to 74	19	17	0	0	0	0	0	0	19	17	36
75 to 84	14	27	0	0	0	0	0	0	14	27	41
85+	14	42	0	0	0	0	0	0	14	42	56
TOTALS	74	116	0	0	0	0	0	0	74	116	190

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

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	158	9	2	9	0	190
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	158	9	2	9	0	190

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	275	269
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	174	0	0	0	174
Race Unknown	15	0	0	0	15
Total	190	0	0	0	190

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	175	0	0	0	175
Ethnicity Unknown	11	0	0	0	11
Total	190	0	0	0	190

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.40
LPN's	12.32
Certified Aides	37.32
Other Health Staff	8.69
Non-Health Staff	26.48
Totals	103.21

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
21.4%	66.1%	4.2%	1.6%	6.6%	100.0%		0.0%
2,553,095	7,884,666	504,852	193,925	790,259	11,926,797	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

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

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

Administrator
Gloria Di Nuzzo

Contact Person and Telephone
CHRIS KUEHN

Registered Agent Information
Mary Chelotti-Smith
4200 West Peterson Suite 140
Chicago, IL 60646

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	14
Total Residents Diagnosed as Mentally Ill	9

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	14	2	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	35
Total Discharges 2011	37
Residents on 12/31/2011	14
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5542	94.9%	0	0	0	0	5542	94.9%	94.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5542	94.9%	0	0	0	0	5542	94.9%	94.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	5	0	0	4	5	9
45 to 59	0	0	0	0	2	2	0	0	2	2	4
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	6	8	0	0	6	8	14

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

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	402
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	1	0	1
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	13	0	13
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	1	0	1
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.78
LPN's	0.19
Certified Aides	7.56
Other Health Staff	0.00
Non-Health Staff	3.75
Totals	12.53

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	1,145,281	0	0	0	1,145,281	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

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

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

Administrator
Laurie Longo

Contact Person and Telephone
CHRIS KUEHN
773/286-3883

Date Completed
4/12/2013

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Avenue, Suite 140
Chicago, IL 60646

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

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

Total Residents Diagnosed as Mentally Ill 19

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	126	126	126	126	120	6		126
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	126	126	126	126	120	6	0	126

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	122
Total Admissions 2011	149
Total Discharges 2011	151
Residents on 12/31/2011	120
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			43262	94.1%	170	0	178	0	43610	94.8%	94.8%
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%	43262	94.1%	170	0	178	0	43610	94.8%	94.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	19	6	0	0	0	0	19	6	25
18 to 44	0	0	34	25	0	0	0	0	34	25	59
45 to 59	0	0	14	14	0	0	0	0	14	14	28
60 to 64	0	0	2	2	0	0	0	0	2	2	4
65 to 74	0	0	3	1	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	0	0	72	48	0	0	0	0	72	48	120

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

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	119	0	0	1	0	120
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	119	0	0	1	0	120

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	327	327
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	4	0	0	4
American Indian	0	0	0	0	0
Black	0	39	0	0	39
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	49	0	0	49
Race Unknown	0	28	0	0	28
Total	0	120	0	0	120

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	18	0	0	18
Non-Hispanic	0	97	0	0	97
Ethnicity Unknown	0	5	0	0	5
Total	0	120	0	0	120

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	9.00
Certified Aides	49.00
Other Health Staff	5.00
Non-Health Staff	21.00
Totals	99.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	98.1%	1.3%	0.0%	0.6%	100.0%		0.0%
0	9,281,637	122,494	1,218	52,846	9,458,195	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

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

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

Administrator
Christy Czajka

Contact Person and Telephone
CHRIS KUEHN
773-286-3883

Date Completed
4/13/2013

Registered Agent Information
Floyd A. Schlossberg
4200 W. Peterson Ave Suite 140
Chicago, IL 60646

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	181	128	71	128	68	113		150
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	181	128	71	128	68	113	0	150

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	66
Total Admissions 2011	30
Total Discharges 2011	28
Residents on 12/31/2011	68
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			25171	46.0%	0	0	395	0	25566	38.7%	54.7%
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%	25171	46.0%	0	0	395	0	25566	38.7%	54.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	9	7	0	0	0	0	9	7	16
18 to 44	0	0	27	14	0	0	0	0	27	14	41
45 to 59	0	0	4	4	0	0	0	0	4	4	8
60 to 64	0	0	2	1	0	0	0	0	2	1	3
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	42	26	0	0	0	0	42	26	68

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

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	68	0	0	0	0	68
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	68	0	0	0	0	68

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	313	313
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	6	0	0	6
American Indian	0	0	0	0	0
Black	0	44	0	0	44
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	18	0	0	18
Race Unknown	0	0	0	0	0
Total	0	68	0	0	68

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	7	0	0	7
Non-Hispanic	0	61	0	0	61
Ethnicity Unknown	0	0	0	0	0
Total	0	68	0	0	68

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.80
LPN's	4.80
Certified Aides	35.21
Other Health Staff	4.05
Non-Health Staff	24.95
Totals	77.81

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	98.4%	0.0%	0.0%	1.6%	100.0%		0.0%
0	5,142,752	0	0	85,813	5,228,565	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALDEN-DEBES
550 SOUTH MULFORD ROAD
ROCKFORD, IL. 61108

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

Administrator
Georgette Parent

Contact Person and Telephone
CHRIS KUEHN
773-286-3883

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Avenue Suite 140
Chicago, IL 60646

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	9
Alzheimer Disease	6
Mental Illness	48
Developmental Disability	1
Circulatory System	31
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	9
Other Medical Conditions	49
Non-Medical Conditions	0
TOTALS	178

Total Residents Diagnosed as Mentally Ill 52

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	268	239	187	239	178	90	268	268
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	268	239	187	239	178	90	268	268

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	179
Total Admissions 2011	656
Total Discharges 2011	657
Residents on 12/31/2011	178
Identified Offenders	4

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	51722	52.9%	9061	9.3%	1442	3173	2720	0	68118	69.6%	78.1%
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	51722	52.9%	9061	9.3%	1442	3173	2720	0	68118	69.6%	78.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	2	0	0	0	0	0	0	4	2	6
45 to 59	11	14	0	0	0	0	0	0	11	14	25
60 to 64	9	8	0	0	0	0	0	0	9	8	17
65 to 74	17	23	0	0	0	0	0	0	17	23	40
75 to 84	11	24	0	0	0	0	0	0	11	24	35
85+	7	48	0	0	0	0	0	0	7	48	55
TOTALS	59	119	0	0	0	0	0	0	59	119	178

ALDEN-DEBES
550 SOUTH MULFORD ROAD
ROCKFORD, IL. 61108

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	143	3	5	8	0	178
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	143	3	5	8	0	178

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	265	230
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	18	0	0	0	18
Hawaiian/Pacific Isl.	0	0	0	0	0
White	153	0	0	0	153
Race Unknown	4	0	0	0	4
Total	178	0	0	0	178

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	172	0	0	0	172
Ethnicity Unknown	3	0	0	0	3
Total	178	0	0	0	178

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	18.00
Certified Aides	31.00
Other Health Staff	2.00
Non-Health Staff	42.00
Totals	106.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
33.2%	51.3%	1.5%	10.3%	3.7%	100.0%		0.0%
4,576,541	7,063,907	201,594	1,417,653	505,047	13,764,742	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALDEN-LAKELAND REHAB & CARE CENTER
820 WEST LAWRENCE AVENUE
CHICAGO, IL. 60640

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

Administrator
NIQUITTA BERRY

Contact Person and Telephone
CHRIS KUEHN
773-724-6534

Date Completed
4/19/2013

Registered Agent Information
MARY CHELOTTI-SMITH
4200 W. PETERSON AVENUE, SUITE 140
Chicago, IL 60646

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	31
Blood Disorders	2
*Nervous System Non Alzheimer	4
Alzheimer Disease	1
Mental Illness	8
Developmental Disability	0
Circulatory System	46
Respiratory System	26
Digestive System	6
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	4
Other Medical Conditions	56
Non-Medical Conditions	0
TOTALS	204

Total Residents Diagnosed as Mentally Ill 103

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	300	260	233	260	204	96	187	300
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	300	260	233	260	204	96	187	300

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	220
Total Admissions 2011	272
Total Discharges 2011	288
Residents on 12/31/2011	204
Identified Offenders	18

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4944	7.2%	70321	64.2%	1667	1128	2042	0	80102	73.2%	84.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4944	7.2%	70321	64.2%	1667	1128	2042	0	80102	73.2%	84.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	17	1	0	0	0	0	0	0	17	1	18
45 to 59	49	20	0	0	0	0	0	0	49	20	69
60 to 64	14	13	0	0	0	0	0	0	14	13	27
65 to 74	19	23	0	0	0	0	0	0	19	23	42
75 to 84	11	18	0	0	0	0	0	0	11	18	29
85+	8	11	0	0	0	0	0	0	8	11	19
TOTALS	118	86	0	0	0	0	0	0	118	86	204

ALDEN-LAKELAND REHAB & CARE CENTER
820 WEST LAWRENCE AVENUE
CHICAGO, IL. 60640

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	184	5	2	4	0	204
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	184	5	2	4	0	204

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	196	181
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	1	0	0	0	1
Black	76	0	0	0	76
Hawaiian/Pacific Isl.	0	0	0	0	0
White	94	0	0	0	94
Race Unknown	31	0	0	0	31
Total	204	0	0	0	204

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	21	0	0	0	21
Non-Hispanic	178	0	0	0	178
Ethnicity Unknown	5	0	0	0	5
Total	204	0	0	0	204

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	9.00
Certified Aides	31.00
Other Health Staff	2.00
Non-Health Staff	44.00
Totals	105.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
18.8%	75.2%	1.5%	1.6%	2.9%	100.0%		0.0%
3,050,300	12,233,013	248,207	256,149	476,639	16,264,308	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

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

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

Administrator
Lesley Hieras

Contact Person and Telephone
CHRIS KUEHN
773-724-6534

Date Completed
4/15/2013

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Avenue, Suite 140
Chicago, IL 60646

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	16
Alzheimer Disease	0
Mental Illness	31
Developmental Disability	68
Circulatory System	26
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	3
Musculo-skeletal Disorders	3
Injuries and Poisonings	4
Other Medical Conditions	25
Non-Medical Conditions	0
TOTALS	185

Total Residents Diagnosed as Mentally Ill 31

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	248	203	198	203	185	63	208	246
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	248	203	198	203	185	63	208	246

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	192
Total Admissions 2011	481
Total Discharges 2011	488
Residents on 12/31/2011	185
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5842	7.7%	57210	63.7%	2742	441	2813	0	69048	76.3%	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	5842	7.7%	57210	63.7%	2742	441	2813	0	69048	76.3%	93.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	10	2	0	0	0	0	0	0	10	2	12
45 to 59	12	9	0	0	0	0	0	0	12	9	21
60 to 64	7	3	0	0	0	0	0	0	7	3	10
65 to 74	16	13	0	0	0	0	0	0	16	13	29
75 to 84	16	32	0	0	0	0	0	0	16	32	48
85+	13	52	0	0	0	0	0	0	13	52	65
TOTALS	74	111	0	0	0	0	0	0	74	111	185

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

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	152	7	1	5	0	185
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	152	7	1	5	0	185

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	220
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	178	0	0	0	178
Race Unknown	4	0	0	0	4
Total	185	0	0	0	185

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	181	0	0	0	181
Ethnicity Unknown	0	0	0	0	0
Total	185	0	0	0	185

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	5.00
Certified Aides	47.00
Other Health Staff	4.00
Non-Health Staff	39.00
Totals	114.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
25.5%	65.7%	3.4%	1.3%	4.1%	100.0%		0.6%
3,062,513	7,895,397	412,550	158,882	488,724	12,018,066	75,627	

*Charity Care Expense does not include expenses which may be considered a community benefit.

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

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

Administrator
Karen Glaza

Contact Person and Telephone
CHRIS KUEHN
773-724-6534

Date Completed
4/8/2013

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Ave, Suite 140
Chicago, IL 60646

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	26
Blood Disorders	3
*Nervous System Non Alzheimer	14
Alzheimer Disease	12
Mental Illness	2
Developmental Disability	0
Circulatory System	68
Respiratory System	7
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	35
Non-Medical Conditions	0
TOTALS	177

Total Residents Diagnosed as Mentally Ill 2

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	198	198	198	198	177	21	198	198
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	198	198	198	198	177	21	198	198

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	184
Total Admissions 2011	443
Total Discharges 2011	450
Residents on 12/31/2011	177
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7797	10.8%	49814	68.9%	1882	1424	4465	64	65446	90.6%	90.6%
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	7797	10.8%	49814	68.9%	1882	1424	4465	64	65446	90.6%	90.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	6	7	0	0	0	0	0	0	6	7	13
60 to 64	4	1	0	0	0	0	0	0	4	1	5
65 to 74	13	16	0	0	0	0	0	0	13	16	29
75 to 84	24	33	0	0	0	0	0	0	24	33	57
85+	11	62	0	0	0	0	0	0	11	62	73
TOTALS	58	119	0	0	0	0	0	0	58	119	177

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

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	131	3	5	14	0	177
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	131	3	5	14	0	177

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	11	0	0	0	11
American Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawaiian/Pacific Isl.	0	0	0	0	0
White	137	0	0	0	137
Race Unknown	14	0	0	0	14
Total	177	0	0	0	177

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	29	0	0	0	29
Non-Hispanic	145	0	0	0	145
Ethnicity Unknown	3	0	0	0	3
Total	177	0	0	0	177

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	12.00
Certified Aides	37.00
Other Health Staff	27.00
Non-Health Staff	13.00
Totals	99.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
29.1%	55.6%	2.1%	4.3%	8.9%	100.0%		0.0%
4,054,896	7,744,601	293,260	604,920	1,237,595	13,935,272	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

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

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

Administrator
Jodi Wubbena

Contact Person and Telephone
CHRIS KUEHN
773-286-3883

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Ave Suite 140
Chicago, IL 60646

Date Completed
4/16/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	22
Alzheimer Disease	0
Mental Illness	43
Developmental Disability	0
Circulatory System	24
Respiratory System	15
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	2
Other Medical Conditions	31
Non-Medical Conditions	0
TOTALS	142

Total Residents Diagnosed as Mentally Ill 43

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	189	173	155	173	142	47	189	189
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	189	173	155	173	142	47	189	189

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	151
Total Admissions 2011	279
Total Discharges 2011	288
Residents on 12/31/2011	142
Identified Offenders	6

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4338	6.3%	41603	60.3%	5316	356	3147	0	54760	79.4%	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	4338	6.3%	41603	60.3%	5316	356	3147	0	54760	79.4%	86.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	7	3	0	0	0	0	0	0	7	3	10
45 to 59	11	17	0	0	0	0	0	0	11	17	28
60 to 64	4	6	0	0	0	0	0	0	4	6	10
65 to 74	10	15	0	0	0	0	0	0	10	15	25
75 to 84	11	22	0	0	0	0	0	0	11	22	33
85+	5	31	0	0	0	0	0	0	5	31	36
TOTALS	48	94	0	0	0	0	0	0	48	94	142

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

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	112	15	2	6	0	142
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	112	15	2	6	0	142

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	284	253
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	14	0	0	0	14
Hawaiian/Pacific Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	67	0	0	0	67
Total	142	0	0	0	142

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	75	0	0	0	75
Ethnicity Unknown	63	0	0	0	63
Total	142	0	0	0	142

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	13.00
Certified Aides	37.00
Other Health Staff	8.00
Non-Health Staff	22.00
Totals	91.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
21.4%	60.3%	7.0%	5.3%	6.1%	100.0%		0.0%
2,412,949	6,809,073	788,073	596,351	691,914	11,298,360	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALDEN-POPLAR CREEK REHAB &CARE
1545 BARRINGTON ROAD
HOFFMAN ESTATES, IL. 60169

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

Administrator
Jeff Russell

Contact Person and Telephone
CHRIS KUEHN
773-286-3883 ext 6534

Date Completed
4/16/2013

Registered Agent Information
MARY CHELOTTI- SMITH
4200 W PETERSON AVE SUITE 140
Chicago, IL 60646

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	35
Blood Disorders	4
*Nervous System Non Alzheimer	2
Alzheimer Disease	6
Mental Illness	3
Developmental Disability	0
Circulatory System	32
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	94
Non-Medical Conditions	0
TOTALS	188

Total Residents Diagnosed as Mentally Ill 3

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	217	217	196	217	188	29	217	217
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	217	217	196	217	188	29	217	217

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	191
Total Admissions 2011	550
Total Discharges 2011	553
Residents on 12/31/2011	188
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10808	13.6%	47404	59.8%	838	2825	4545	0	66420	83.9%	83.9%
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	10808	13.6%	47404	59.8%	838	2825	4545	0	66420	83.9%	83.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	5	0	0	0	0	0	0	3	5	8
60 to 64	1	4	0	0	0	0	0	0	1	4	5
65 to 74	5	22	0	0	0	0	0	0	5	22	27
75 to 84	25	41	0	0	0	0	0	0	25	41	66
85+	18	64	0	0	0	0	0	0	18	64	82
TOTALS	52	136	0	0	0	0	0	0	52	136	188

ALDEN-POPLAR CREEK REHAB &CARE
1545 BARRINGTON ROAD
HOFFMAN ESTATES, IL. 60169

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	36	130	1	8	13	0	188
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	36	130	1	8	13	0	188

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	310	305
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	8	0	0	0	8
American Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	162	0	0	0	162
Race Unknown	11	0	0	0	11
Total	188	0	0	0	188

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	179	0	0	0	179
Ethnicity Unknown	1	0	0	0	1
Total	188	0	0	0	188

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.28
LPN's	9.41
Certified Aides	39.51
Other Health Staff	1.35
Non-Health Staff	34.14
Totals	99.69

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
37.6%	47.3%	0.8%	6.4%	7.9%	100.0%		0.0%
5,754,509	7,249,005	121,801	975,216	1,217,323	15,317,854	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

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

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

Administrator
Laura A. Kelly

Contact Person and Telephone
CHRIS KUEHN
773-286-3883

Date Completed
4/17/2013

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Avenue Suite 140
Chicago, IL 60646

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	20
Blood Disorders	0
*Nervous System Non Alzheimer	13
Alzheimer Disease	1
Mental Illness	56
Developmental Disability	0
Circulatory System	18
Respiratory System	16
Digestive System	16
Genitourinary System Disorders	13
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	169

Total Residents Diagnosed as Mentally Ill 56

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	225	203	176	203	169	56	225	225
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	225	203	176	203	169	56	225	225

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	160
Total Admissions 2011	225
Total Discharges 2011	216
Residents on 12/31/2011	169
Identified Offenders	16

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3267	4.0%	56496	68.8%	727	25	397	0	60912	74.2%	82.2%
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	3267	4.0%	56496	68.8%	727	25	397	0	60912	74.2%	82.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	14	1	0	0	0	0	0	0	14	1	15
45 to 59	42	8	0	0	0	0	0	0	42	8	50
60 to 64	15	5	0	0	0	0	0	0	15	5	20
65 to 74	25	7	0	0	0	0	0	0	25	7	32
75 to 84	11	15	0	0	0	0	0	0	11	15	26
85+	12	14	0	0	0	0	0	0	12	14	26
TOTALS	119	50	0	0	0	0	0	0	119	50	169

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

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	160	3	0	0	0	169
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	160	3	0	0	0	169

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	184	164
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	150	0	0	0	150
Hawaiian/Pacific Isl.	0	0	0	0	0
White	8	0	0	0	8
Race Unknown	11	0	0	0	11
Total	169	0	0	0	169

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	161	0	0	0	161
Ethnicity Unknown	5	0	0	0	5
Total	169	0	0	0	169

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.88
LPN's	13.31
Certified Aides	31.77
Other Health Staff	0.63
Non-Health Staff	39.25
Totals	90.84

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
17.2%	81.5%	0.6%	0.1%	0.6%	100.0%		0.6%
1,721,097	8,136,896	59,852	6,185	63,986	9,988,016	59,120	

*Charity Care Expense does not include expenses which may be considered a community benefit.

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

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

Administrator
Esther Davis

Contact Person and Telephone
CHRIS KUEHN
773-286-3883 ext 6534

Date Completed
4/11/2013

Registered Agent Information
Mary Chelotti Smith
4200 West Peterson Ave. Suite # 140
Chicago, IL 60646

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	19
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	27
Mental Illness	17
Developmental Disability	0
Circulatory System	13
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	82
Non-Medical Conditions	0
TOTALS	175

Total Residents Diagnosed as Mentally Ill 17

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	237	237	192	237	175	62	237	237
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	237	237	192	237	175	62	237	237

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	215
Total Admissions 2011	585
Total Discharges 2011	625
Residents on 12/31/2011	175
Identified Offenders	4

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5973	6.9%	55982	64.7%	2706	1166	3625	0	69452	80.3%	80.3%
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	5973	6.9%	55982	64.7%	2706	1166	3625	0	69452	80.3%	80.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	10	7	0	0	0	0	0	0	10	7	17
60 to 64	6	6	0	0	0	0	0	0	6	6	12
65 to 74	9	20	0	0	0	0	0	0	9	20	29
75 to 84	25	28	0	0	0	0	0	0	25	28	53
85+	12	51	0	0	0	0	0	0	12	51	63
TOTALS	63	112	0	0	0	0	0	0	63	112	175

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

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	141	10	1	11	0	175
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	141	10	1	11	0	175

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	308	300
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	42	0	0	0	42
Hawaiian/Pacific Isl.	0	0	0	0	0
White	62	0	0	0	62
Race Unknown	71	0	0	0	71
Total	175	0	0	0	175

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	64	0	0	0	64
Non-Hispanic	110	0	0	0	110
Ethnicity Unknown	1	0	0	0	1
Total	175	0	0	0	175

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	18.00
Certified Aides	57.00
Other Health Staff	14.00
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
24.1%	64.8%	2.9%	2.3%	5.9%	100.0%		0.0%
3,291,545	8,858,708	398,383	310,042	808,873	13,667,551	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALDEN-VALLEY RIDGE REHAB &CARE
275 EAST ARMY TRAIL ROAD
BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID 6000459
Health Service Area 007 Planning Service Area 703

Administrator
Trevor Huisinga

Contact Person and Telephone
CHRIS KUEHN
773-286-3883

Date Completed
4/15/2013

Registered Agent Information
Mary Chelotti-Smith
4200 W. peterson Ave. Suite 140
Chicago, IL 60646

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	7
*Nervous System Non Alzheimer	6
Alzheimer Disease	52
Mental Illness	17
Developmental Disability	0
Circulatory System	5
Respiratory System	4
Digestive System	5
Genitourinary System Disorders	0
Skin Disorders	4
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	12
Non-Medical Conditions	43
TOTALS	169
Total Residents Diagnosed as Mentally Ill	17

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	207	207	185	198	169	38	207	207
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	207	207	185	198	169	38	207	207

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	176
Total Admissions 2011	291
Total Discharges 2011	298
Residents on 12/31/2011	169
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6234	8.3%	42615	56.4%	949	688	4289	0	54775	72.5%	72.5%
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	6234	8.3%	42615	56.4%	949	688	4289	0	54775	72.5%	72.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	5	6	0	0	0	0	0	0	5	6	11
60 to 64	6	11	0	0	0	0	0	0	6	11	17
65 to 74	15	12	0	0	0	0	0	0	15	12	27
75 to 84	12	31	0	0	0	0	0	0	12	31	43
85+	17	53	0	0	0	0	0	0	17	53	70
TOTALS	56	113	0	0	0	0	0	0	56	113	169

ALDEN-VALLEY RIDGE REHAB &CARE
275 EAST ARMY TRAIL ROAD
BLOOMINGDALE, IL. 60108

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	110	25	5	11	0	169
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	110	25	5	11	0	169

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	290	280
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	9	0	0	0	9
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	147	0	0	0	147
Race Unknown	8	0	0	0	8
Total	169	0	0	0	169

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	165	0	0	0	165
Ethnicity Unknown	1	0	0	0	1
Total	169	0	0	0	169

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.42
LPN's	13.55
Certified Aides	33.91
Other Health Staff	22.00
Non-Health Staff	23.22
Totals	101.10

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
30.4%	53.0%	8.6%	1.8%	6.1%	100.0%		0.0%
3,647,183	6,349,048	1,030,474	218,142	735,408	11,980,255	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

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

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

Administrator
CHARLENE HILL-JEON

Contact Person and Telephone
CHRIS KUEHN
773-286-3883

Date Completed
4/5/2013

Registered Agent Information
MARY CHELOTTI-SMITH
4200 W. PETERSON AVENUE
Chicago, IL 60646

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	13
Alzheimer Disease	14
Mental Illness	70
Developmental Disability	0
Circulatory System	35
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	12
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	52
Non-Medical Conditions	0
TOTALS	211

Total Residents Diagnosed as Mentally Ill 70

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	300	262	227	262	211	89	300	300
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	300	262	227	262	211	89	300	300

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	224
Total Admissions 2011	316
Total Discharges 2011	329
Residents on 12/31/2011	211
Identified Offenders	5

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3368	3.1%	40339	36.8%	2502	348	284	0	46841	42.8%	49.0%
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	3368	3.1%	40339	36.8%	2502	348	284	0	46841	42.8%	49.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	17	0	0	0	0	0	0	2	17	19
45 to 59	10	32	0	0	0	0	0	0	10	32	42
60 to 64	9	15	0	0	0	0	0	0	9	15	24
65 to 74	20	22	0	0	0	0	0	0	20	22	42
75 to 84	22	25	0	0	0	0	0	0	22	25	47
85+	11	26	0	0	0	0	0	0	11	26	37
TOTALS	74	137	0	0	0	0	0	0	74	137	211

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

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	185	9	0	2	0	211
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	185	9	0	2	0	211

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	197	0	0	0	197
Hawaiian/Pacific Isl.	0	0	0	0	0
White	11	0	0	0	11
Race Unknown	3	0	0	0	3
Total	211	0	0	0	211

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	206	0	0	0	206
Ethnicity Unknown	1	0	0	0	1
Total	211	0	0	0	211

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	20.00
Certified Aides	76.00
Other Health Staff	6.00
Non-Health Staff	63.00
Totals	186.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
24.5%	69.7%	4.7%	1.1%	0.0%	100.0%		0.0%
3,311,447	9,437,510	635,068	148,560	3,521	13,536,106	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALEDO REHAB & HEALTH CARE CTR
304 S.W. 12TH STREET
ALEDO, IL. 61231

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

Administrator
Scott Widener

Contact Person and Telephone
Marikay Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
4/1/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	24
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	51
Total Residents Diagnosed as Mentally Ill	0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	80	80	56	80	51	29	80	80
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	80	80	56	80	51	29	80	80

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	43
Total Admissions 2011	52
Total Discharges 2011	44
Residents on 12/31/2011	51
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	499	1.7%	11604	39.7%	44	37	6261	0	18445	63.2%	63.2%
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	499	1.7%	11604	39.7%	44	37	6261	0	18445	63.2%	63.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	4	7	0	0	0	0	0	0	4	7	11
75 to 84	18	13	0	0	0	0	0	0	18	13	31
85+	3	2	0	0	0	0	0	0	3	2	5
TOTALS	28	23	0	0	0	0	0	0	28	23	51

ALEDO REHAB & HEALTH CARE CTR
304 S.W. 12TH STREET
ALEDO, IL. 61231

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	34	0	0	14	0	51
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	34	0	0	14	0	51

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	123	105
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	49	0	0	0	49
Race Unknown	1	0	0	0	1
Total	51	0	0	0	51

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	50	0	0	0	50
Ethnicity Unknown	0	0	0	0	0
Total	51	0	0	0	51

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	11.00
Certified Aides	25.00
Other Health Staff	0.00
Non-Health Staff	23.00
Totals	64.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
1.0%	66.2%	0.0%	0.0%	32.9%	100.0%		0.2%
20,207	1,357,510	0	0	674,079	2,051,796	4,450	

*Charity Care Expense does not include expenses which may be considered a community benefit.

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

Reference Numbers Facility ID 6004014
Health Service Area 011 Planning Service Area 119

Administrator
Dede A. Weder

Contact Person and Telephone
DEDE A. WEDER
618-488-3565 X200

Date Completed
6/4/2013

Registered Agent Information
Demaris (Dede) A. Weder
11501 Brothers Lane, PO Box 41

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	14
Mental Illness	20
Developmental Disability	1
Circulatory System	3
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	57
Total Residents Diagnosed as Mentally Ill	30

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	84	84	65	84	57	27	11	84
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	84	84	65	84	57	27	11	84

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	59
Total Admissions 2011	47
Total Discharges 2011	49
Residents on 12/31/2011	57
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	703	17.5%	12500	40.8%	0	0	6814	0	20017	65.3%	65.3%
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	703	17.5%	12500	40.8%	0	0	6814	0	20017	65.3%	65.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	4	7	0	0	0	0	0	0	4	7	11
75 to 84	7	10	0	0	0	0	0	0	7	10	17
85+	6	17	0	0	0	0	0	0	6	17	23
TOTALS	19	38	0	0	0	0	0	0	19	38	57

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

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	34	0	0	18	0	57
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	34	0	0	18	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	130
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	56	0	0	0	56
Race Unknown	1	0	0	0	1
Total	57	0	0	0	57

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	56	0	0	0	56
Ethnicity Unknown	0	0	0	0	0
Total	57	0	0	0	57

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	13.00
Certified Aides	27.00
Other Health Staff	2.00
Non-Health Staff	22.00
Totals	71.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
18.8%	32.7%	0.0%	3.1%	45.4%	100.0%		0.0%
553,979	961,300	0	91,363	1,334,837	2,941,480	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

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

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

Administrator
Della R. Richardson

Contact Person and Telephone
Della R. Richardson
773.334.2224

Date Completed
4/10/2013

Registered Agent Information
Much Shelist
191 N. Wacker Dr.
Chicago, IL 60606

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	11
Blood Disorders	12
*Nervous System Non Alzheimer	8
Alzheimer Disease	14
Mental Illness	48
Developmental Disability	10
Circulatory System	3
Respiratory System	4
Digestive System	6
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	1
TOTALS	130

Total Residents Diagnosed as Mentally Ill 97

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	144	144	144	144	130	14	0	144
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	144	144	144	144	130	14	0	144

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	112
Total Admissions 2011	292
Total Discharges 2011	274
Residents on 12/31/2011	130
Identified Offenders	33

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	47450	90.3%	0	0	0	0	47450	90.3%	90.3%
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%	47450	90.3%	0	0	0	0	47450	90.3%	90.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	19	11	0	0	0	0	0	0	19	11	30
45 to 59	46	15	0	0	0	0	0	0	46	15	61
60 to 64	7	1	0	0	0	0	0	0	7	1	8
65 to 74	14	3	0	0	0	0	0	0	14	3	17
75 to 84	9	1	0	0	0	0	0	0	9	1	10
85+	3	1	0	0	0	0	0	0	3	1	4
TOTALS	98	32	0	0	0	0	0	0	98	32	130

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

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	130	0	0	0	0	130
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	130	0	0	0	0	130

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	127
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	8	0	0	0	8
American Indian	0	0	0	0	0
Black	80	0	0	0	80
Hawaiian/Pacific Isl.	0	0	0	0	0
White	42	0	0	0	42
Race Unknown	0	0	0	0	0
Total	130	0	0	0	130

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	124	0	0	0	124
Ethnicity Unknown	0	0	0	0	0
Total	130	0	0	0	130

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	14.00
Certified Aides	33.00
Other Health Staff	3.00
Non-Health Staff	38.00
Totals	95.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	99.8%	0.0%	0.0%	0.2%	100.0%		0.0%
0	6,226,114	0	0	15,604	6,241,718	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALLEN COURT
1650 EAST MAIN STREET
CLINTON, IL. 61727

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

Administrator
Adam Tabor

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 62401

Date Completed
4/3/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 6

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5856	######	0	0	0	0	5856	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5856	######	0	0	0	0	5856	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	2	0	0	1	2	3
45 to 59	0	0	0	0	2	3	0	0	2	3	5
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	3	2	0	0	3	2	5
75 to 84	0	0	0	0	2	0	0	0	2	0	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

ALLEN COURT
1650 EAST MAIN STREET
CLINTON, IL. 61727

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	16	0	16
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	81.4%	0.3%	0.0%	18.4%	100.0%		0.0%
0	551,271	1,990	0	124,345	677,606	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALPHA COMMUNITY HOUSE
1701-18TH STREET
CHARLESTON, IL. 61920

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

Administrator
Sherry Newton

Contact Person and Telephone
Sherry Newton
217 398 0754 ext 13

Date Completed
4/15/2013

Registered Agent Information
Dave Krchak
30 E Main St
Champaign, IL 61821

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

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

Total Residents Diagnosed as Mentally Ill 9

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	14	15	14	1		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	14	15	14	1	0	15

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	13
Total Admissions 2011	2
Total Discharges 2011	1
Residents on 12/31/2011	14
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4926	90.0%	0	0	0	0	4926	90.0%	90.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4926	90.0%	0	0	0	0	4926	90.0%	90.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	4	0	0	5	4	9
45 to 59	0	0	0	0	3	1	0	0	3	1	4
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	6	0	0	8	6	14

ALPHA COMMUNITY HOUSE
1701-18TH STREET
CHARLESTON, IL. 61920

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	9.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	9.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	81.7%	18.3%	0.0%	0.0%	100.0%		0.0%
0	486,825	109,297	0	0	596,123	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

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

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

Administrator
Gordon Oksnevad

Contact Person and Telephone
GORDON OKSNEVAD
815-877-7408

Date Completed
3/25/2013

Registered Agent Information
Gordon Oksnevad
3650 Noth Alpine Road
Rockford, IL 61114

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	19
Alzheimer Disease	11
Mental Illness	0
Developmental Disability	1
Circulatory System	23
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	74

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	66	66	60	66	54	12	32	66
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	33	33	33	33	20	13		
TOTAL BEDS	99	99	93	99	74	25	32	66

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	70
Total Admissions 2011	229
Total Discharges 2011	225
Residents on 12/31/2011	74
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2958	25.3%	8280	34.4%	0	680	5578	0	17496	72.6%	72.6%
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	10460	0	10460	86.8%	86.8%
TOTALS	2958	25.3%	8280	34.4%	0	680	16038	0	27956	77.4%	77.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	1	2	0	0	0	0	0	1	1	3	4
75 to 84	4	7	0	0	0	0	3	4	7	11	18
85+	3	36	0	0	0	0	2	10	5	46	51
TOTALS	9	45	0	0	0	0	5	15	14	60	74

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

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	21	0	0	21	0	54
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	20	0	20
TOTALS	12	21	0	0	41	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	275	255
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	160	145

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	49	0	0	20	69
Race Unknown	1	0	0	0	1
Total	54	0	0	20	74

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	51	0	0	20	71
Ethnicity Unknown	1	0	0	0	1
Total	54	0	0	20	74

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	8.00
Certified Aides	29.00
Other Health Staff	6.00
Non-Health Staff	23.00
Totals	75.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
21.1%	29.5%	0.0%	0.0%	49.3%	100.0%		0.0%
928,363	1,298,526	0	0	2,167,970	4,394,859	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALTON BLUFF ESTATES
821 WASHINGTON AVENUE
ALTON, IL. 62002

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

Administrator
TAMMY MARSH

Contact Person and Telephone
TAMMY MARSH
(618) 465-0044 ext 1609

Date Completed
4/19/2013

Registered Agent Information
Tom Moehn
#4 Emmie Kaus Ln.
Alton, IL 62002

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 13

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5606	96.0%	0	0	0	0	5606	96.0%	96.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5606	96.0%	0	0	0	0	5606	96.0%	96.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	2	0	0	2	2	4
45 to 59	0	0	0	0	1	5	0	0	1	5	6
60 to 64	0	0	0	0	3	1	0	0	3	1	4
65 to 74	0	0	0	0	1	0	0	0	1	0	1
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

ALTON BLUFF ESTATES
821 WASHINGTON AVENUE
ALTON, IL. 62002

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	10.00
Totals	12.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	80.7%	19.3%	0.0%	0.0%	100.0%		0.0%
0	496,546	118,546	0	0	615,093	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

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

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

Administrator
David Braasch

Contact Person and Telephone
Kelly Hebel, RN, MSN
618-463-7494

Registered Agent Information

Date Completed
4/15/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	2
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	13

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	28	26	21	26	13	15	28	28
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	28	26	21	26	13	15	28	28

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	14
Total Admissions 2011	490
Total Discharges 2011	491
Residents on 12/31/2011	13
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4717	46.2%	141	1.4%	176	271	30	42	5377	52.6%	56.7%
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	4717	46.2%	141	1.4%	176	271	30	42	5377	52.6%	56.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	1	0	0	0	0	0	0	0	1	0	1
75 to 84	0	6	0	0	0	0	0	0	0	6	6
85+	2	2	0	0	0	0	0	0	2	2	4
TOTALS	3	10	0	0	0	0	0	0	3	10	13

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

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	0	0	4	0	0	13
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	0	0	4	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	906	604
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	13	0	0	0	13
Race Unknown	0	0	0	0	0
Total	13	0	0	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	13	0	0	0	13
Ethnicity Unknown	0	0	0	0	0
Total	13	0	0	0	13

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.10
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.10
LPN's	0.00
Certified Aides	6.20
Other Health Staff	4.50
Non-Health Staff	1.70
Totals	26.60

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

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

*Charity Care Expense does not include expenses which may be considered a community benefit.

ALTON REHAB & NURSING CENTER
3523 WICKENHAUSER
ALTON, IL. 62002

Reference Numbers Facility ID 6002778
Health Service Area 011 Planning Service Area 119

Administrator
Terrie Weiblie

Contact Person and Telephone
Diana Corzine
Diana Corzine

Date Completed
4/16/2013

Registered Agent Information
Lawrence Y Scwartz
8170 N McCormick Suite 219
SKOKIE, IL 60076

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	37
Blood Disorders	0
*Nervous System Non Alzheimer	14
Alzheimer Disease	1
Mental Illness	8
Developmental Disability	0
Circulatory System	22
Respiratory System	6
Digestive System	5
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	111

Total Residents Diagnosed as Mentally Ill 8

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	181	181	117	181	111	70	132	181
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	181	181	117	181	111	70	132	181

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	111
Total Admissions 2011	79
Total Discharges 2011	79
Residents on 12/31/2011	111
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2716	5.6%	32517	49.2%	0	2794	3028	0	41055	62.1%	62.1%
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	2716	5.6%	32517	49.2%	0	2794	3028	0	41055	62.1%	62.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	2	0	0	0	0	0	0	0	2	2
45 to 59	0	4	0	0	0	0	0	0	0	4	4
60 to 64	2	7	0	0	0	0	0	0	2	7	9
65 to 74	11	17	0	0	0	0	0	0	11	17	28
75 to 84	16	24	0	0	0	0	0	0	16	24	40
85+	5	23	0	0	0	0	0	0	5	23	28
TOTALS	34	77	0	0	0	0	0	0	34	77	111

ALTON REHAB & NURSING CENTER
3523 WICKENHAUSER
ALTON, IL. 62002

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	91	0	7	2	0	111
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	91	0	7	2	0	111

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	14	0	0	0	14
Hawaiian/Pacific Isl.	0	0	0	0	0
White	95	0	0	0	95
Race Unknown	2	0	0	0	2
Total	111	0	0	0	111

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	109	0	0	0	109
Ethnicity Unknown	0	0	0	0	0
Total	111	0	0	0	111

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	18.00
Certified Aides	64.00
Other Health Staff	5.00
Non-Health Staff	58.00
Totals	158.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
30.2%	63.4%	0.0%	0.4%	6.0%	100.0%		0.0%
2,054,353	4,317,151	0	27,018	409,989	6,808,511	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

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

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

Administrator
Brad Barnes

Contact Person and Telephone
Brad Barnes
217-245-9898

Registered Agent Information

Date Completed
3/28/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 3

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5856	######	0	0	0	0	5856	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5856	######	0	0	0	0	5856	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	10	0	0	0	10	0	10
45 to 59	0	0	0	0	5	0	0	0	5	0	5
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	16	0	0	0	16	0	16

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

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	120
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	8.00
Other Health Staff	1.00
Non-Health Staff	1.00
Totals	11.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	86.4%	13.6%	0.0%	0.0%	100.0%		0.0%
0	590,879	92,722	0	0	683,601	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

AMBASSADOR NURSING & REHAB CENTER
4900 NORTH BERNARD
CHICAGO, IL. 60625

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

Administrator
Juvenal Jay Gonzalez

Contact Person and Telephone
Juvenal Jay Gonzalez
773-583-7130

Registered Agent Information
David Gross
240 Fencl lane
Hilllside, IL 60162

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	45
Blood Disorders	12
*Nervous System Non Alzheimer	15
Alzheimer Disease	7
Mental Illness	18
Developmental Disability	0
Circulatory System	37
Respiratory System	0
Digestive System	4
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	152

Total Residents Diagnosed as Mentally Ill 18

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	190	190	158	169	152	38	190	190
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	190	190	158	169	152	38	190	190

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	150
Total Admissions 2011	164
Total Discharges 2011	162
Residents on 12/31/2011	152
Identified Offenders	15

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4581	6.6%	46590	67.2%	0	96	642	0	51909	74.9%	74.9%
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	4581	6.6%	46590	67.2%	0	96	642	0	51909	74.9%	74.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	6	4	0	0	0	0	0	0	6	4	10
45 to 59	31	14	0	0	0	0	0	0	31	14	45
60 to 64	16	4	0	0	0	0	0	0	16	4	20
65 to 74	17	11	0	0	0	0	0	0	17	11	28
75 to 84	15	17	0	0	0	0	0	0	15	17	32
85+	5	12	0	0	0	0	0	0	5	12	17
TOTALS	90	62	0	0	0	0	0	0	90	62	152

AMBASSADOR NURSING & REHAB CENTER
4900 NORTH BERNARD
CHICAGO, IL. 60625

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	129	0	0	5	0	152
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	129	0	0	5	0	152

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	7	0	0	0	7
American Indian	0	0	0	0	0
Black	42	0	0	0	42
Hawaiian/Pacific Isl.	0	0	0	0	0
White	103	0	0	0	103
Race Unknown	0	0	0	0	0
Total	152	0	0	0	152

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	57	0	0	0	57
Non-Hispanic	95	0	0	0	95
Ethnicity Unknown	0	0	0	0	0
Total	152	0	0	0	152

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	18.00
Director of Nursing	1.00
Registered Nurses	25.00
LPN's	16.00
Certified Aides	54.00
Other Health Staff	1.00
Non-Health Staff	39.00
Totals	155.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
24.8%	74.0%	0.0%	0.1%	1.0%	100.0%		0.0%
2,371,825	7,069,329	0	9,924	99,279	9,550,357	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

AMBERWOOD NURSING & REHAB CTR
2313 NORTH ROCKTON
ROCKFORD, IL. 61103

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

Administrator
Sherry Head

Contact Person and Telephone
SHERRY HEAD
815-964-2200

Date Completed
4/16/2013

Registered Agent Information
Kenneth Ripstein
8140 River Drive
Morton Grove, IL 60053

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	9
Mental Illness	28
Developmental Disability	2
Circulatory System	10
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	3
Musculo-skeletal Disorders	4
Injuries and Poisonings	3
Other Medical Conditions	35
Non-Medical Conditions	0
TOTALS	118

Total Residents Diagnosed as Mentally Ill 74

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	143	137	127	137	118	25	143	143
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	143	137	127	137	118	25	143	143

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	109
Total Admissions 2011	306
Total Discharges 2011	297
Residents on 12/31/2011	118
Identified Offenders	5

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4493	8.6%	31891	61.1%	0	442	3985	0	40811	78.2%	81.6%
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	4493	8.6%	31891	61.1%	0	442	3985	0	40811	78.2%	81.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	2	0	0	0	0	0	0	2	2	4
45 to 59	6	7	0	0	0	0	0	0	6	7	13
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	15	14	0	0	0	0	0	0	15	14	29
75 to 84	14	29	0	0	0	0	0	0	14	29	43
85+	7	16	0	0	0	0	0	0	7	16	23
TOTALS	47	71	0	0	0	0	0	0	47	71	118

AMBERWOOD NURSING & REHAB CTR
2313 NORTH ROCKTON
ROCKFORD, IL. 61103

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	91	0	2	11	0	118
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	91	0	2	11	0	118

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	21	0	0	0	21
Hawaiian/Pacific Isl.	0	0	0	0	0
White	95	0	0	0	95
Race Unknown	1	0	0	0	1
Total	118	0	0	0	118

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	117	0	0	0	117
Ethnicity Unknown	0	0	0	0	0
Total	118	0	0	0	118

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	11.00
Certified Aides	40.00
Other Health Staff	1.00
Non-Health Staff	24.00
Totals	87.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
13.6%	59.8%	0.0%	6.4%	20.2%	100.0%		0.0%
675,002	2,969,889	0	316,596	1,004,426	4,965,913	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

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

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

Administrator
Bernadean McCoy

Contact Person and Telephone
Suzanne Koenig
847-446-8400

Date Completed
4/19/2013

Registered Agent Information
National Registered Agent
200 W Adams Street
Chicago, IL 60606

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	2
*Nervous System Non Alzheimer	1
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	2
Circulatory System	10
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	41

Total Residents Diagnosed as Mentally Ill 3

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	97	67	43	67	41	56	97	97
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	97	67	43	67	41	56	97	97

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	40
Total Admissions 2011	73
Total Discharges 2011	72
Residents on 12/31/2011	41
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1776	5.0%	8957	25.3%	0	592	2370	0	13695	38.7%	56.0%
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	1776	5.0%	8957	25.3%	0	592	2370	0	13695	38.7%	56.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	0	4	0	0	0	0	0	0	0	4	4
75 to 84	4	7	0	0	0	0	0	0	4	7	11
85+	4	15	0	0	0	0	0	0	4	15	19
TOTALS	12	29	0	0	0	0	0	0	12	29	41

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

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	24	0	2	9	0	41
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	24	0	2	9	0	41

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	161	151
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	41	0	0	0	41
Total	41	0	0	0	41

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	40	0	0	0	40
Total	41	0	0	0	41

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	4.00
Certified Aides	14.00
Other Health Staff	2.00
Non-Health Staff	16.00
Totals	40.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
32.8%	43.6%	0.0%	6.2%	17.3%	100.0%		0.0%
811,785	1,079,769	0	153,979	428,469	2,474,002	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

AMBOY TERRACE
200 WEST HAWLEY
AMBOY, IL. 61310

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

Administrator
Ron Heiderscheit

Contact Person and Telephone
RON HEIDERSCHEIT
815-288-6691 ext. 269

Date Completed
4/18/2013

Registered Agent Information
Jeff Stauter
500 Anchor Road
Dixon, IL 61021

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	2
Total Discharges 2011	2
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5792	99.2%	0	0	0	0	5792	99.2%	99.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5792	99.2%	0	0	0	0	5792	99.2%	99.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	1	0	0	1	1	2
45 to 59	0	0	0	0	3	2	0	0	3	2	5
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	2	4	0	0	2	4	6
85+	0	0	0	0	0	2	0	0	0	2	2
TOTALS	0	0	0	0	6	10	0	0	6	10	16

AMBOY TERRACE
200 WEST HAWLEY
AMBOY, IL. 61310

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	179	170
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	1.00
Certified Aides	13.00
Other Health Staff	1.00
Non-Health Staff	1.00
Totals	16.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	10.6%	89.4%	0.0%	0.0%	100.0%		0.0%
0	102,444	867,371	0	51	969,866	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ANDOVER
4636 W ANDOVER
PEORIA, IL. 61615

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

Administrator
Autumn Ostergaard

Contact Person and Telephone
Autumn Ostergaard
3092194997

Registered Agent Information
Autumn Ostergaard
21722 W. Farmington Rd
Elmwood, IL 61529

Date Completed
4/16/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	4
Total Residents Diagnosed as Mentally Ill	1

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	4
Total Admissions 2011	0
Total Discharges 2011	1
Residents on 12/31/2011	3
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1448	99.2%	0	0	0	0	1448	99.2%	99.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1448	99.2%	0	0	0	0	1448	99.2%	99.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	0	0	0	2	0	2
45 to 59	0	0	0	0	2	0	0	0	2	0	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	4	0	0	0	4	0	4

ANDOVER
4636 W ANDOVER
PEORIA, IL. 61615

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	4	0	4
Race Unknown	0	0	0	0	0
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	4	0	4
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.10
LPN's	0.10
Certified Aides	4.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	4.45

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	80.4%	0.0%	0.0%	19.6%	100.0%		0.0%
0	203,429	0	0	49,729	253,158	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ANNA REHAB AND NURSING CENTER
315 BRADY MILL ROAD
ANNA, IL. 62906

Reference Numbers Facility ID 6001788
Health Service Area 005 Planning Service Area 181

Administrator
Sherry Belcher

Contact Person and Telephone
SHERRY BELCHER
618-833-6343

Date Completed
4/16/2013

Registered Agent Information
Lawrence Y. Schwartz
8170 N. McCormick Boulevard Suite 219
SKOKIE, IL 60076

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	14
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	38

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	70	70	51	70	38	32	70	70
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	70	70	51	70	38	32	70	70

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	37
Total Admissions 2011	57
Total Discharges 2011	56
Residents on 12/31/2011	38
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1752	6.9%	10993	43.0%	0	0	2367	0	15112	59.1%	59.1%
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	1752	6.9%	10993	43.0%	0	0	2367	0	15112	59.1%	59.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	3	1	0	0	0	0	0	0	3	1	4
75 to 84	3	7	0	0	0	0	0	0	3	7	10
85+	4	17	0	0	0	0	0	0	4	17	21
TOTALS	11	27	0	0	0	0	0	0	11	27	38

ANNA REHAB AND NURSING CENTER
315 BRADY MILL ROAD
ANNA, IL. 62906

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 181

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	30	0	0	4	0	38
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	30	0	0	4	0	38

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	35	0	0	0	35
Race Unknown	0	0	0	0	0
Total	38	0	0	0	38

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	38	0	0	0	38
Ethnicity Unknown	0	0	0	0	0
Total	38	0	0	0	38

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	6.00
Certified Aides	17.00
Other Health Staff	5.00
Non-Health Staff	14.00
Totals	49.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
35.9%	54.4%	0.0%	0.0%	9.7%	100.0%		0.0%
1,004,739	1,522,573	0	0	270,850	2,798,162	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ANNA TERRACE
408 ANNA STREET
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6013775
Health Service Area 003 Planning Service Area 137

Administrator
Suzanne McMillan

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/3/2013

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 62401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	6
Total Residents Diagnosed as Mentally Ill	2

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	6
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	6
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			2196	######	0	0	0	0	2196	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2196	######	0	0	0	0	2196	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

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

ANNA TERRACE
408 ANNA STREET
JACKSONVILLE, IL. 62650

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	6	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	0	6	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	176
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	4	0	4
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	6	0	6
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	7.00
Other Health Staff	0.33
Non-Health Staff	0.00
Totals	8.17

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	91.8%	2.0%	0.0%	6.2%	100.0%		0.0%
0	362,494	7,971	0	24,372	394,838	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

APOS. CHRISTIAN TIMBER RIDGE
2125 VETERANS ROAD
MORTON, IL. 61550

Reference Numbers Facility ID 6000418
Health Service Area 002 Planning Service Area 179

Administrator
Ron Messner

Contact Person and Telephone
Michael A. Prevo
(309) 266-9781

Date Completed
4/16/2013

Registered Agent Information
Ron Messner
2125 Veterans Road
Morton, IL 61550

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	73
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	73

Total Residents Diagnosed as Mentally Ill 14

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	74	74	74	74	73	1		74
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	74	74	74	74	73	1	0	74

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	71
Total Admissions 2011	3
Total Discharges 2011	1
Residents on 12/31/2011	73
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			26202	97.0%	0	0	0	0	26202	97.0%	97.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	26202	97.0%	0	0	0	0	26202	97.0%	97.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	18	20	0	0	18	20	38
45 to 59	0	0	0	0	5	14	0	0	5	14	19
60 to 64	0	0	0	0	2	7	0	0	2	7	9
65 to 74	0	0	0	0	1	4	0	0	1	4	5
75 to 84	0	0	0	0	0	2	0	0	0	2	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	26	47	0	0	26	47	73

APOS. CHRISTIAN TIMBER RIDGE
2125 VETERANS ROAD
MORTON, IL. 61550

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		73	0	0	0	0	73
Sheltered Care			0	0	0	0	0
TOTALS	0	73	0	0	0	0	73

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	71	0	71
Race Unknown	0	0	0	0	0
Total	0	0	73	0	73

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	73	0	73
Ethnicity Unknown	0	0	0	0	0
Total	0	0	73	0	73

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.40
LPN's	9.30
Certified Aides	51.90
Other Health Staff	11.90
Non-Health Staff	30.60
Totals	115.10

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%	85.8%	0.0%	0.0%	14.2%	100.0%		5.9%
0	3,430,926	0	0	567,231	3,998,157	237,235	

*Charity Care Expense does not include expenses which may be considered a community benefit.

APOSTOLIC - ROANOKE
1102 WEST RANDOLPH ST.
ROANOKE, IL. 61561

Reference Numbers Facility ID 6000384
Health Service Area 002 Planning Service Area 203

Administrator
RICHARD D. ISAIA

Contact Person and Telephone
RICHARD D. ISAIA
309-923-2071

Registered Agent Information
RICHARD D. ISAIA
1102 W. RANDOLPH ST., P.O.BOX 530
Roanoke, IL 61561

Date Completed
3/28/2012

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	12
Mental Illness	1
Developmental Disability	1
Circulatory System	11
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	56
Total Residents Diagnosed as Mentally Ill	24

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	60	60	60	60	56	4	31	60
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	60	60	60	60	56	4	31	60

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	55
Total Admissions 2011	56
Total Discharges 2011	55
Residents on 12/31/2011	56
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1689	14.9%	9468	43.2%	0	147	8273	0	19577	89.4%	89.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1689	14.9%	9468	43.2%	0	147	8273	0	19577	89.4%	89.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	3	2	0	0	0	0	0	0	3	2	5
75 to 84	4	4	0	0	0	0	0	0	4	4	8
85+	8	33	0	0	0	0	0	0	8	33	41
TOTALS	15	41	0	0	0	0	0	0	15	41	56

APOSTOLIC - ROANOKE
1102 WEST RANDOLPH ST.
ROANOKE, IL. 61561

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 203

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	26	0	2	21	0	56
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	26	0	2	21	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	212	197
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	56	0	0	0	56
Race Unknown	0	0	0	0	0
Total	56	0	0	0	56

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	55	0	0	0	55
Ethnicity Unknown	0	0	0	0	0
Total	56	0	0	0	56

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	4.00
Certified Aides	19.00
Other Health Staff	1.00
Non-Health Staff	26.00
Totals	54.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
9.2%	38.7%	0.0%	0.0%	52.0%	100.0%		0.0%
318,581	1,334,908	0	0	1,794,314	3,447,803	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

APOSTOLIC CHRISTIAN - EUREKA
610 CRUGER
EUREKA, IL. 61530

Reference Numbers Facility ID 6002885
Health Service Area 002 Planning Service Area 203

Administrator
Thomas A. Hoffman

Contact Person and Telephone
KIM JOOS
309-467-2311

Registered Agent Information

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	46
Mental Illness	0
Developmental Disability	0
Circulatory System	33
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	107

Total Residents Diagnosed as Mentally Ill 2

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	102	102	100	102	99	3	91	102
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	10	9	9	9	8	2		
TOTAL BEDS	112	111	109	111	107	5	91	102

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	107
Total Admissions 2011	46
Total Discharges 2011	46
Residents on 12/31/2011	107
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1015	3.1%	6129	16.5%	0	0	28505	84	35733	96.0%	96.0%
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	3039	7	3046	83.5%	92.7%
TOTALS	1015	3.1%	6129	16.5%	0	0	31544	91	38779	94.9%	95.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	6	17	0	0	0	0	0	0	6	17	23
85+	20	53	0	0	0	0	2	6	22	59	81
TOTALS	27	72	0	0	0	0	2	6	29	78	107

APOSTOLIC CHRISTIAN - EUREKA
610 CRUGER
EUREKA, IL. 61530

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 203

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	19	0	0	77	0	99
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	8	0	8
TOTALS	3	19	0	0	85	0	107

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	197	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	118	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	99	0	0	8	107
Race Unknown	0	0	0	0	0
Total	99	0	0	8	107

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	99	0	0	8	107
Ethnicity Unknown	0	0	0	0	0
Total	99	0	0	8	107

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	8.00
Certified Aides	53.00
Other Health Staff	1.50
Non-Health Staff	47.00
Totals	128.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
6.8%	12.1%	0.0%	0.0%	81.1%	100.0%		0.2%
461,791	814,195	0	0	5,479,340	6,755,326	16,268	

*Charity Care Expense does not include expenses which may be considered a community benefit.

APOSTOLIC CHRISTIAN RESTHAVEN
2750 WEST HIGHLAND AVENUE
ELGIN, IL. 60124

Reference Numbers Facility ID 6000392
Health Service Area 008 Planning Service Area 089

Administrator
David Stieglitz

Contact Person and Telephone
DAVID STIEGLITZ
847-741-4543

Date Completed
4/17/2013

Registered Agent Information
David G Stieglitz
5N598 Meadowview Ln
St Charles, IL 60175

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

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

Total Residents Diagnosed as Mentally Ill 20

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	50	50	49	50	49	1	0	50
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	50	50	49	50	49	1	0	50

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	46
Total Admissions 2011	19
Total Discharges 2011	16
Residents on 12/31/2011	49
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	3203	17.6%	0	0	14625	0	17828	97.7%	97.7%
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	0	0.0%	3203	17.6%	0	0	14625	0	17828	97.7%	97.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	3	0	0	0	0	0	0	0	3	3
75 to 84	2	7	0	0	0	0	0	0	2	7	9
85+	6	31	0	0	0	0	0	0	6	31	37
TOTALS	8	41	0	0	0	0	0	0	8	41	49

APOSTOLIC CHRISTIAN RESTHAVEN
2750 WEST HIGHLAND AVENUE
ELGIN, IL. 60124

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	12	0	0	37	0	49
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	37	0	49

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	213	183
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	49	0	0	0	49
Race Unknown	0	0	0	0	0
Total	49	0	0	0	49

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	48	0	0	0	48
Ethnicity Unknown	0	0	0	0	0
Total	49	0	0	0	49

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	4.00
Certified Aides	32.00
Other Health Staff	1.00
Non-Health Staff	25.00
Totals	74.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	13.0%	0.0%	0.0%	87.0%	100.0%		0.0%
0	425,236	0	0	2,842,719	3,267,955	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

APOSTOLIC CHRISTIAN RESTMOR
1500 PARKSIDE DR.
MORTON, IL. 61550

Reference Numbers Facility ID 6000400
Health Service Area 002 Planning Service Area 179

Administrator
John Kelley

Contact Person and Telephone
MICHAEL KAISER
309-284-1402

Date Completed
4/4/2013

Registered Agent Information
James Benckendorf
100 N. Main
Morton, IL 61550

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	14
Alzheimer Disease	19
Mental Illness	9
Developmental Disability	0
Circulatory System	17
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	1
Other Medical Conditions	38
Non-Medical Conditions	0
TOTALS	118
Total Residents Diagnosed as Mentally Ill	19

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	116	116	115	116	108	8	42	34
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	12	12	10	12	10	2		
TOTAL BEDS	128	128	125	128	118	10	42	34

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	122
Total Admissions 2011	62
Total Discharges 2011	66
Residents on 12/31/2011	118
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2439	15.9%	5298	42.7%	0	391	32178	0	40306	95.2%	95.2%
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	3578	0	3578	81.7%	81.7%
TOTALS	2439	15.9%	5298	42.7%	0	391	35756	0	43884	93.9%	93.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	7	20	0	0	0	0	0	2	7	22	29
85+	21	55	0	0	0	0	4	4	25	59	84
TOTALS	29	79	0	0	0	0	4	6	33	85	118

APOSTOLIC CHRISTIAN RESTMOR
1500 PARKSIDE DR.
MORTON, IL. 61550

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	13	0	1	87	0	108
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	10	0	10
TOTALS	7	13	0	1	97	0	118

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	254	219
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	159	149

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	108	0	0	10	118
Race Unknown	0	0	0	0	0
Total	108	0	0	10	118

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	108	0	0	10	118
Ethnicity Unknown	0	0	0	0	0
Total	108	0	0	10	118

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	15.00
Certified Aides	56.00
Other Health Staff	6.00
Non-Health Staff	66.00
Totals	166.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
10.4%	7.1%	0.0%	1.6%	80.8%	100.0%		0.0%
1,083,973	744,266	0	171,193	8,430,541	10,429,973	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

APOSTOLIC CHRISTIAN SKYLINES
7023 NORTH EAST SKYLINE DRIVE
PEORIA, IL. 61614

Reference Numbers Facility ID 6000426
Health Service Area 002 Planning Service Area 143

Administrator
Matthew J. Feucht

Contact Person and Telephone
MATTHEW FEUCHT
309-683-2512

Date Completed
4/18/2013

Registered Agent Information
Matthew J. Feucht
7023 NE Skyline Drive
Peoria, IL 61614

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	31
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	16
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	73

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	57	57	57	57	56	1	57	20
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	29	26	26	26	17	12		
TOTAL BEDS	86	83	83	83	73	13	57	20

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	78
Total Admissions 2011	31
Total Discharges 2011	36
Residents on 12/31/2011	73
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	890	4.3%	5289	72.5%	0	0	14296	10	20485	98.5%	98.5%
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	7332	371	7703	72.8%	81.2%
TOTALS	890	4.3%	5289	72.5%	0	0	21628	381	28188	89.8%	93.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	3	10	0	0	0	0	2	0	5	10	15
85+	2	38	0	0	0	0	2	13	4	51	55
TOTALS	6	50	0	0	0	0	4	13	10	63	73

APOSTOLIC CHRISTIAN SKYLINES
7023 NORTH EAST SKYLINE DRIVE
PEORIA, IL. 61614

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	15	0	0	40	0	56
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	16	1	17
TOTALS	1	15	0	0	56	1	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	193
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	82	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	56	0	0	17	73
Race Unknown	0	0	0	0	0
Total	56	0	0	17	73

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	56	0	0	17	73
Ethnicity Unknown	0	0	0	0	0
Total	56	0	0	17	73

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	11.00
Certified Aides	64.00
Other Health Staff	3.00
Non-Health Staff	45.00
Totals	138.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
8.4%	13.7%	0.0%	0.0%	77.9%	100.0%		0.3%
411,234	673,603	0	0	3,825,931	4,910,769	12,992	

*Charity Care Expense does not include expenses which may be considered a community benefit.

APPLEWOOD NRSG & REHAB CENTER
21020 KOSTNER AVENUE
MATTESON, IL. 60443

Reference Numbers Facility ID 6000467
Health Service Area 007 Planning Service Area 705

Administrator
Dianne C. O'Connor

Contact Person and Telephone
DIANNE O'CONNOR
708-747-1300

Date Completed
4/15/2013

Registered Agent Information
Sarah Barrish
6840 North Lincoln Ave.
Lincolnwood, IL 60712

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	65
Respiratory System	12
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	2
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	110

Total Residents Diagnosed as Mentally Ill 2

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	115	114	110	114	110	5	115	115
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	115	114	110	114	110	5	115	115

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	106
Total Admissions 2011	192
Total Discharges 2011	188
Residents on 12/31/2011	110
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5060	12.1%	27834	66.3%	0	615	3151	0	36660	87.3%	88.1%
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	5060	12.1%	27834	66.3%	0	615	3151	0	36660	87.3%	88.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	4	0	0	0	0	0	0	1	4	5
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	4	12	0	0	0	0	0	0	4	12	16
75 to 84	12	25	0	0	0	0	0	0	12	25	37
85+	11	37	0	0	0	0	0	0	11	37	48
TOTALS	31	79	0	0	0	0	0	0	31	79	110

APPLEWOOD NRSG & REHAB CENTER
21020 KOSTNER AVENUE
MATTESON, IL. 60443

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	88	0	1	8	0	110
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	88	0	1	8	0	110

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	168
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	58	0	0	0	58
Hawaiian/Pacific Isl.	0	0	0	0	0
White	52	0	0	0	52
Race Unknown	0	0	0	0	0
Total	110	0	0	0	110

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	109	0	0	0	109
Ethnicity Unknown	0	0	0	0	0
Total	110	0	0	0	110

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	10.00
Certified Aides	39.00
Other Health Staff	7.00
Non-Health Staff	26.00
Totals	96.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
35.1%	38.7%	3.0%	3.4%	19.8%	100.0%		0.0%
2,740,183	3,016,551	235,495	268,503	1,542,084	7,802,816	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ARBOUR HEALTH CARE CENTER
1512 WEST FARGO
CHICAGO, IL. 60626

Reference Numbers Facility ID 6008155
Health Service Area 006 Planning Service Area 601

Administrator
Gwendolyn Patricia Simms

Contact Person and Telephone
Gwendolyn Patricia Simms
773 465-7751

Date Completed
4/16/2013

Registered Agent Information
Abraham Stern Much Shelist
1991 N. Wacker Drive Suite 1800
Chicago, IL 60606

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	2
Mental Illness	74
Developmental Disability	3
Circulatory System	1
Respiratory System	0
Digestive System	2
Genitourinary System Disorders	8
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	95
Total Residents Diagnosed as Mentally Ill	74

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	99	99	99	99	95	4	0	99
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	99	99	95	4	0	99

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	95
Total Admissions 2011	171
Total Discharges 2011	171
Residents on 12/31/2011	95
Identified Offenders	18

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	34434	95.3%	0	0	516	0	34950	96.7%	96.7%
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	0	0.0%	34434	95.3%	0	0	516	0	34950	96.7%	96.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	3	0	0	0	0	0	0	3	3	6
45 to 59	31	16	0	0	0	0	0	0	31	16	47
60 to 64	5	12	0	0	0	0	0	0	5	12	17
65 to 74	8	10	0	0	0	0	0	0	8	10	18
75 to 84	3	1	0	0	0	0	0	0	3	1	4
85+	1	2	0	0	0	0	0	0	1	2	3
TOTALS	51	44	0	0	0	0	0	0	51	44	95

ARBOUR HEALTH CARE CENTER
1512 WEST FARGO
CHICAGO, IL. 60626

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	94	0	0	1	0	95
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	94	0	0	1	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	155
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	48	0	0	0	48
Hawaiian/Pacific Isl.	0	0	0	0	0
White	44	0	0	0	44
Race Unknown	3	0	0	0	3
Total	95	0	0	0	95

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	92	0	0	0	92
Ethnicity Unknown	0	0	0	0	0
Total	95	0	0	0	95

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	12.00
Certified Aides	20.00
Other Health Staff	3.00
Non-Health Staff	22.00
Totals	67.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	98.2%	0.0%	0.0%	1.8%	100.0%		0.0%
0	4,304,580	0	0	78,770	4,383,350	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ARCOLA HEALTHCARE CARE CENTER
422 EAST FOURTH STREET
ARCOLA, IL. 61910

Reference Numbers Facility ID 6009823
Health Service Area 004 Planning Service Area 041

Administrator
Karla Schneider

Contact Person and Telephone
Marikay L. Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
4/15/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	8
Developmental Disability	39
Circulatory System	6
Respiratory System	0
Digestive System	5
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	74

Total Residents Diagnosed as Mentally Ill 47

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	100	100	78	100	74	26	50	100
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	100	100	78	100	74	26	50	100

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	72
Total Admissions 2011	53
Total Discharges 2011	51
Residents on 12/31/2011	74
Identified Offenders	5

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	595	3.3%	22662	62.1%	1156	49	2239	0	26701	73.2%	73.2%
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	595	3.3%	22662	62.1%	1156	49	2239	0	26701	73.2%	73.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	10	4	0	0	0	0	0	0	10	4	14
60 to 64	6	5	0	0	0	0	0	0	6	5	11
65 to 74	8	13	0	0	0	0	0	0	8	13	21
75 to 84	9	6	0	0	0	0	0	0	9	6	15
85+	3	9	0	0	0	0	0	0	3	9	12
TOTALS	37	37	0	0	0	0	0	0	37	37	74

ARCOLA HEALTHCARE CARE CENTER
422 EAST FOURTH STREET
ARCOLA, IL. 61910

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 041

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	68	0	0	4	0	74
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	68	0	0	4	0	74

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	72	0	0	0	72
Race Unknown	0	0	0	0	0
Total	74	0	0	0	74

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	74	0	0	0	74
Ethnicity Unknown	0	0	0	0	0
Total	74	0	0	0	74

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	9.00
Certified Aides	23.00
Other Health Staff	0.00
Non-Health Staff	28.00
Totals	64.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
4.0%	86.4%	0.0%	0.0%	9.7%	100.0%		0.1%
114,284	2,496,547	0	0	280,125	2,890,956	1,473	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ARIA POST ACUTE CARE
4600 NORTH FRONTAGE ROAD
HILLSIDE, IL. 60162

Reference Numbers Facility ID 6014906
Health Service Area 007 Planning Service Area 704

Administrator
Mo Polstein

Contact Person and Telephone
Mo Polstein
708-544-9933

Date Completed
3/19/2013

Registered Agent Information
Abraham J Stern
10 South Wacker Drive, 40th Floor
Chicago, IL 60606

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	73
Mental Illness	0
Developmental Disability	1
Circulatory System	19
Respiratory System	4
Digestive System	6
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	16
Injuries and Poisonings	1
Other Medical Conditions	34
Non-Medical Conditions	0
TOTALS	181

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	198	198	196	198	181	17	198	190
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	198	198	196	198	181	17	198	190

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	176
Total Admissions 2011	522
Total Discharges 2011	517
Residents on 12/31/2011	181
Identified Offenders	7

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7872	10.9%	48753	70.3%	5070	1941	2468	365	66469	92.0%	92.0%
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	7872	10.9%	48753	70.3%	5070	1941	2468	365	66469	92.0%	92.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	16	10	0	0	0	0	0	0	16	10	26
60 to 64	6	7	0	0	0	0	0	0	6	7	13
65 to 74	16	18	0	0	0	0	0	0	16	18	34
75 to 84	26	18	0	0	0	0	0	0	26	18	44
85+	16	48	0	0	0	0	0	0	16	48	64
TOTALS	80	101	0	0	0	0	0	0	80	101	181

ARIA POST ACUTE CARE
4600 NORTH FRONTAGE ROAD
HILLSIDE, IL. 60162

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	139	10	5	6	1	181
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	139	10	5	6	1	181

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	290	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	128	0	0	0	128
Hawaiian/Pacific Isl.	0	0	0	0	0
White	53	0	0	0	53
Race Unknown	0	0	0	0	0
Total	181	0	0	0	181

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	175	0	0	0	175
Ethnicity Unknown	0	0	0	0	0
Total	181	0	0	0	181

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	26.00
Certified Aides	52.00
Other Health Staff	7.00
Non-Health Staff	37.00
Totals	137.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
14.9%	77.8%	4.3%	0.0%	3.0%	100.0%		0.0%
419,964	2,198,590	121,683	0	85,475	2,825,712	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	9/28/2012	Formerly The Renaissance at Hillside.
CHOW	9/28/2012	Change of ownership occurred.

ARLINGTON REHAB & LIVING CENTER
1666 CHECKER ROAD
LONG GROVE, IL. 60047

Reference Numbers Facility ID 6014344
Health Service Area 008 Planning Service Area 097

Administrator
Mark Morley

Contact Person and Telephone
Jan Moran
847-419-1111

Registered Agent Information
Charles Sheets
321 N. Clark Street

Date Completed
6/5/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	17
Blood Disorders	19
*Nervous System Non Alzheimer	7
Alzheimer Disease	5
Mental Illness	23
Developmental Disability	0
Circulatory System	43
Respiratory System	21
Digestive System	4
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	165

Total Residents Diagnosed as Mentally Ill 23

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	190	190	180	185	165	25	190	190
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	190	190	180	185	165	25	190	190

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	166
Total Admissions 2011	301
Total Discharges 2011	302
Residents on 12/31/2011	165
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	13649	19.7%	44286	63.9%	0	937	5026	0	63898	92.1%	92.1%
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	13649	19.7%	44286	63.9%	0	937	5026	0	63898	92.1%	92.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	3	5	0	0	0	0	0	0	3	5	8
60 to 64	5	2	0	0	0	0	0	0	5	2	7
65 to 74	9	17	0	0	0	0	0	0	9	17	26
75 to 84	8	32	0	0	0	0	0	0	8	32	40
85+	20	63	0	0	0	0	0	0	20	63	83
TOTALS	46	119	0	0	0	0	0	0	46	119	165

ARLINGTON REHAB & LIVING CENTER
1666 CHECKER ROAD
LONG GROVE, IL. 60047

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	97	0	4	50	0	165
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	97	0	4	50	0	165

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	310	220
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	3	0	0	0	3
White	159	0	0	0	159
Race Unknown	0	0	0	0	0
Total	165	0	0	0	165

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	158	0	0	0	158
Ethnicity Unknown	0	0	0	0	0
Total	165	0	0	0	165

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	25.00
Certified Aides	67.00
Other Health Staff	0.00
Non-Health Staff	54.00
Totals	162.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
36.5%	48.4%	0.0%	3.6%	11.5%	100.0%		0.0%
4,709,388	6,246,693	0	463,823	1,486,148	12,906,052	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ARTHUR HOME
423 S EBERHARDT DRIVE
ARTHUR, IL. 61911

Reference Numbers Facility ID 6000517
Health Service Area 004 Planning Service Area 139

Administrator
Valerie Logsdon

Contact Person and Telephone
LINDA BUTLER
217-543-4551

Date Completed
4/15/2013

Registered Agent Information
Gale Pearce
423 S Eberhardt Drive
Arthur, IL 61911

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	17
Respiratory System	0
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	6
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	44

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	53	52	52	52	44	9	53	53
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	53	52	52	52	44	9	53	53

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	54
Total Admissions 2011	48
Total Discharges 2011	58
Residents on 12/31/2011	44
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2387	12.3%	6176	31.9%	0	0	9296	0	17859	92.3%	94.1%
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	2387	12.3%	6176	31.9%	0	0	9296	0	17859	92.3%	94.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	0	3	0	0	0	0	0	0	0	3	3
75 to 84	2	4	0	0	0	0	0	0	2	4	6
85+	3	31	0	0	0	0	0	0	3	31	34
TOTALS	5	39	0	0	0	0	0	0	5	39	44

ARTHUR HOME
423 S EBERHARDT DRIVE
ARTHUR, IL. 61911

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 139

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	15	0	0	20	0	44
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	15	0	0	20	0	44

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	193	177
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	44	0	0	0	44
Race Unknown	0	0	0	0	0
Total	44	0	0	0	44

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	44	0	0	0	44
Ethnicity Unknown	0	0	0	0	0
Total	44	0	0	0	44

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	6.00
Certified Aides	25.00
Other Health Staff	21.00
Non-Health Staff	0.00
Totals	58.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
24.0%	23.4%	0.0%	6.0%	46.7%	100.0%		0.0%
815,016	795,424	0	204,137	1,587,144	3,401,721	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Bed Change 7/17/2012 Facility discontinued 8 Nursing Care beds; facility now has 53 Nursing Care beds.

ASHTON TERRACE
307 ALAN STREET
ASHTON, IL. 61006

Reference Numbers Facility ID 6012843
Health Service Area 001 Planning Service Area 103

Administrator
Patricia Howard

Contact Person and Telephone
PAT HOWARD
815-288-6691

Registered Agent Information
Jeffrey Stauter
500 Anchor Road
Dixon, IL 61021

Date Completed
4/8/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5781	99.0%	0	0	0	0	5781	99.0%	99.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5781	99.0%	0	0	0	0	5781	99.0%	99.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	1	0	0	4	1	5
45 to 59	0	0	0	0	5	2	0	0	5	2	7
60 to 64	0	0	0	0	0	2	0	0	0	2	2
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	10	6	0	0	10	6	16

ASHTON TERRACE
307 ALAN STREET
ASHTON, IL. 61006

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	138	132
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	1	0	1
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	15	0	15
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.25
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	9.25
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	12.25

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	14.1%	85.6%	0.0%	0.2%	100.0%		0.0%
0	107,560	651,196	0	1,738	760,494	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ASPEN REHAB & HEALTH CARE
1403 9TH AVENUE
SILVIS, IL. 61282

Reference Numbers Facility ID 6008205
Health Service Area 010 Planning Service Area 161

Administrator
Shelley Katzenburger

Contact Person and Telephone
Marikay L. Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
4/8/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	7
Mental Illness	9
Developmental Disability	0
Circulatory System	14
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	2
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	53

Total Residents Diagnosed as Mentally Ill 37

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	63	59	59	59	53	10	0	63
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	63	59	59	59	53	10	0	63

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	55
Total Admissions 2011	58
Total Discharges 2011	60
Residents on 12/31/2011	53
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	15052	65.5%	1889	0	2864	0	19805	86.1%	92.0%
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	0	0.0%	15052	65.5%	1889	0	2864	0	19805	86.1%	92.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	7	0	0	0	0	0	0	2	7	9
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	5	12	0	0	0	0	0	0	5	12	17
85+	5	16	0	0	0	0	0	0	5	16	21
TOTALS	14	39	0	0	0	0	0	0	14	39	53

ASPEN REHAB & HEALTH CARE
1403 9TH AVENUE
SILVIS, IL. 61282

Reference Numbers Facility ID **Health Service Area** 010 **Planning Service Area** 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	49	0	0	4	0	53
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	49	0	0	4	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	130
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	47	0	0	0	47
Race Unknown	4	0	0	0	4
Total	53	0	0	0	53

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	49	0	0	0	49
Ethnicity Unknown	0	0	0	0	0
Total	53	0	0	0	53

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	6.00
Certified Aides	10.00
Other Health Staff	1.00
Non-Health Staff	11.00
Totals	32.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	84.7%	0.0%	0.0%	15.3%	100.0%		0.0%
0	2,131,805	0	0	385,000	2,516,805	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ASSISI HEALTHCARE CENTER AT CLARE OAKS
829 CARILLON DRIVE
BARTLETT, IL. 60103

Reference Numbers Facility ID 6016273
Health Service Area 007 Planning Service Area 701

Administrator
Michelle Hart-Carlson

Contact Person and Telephone
MICHELLE HART-CARLSON
630-483-3905

Date Completed
4/19/2013

Registered Agent Information
Edward Otto
1335 S. Prairie Avenue
Chicago, IL 60605

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System Non Alzheimer	22
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	10
Circulatory System	9
Respiratory System	4
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	7
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	86

Total Residents Diagnosed as Mentally Ill 2

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	118	109	118	88	32	120	30
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	33	33	33	33	30	3		
TOTAL BEDS	153	151	142	151	118	35	120	30

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	94
Total Admissions 2011	521
Total Discharges 2011	527
Residents on 12/31/2011	88
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	14318	32.7%	8279	75.6%	0	0	12029	0	34626	79.1%	80.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	12000	0	12000	99.6%	99.6%
TOTALS	14318	32.7%	8279	75.6%	0	0	24029	0	46626	83.5%	84.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	7	0	0	0	0	0	2	2	9	11
75 to 84	5	23	0	0	0	0	1	13	6	36	42
85+	15	33	0	0	0	0	1	13	16	46	62
TOTALS	23	65	0	0	0	0	2	28	25	93	118

ASSISI HEALTHCARE CENTER AT CLARE OAKS
829 CARILLON DRIVE
BARTLETT, IL. 60103

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	36	19	0	0	33	0	88
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	30	0	30
TOTALS	36	19	0	0	63	0	118

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	303	208
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	87	0	0	30	117
Race Unknown	0	0	0	0	0
Total	88	0	0	30	118

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	88	0	0	30	118
Total	88	0	0	30	118

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.30
LPN's	11.18
Certified Aides	39.11
Other Health Staff	4.49
Non-Health Staff	31.10
Totals	106.18

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
65.3%	9.4%	0.0%	3.1%	22.2%	100.0%		0.3%
7,696,872	1,110,160	0	360,461	2,619,084	11,786,577	40,451	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ASTA CARE CENTER - BLOOMINGTON
1509 NORTH CALHOUN STREET
BLOOMINGTON, IL. 61701

Reference Numbers Facility ID 6001010
Health Service Area 004 Planning Service Area 113

Administrator
Joe Agnello

Contact Person and Telephone
JOE AGNELLO
309-827-6046

Date Completed
4/18/2013

Registered Agent Information
Seth Gillman
134 McLean Blvd
Elgin, IL 60123

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	9
Digestive System	5
Genitourinary System Disorders	9
Skin Disorders	4
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	82
Total Residents Diagnosed as Mentally Ill	20

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	117	109	89	109	82	35	79	115
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	117	109	89	109	82	35	79	115

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	83
Total Admissions 2011	112
Total Discharges 2011	113
Residents on 12/31/2011	82
Identified Offenders	7

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2534	8.8%	24067	57.3%	158	171	3173	0	30103	70.5%	75.7%
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	2534	8.8%	24067	57.3%	158	171	3173	0	30103	70.5%	75.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	9	5	0	0	0	0	0	0	9	5	14
60 to 64	5	7	0	0	0	0	0	0	5	7	12
65 to 74	13	9	0	0	0	0	0	0	13	9	22
75 to 84	9	8	0	0	0	0	0	0	9	8	17
85+	6	9	0	0	0	0	0	0	6	9	15
TOTALS	43	39	0	0	0	0	0	0	43	39	82

ASTA CARE CENTER - BLOOMINGTON
1509 NORTH CALHOUN STREET
BLOOMINGTON, IL. 61701

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 113

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	63	2	1	7	0	82
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	63	2	1	7	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	69	0	0	0	69
Race Unknown	0	0	0	0	0
Total	82	0	0	0	82

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	81	0	0	0	81
Ethnicity Unknown	0	0	0	0	0
Total	82	0	0	0	82

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	9.00
Certified Aides	34.00
Other Health Staff	6.00
Non-Health Staff	28.00
Totals	84.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
22.4%	67.0%	0.3%	1.4%	8.9%	100.0%		0.0%
1,338,587	3,996,376	20,427	82,294	530,336	5,968,020	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ASTA CARE CENTER - FORD COUNTY
1240 N. MARKET STREET
PAXTON, IL. 60957

Reference Numbers Facility ID 6003206
Health Service Area 004 Planning Service Area 053

Administrator
Same as above

Contact Person and Telephone
DEWAYNE TREMAIN
217-379-4896

Registered Agent Information

Date Completed
3/29/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	69	69	63	69	63	6	51	69
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	69	69	63	69	63	6	51	69

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	62
Total Admissions 2011	40
Total Discharges 2011	39
Residents on 12/31/2011	63
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2077	11.2%	16415	65.2%	0	0	3092	0	21584	85.7%	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	2077	11.2%	16415	65.2%	0	0	3092	0	21584	85.7%	85.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	3	4	0	0	0	0	0	0	3	4	7
60 to 64	1	5	0	0	0	0	0	0	1	5	6
65 to 74	7	6	0	0	0	0	0	0	7	6	13
75 to 84	7	16	0	0	0	0	0	0	7	16	23
85+	2	11	0	0	0	0	0	0	2	11	13
TOTALS	21	42	0	0	0	0	0	0	21	42	63

ASTA CARE CENTER - FORD COUNTY
1240 N. MARKET STREET
PAXTON, IL. 60957

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 053

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	51	0	0	7	0	63
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	51	0	0	7	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	62	0	0	0	62
Race Unknown	0	0	0	0	0
Total	63	0	0	0	63

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	63	0	0	0	63
Ethnicity Unknown	0	0	0	0	0
Total	63	0	0	0	63

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	7.00
Certified Aides	26.00
Other Health Staff	2.00
Non-Health Staff	21.00
Totals	63.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
25.4%	61.8%	0.0%	2.9%	9.9%	100.0%		0.0%
965,803	2,350,750	0	111,413	375,304	3,803,270	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

Asta Care Center of COLFAX
402 SOUTH HARRISON
COLFAX, IL. 61728

Reference Numbers Facility ID 6006852
Health Service Area 004 Planning Service Area 113

Administrator
GARY E. COULTER

Contact Person and Telephone
GARY E. COULTER
309-723-2591

Registered Agent Information
Seth Gillman
134 N. McLean Blvd
Elgin, IL 60123

Date Completed
3/22/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	7
Mental Illness	4
Developmental Disability	0
Circulatory System	6
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	34
Total Residents Diagnosed as Mentally Ill	17

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	60	54	43	54	34	26	60	60
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	60	54	43	54	34	26	60	60

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	32
Total Admissions 2011	41
Total Discharges 2011	39
Residents on 12/31/2011	34
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1497	6.8%	9572	43.7%	0	172	2491	0	13732	62.7%	69.7%
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	1497	6.8%	9572	43.7%	0	172	2491	0	13732	62.7%	69.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	1	0	0	0	0	0	0	2	1	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	4	2	0	0	0	0	0	0	4	2	6
75 to 84	1	5	0	0	0	0	0	0	1	5	6
85+	4	15	0	0	0	0	0	0	4	15	19
TOTALS	11	23	0	0	0	0	0	0	11	23	34

Asta Care Center of COLFAX
402 SOUTH HARRISON
COLFAX, IL. 61728

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 113

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	25	0	1	7	0	34
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	25	0	1	7	0	34

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	33	0	0	0	33
Race Unknown	0	0	0	0	0
Total	34	0	0	0	34

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	34	0	0	0	34
Ethnicity Unknown	0	0	0	0	0
Total	34	0	0	0	34

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.70
LPN's	5.20
Certified Aides	18.10
Other Health Staff	0.00
Non-Health Staff	19.30
Totals	47.30

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
32.7%	46.9%	0.0%	2.1%	18.3%	100.0%		0.0%
790,701	1,132,921	0	51,679	442,260	2,417,561	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ASTA CARE CENTER OF ELGIN
134 NORTH MCLEAN BOULEVARD
ELGIN, IL. 60123

Reference Numbers Facility ID 6005847
Health Service Area 008 Planning Service Area 089

Administrator
David Meiselman

Contact Person and Telephone
Lorilin Davis
8477428822

Date Completed
4/12/2012

Registered Agent Information
Seth Gillman
134 N.McLean Blvd.
Elgin, IL 60123

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	18
Blood Disorders	0
*Nervous System Non Alzheimer	21
Alzheimer Disease	3
Mental Illness	2
Developmental Disability	0
Circulatory System	9
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	7
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	1
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	78

Total Residents Diagnosed as Mentally Ill 26

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	102	99	97	99	78	24	52	102
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	102	99	97	99	78	24	52	102

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	85
Total Admissions 2011	65
Total Discharges 2011	72
Residents on 12/31/2011	78
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3624	19.1%	23562	63.3%	2205	209	1351	0	30951	83.1%	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	3624	19.1%	23562	63.3%	2205	209	1351	0	30951	83.1%	85.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	2	0	0	0	0	0	0	2	2	4
45 to 59	9	8	0	0	0	0	0	0	9	8	17
60 to 64	5	5	0	0	0	0	0	0	5	5	10
65 to 74	10	14	0	0	0	0	0	0	10	14	24
75 to 84	11	6	0	0	0	0	0	0	11	6	17
85+	3	3	0	0	0	0	0	0	3	3	6
TOTALS	40	38	0	0	0	0	0	0	40	38	78

ASTA CARE CENTER OF ELGIN
134 NORTH MCLEAN BOULEVARD
ELGIN, IL. 60123

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	65	3	1	3	0	78
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	65	3	1	3	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	1	0	0	0	1
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	1	0	0	0	1
White	67	0	0	0	67
Race Unknown	0	0	0	0	0
Total	78	0	0	0	78

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	16	0	0	0	16
Non-Hispanic	62	0	0	0	62
Ethnicity Unknown	0	0	0	0	0
Total	78	0	0	0	78

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	6.00
Certified Aides	29.00
Other Health Staff	4.00
Non-Health Staff	38.00
Totals	86.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
29.7%	65.5%	0.0%	0.9%	3.9%	100.0%		0.0%
1,881,608	4,151,875	0	56,782	249,475	6,339,740	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ASTA CARE CENTER OF PONTIAC
300 WEST LOWELL
PONTIAC, IL. 61764

Reference Numbers Facility ID 6004642
Health Service Area 004 Planning Service Area 105

Administrator
LORRIE STOGSDILL

Contact Person and Telephone
LORRIE STOGSDILL
815-842-1181

Registered Agent Information

Date Completed
4/9/2012

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	16
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	8
Digestive System	5
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	5
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	79

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	97	97	97	97	79	18	37	97
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	97	97	97	97	79	18	37	97

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	85
Total Admissions 2011	152
Total Discharges 2011	158
Residents on 12/31/2011	79
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5980	44.3%	16770	47.4%	0	1087	6946	0	30783	86.9%	86.9%
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	5980	44.3%	16770	47.4%	0	1087	6946	0	30783	86.9%	86.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	0	0	0	0	0	0	0	3	0	3
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	3	7	0	0	0	0	0	0	3	7	10
75 to 84	12	19	0	0	0	0	0	0	12	19	31
85+	5	27	0	0	0	0	0	0	5	27	32
TOTALS	24	55	0	0	0	0	0	0	24	55	79

ASTA CARE CENTER OF PONTIAC
300 WEST LOWELL
PONTIAC, IL. 61764

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	45	0	1	19	0	79
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	45	0	1	19	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	79	0	0	0	79
Race Unknown	0	0	0	0	0
Total	79	0	0	0	79

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	79	0	0	0	79
Ethnicity Unknown	0	0	0	0	0
Total	79	0	0	0	79

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	8.00
Certified Aides	30.00
Other Health Staff	2.00
Non-Health Staff	34.00
Totals	84.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
39.5%	35.7%	0.0%	5.1%	19.7%	100.0%		0.0%
2,520,613	2,281,880	0	328,183	1,256,384	6,387,060	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ASTA CARE CENTER OF TOLUCA
101 EAST VIA GHIGLIERI
TOLUCA, IL. 61369

Reference Numbers Facility ID 6006308
Health Service Area 002 Planning Service Area 123

Administrator
JENNIFER DIAZ

Contact Person and Telephone
JENNIFER DIAZ
8154522367

Registered Agent Information

Date Completed
3/20/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	26
Mental Illness	0
Developmental Disability	3
Circulatory System	15
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	3
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	71

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	104	98	84	98	71	33	65	104
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	104	98	84	98	71	33	65	104

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	80
Total Admissions 2011	64
Total Discharges 2011	73
Residents on 12/31/2011	71
Identified Offenders	4

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2396	10.1%	19109	50.3%	0	526	878	0	22909	60.4%	64.0%
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	2396	10.1%	19109	50.3%	0	526	878	0	22909	60.4%	64.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	14	9	0	0	0	0	0	0	14	9	23
60 to 64	1	8	0	0	0	0	0	0	1	8	9
65 to 74	14	8	0	0	0	0	0	0	14	8	22
75 to 84	5	5	0	0	0	0	0	0	5	5	10
85+	0	6	0	0	0	0	0	0	0	6	6
TOTALS	35	36	0	0	0	0	0	0	35	36	71

ASTA CARE CENTER OF TOLUCA
101 EAST VIA GHIGLIERI
TOLUCA, IL. 61369

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 123

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	59	0	2	1	0	71
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	59	0	2	1	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	69	0	0	0	69
Race Unknown	0	0	0	0	0
Total	71	0	0	0	71

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	67	0	0	0	67
Ethnicity Unknown	0	0	0	0	0
Total	71	0	0	0	71

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	8.00
Certified Aides	32.00
Other Health Staff	37.00
Non-Health Staff	0.00
Totals	87.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
22.6%	71.3%	0.0%	2.8%	3.3%	100.0%		0.0%
1,021,319	3,221,229	0	127,421	148,406	4,518,375	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ASTA CARE CENTRE OF ROCKFORD
707 WEST RIVERSIDE BOULEVARD
ROCKFORD, IL. 61103

Reference Numbers Facility ID 6008049
Health Service Area 001 Planning Service Area 201

Administrator
Marcelino H. Villafania

Contact Person and Telephone
Craig Frank
(847) 742-8822

Date Completed
3/25/2013

Registered Agent Information
Seth Gillman
134 N. McLean Blvd.
Elgin, IL 60123

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	10
Blood Disorders	7
*Nervous System Non Alzheimer	3
Alzheimer Disease	4
Mental Illness	12
Developmental Disability	3
Circulatory System	15
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	17
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	89
Total Residents Diagnosed as Mentally Ill	31

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	130	112	104	112	89	41	69	130
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	130	112	104	112	89	41	69	130

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	98
Total Admissions 2011	286
Total Discharges 2011	295
Residents on 12/31/2011	89
Identified Offenders	8

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3220	12.8%	31447	66.3%	0	51	279	0	34997	73.8%	85.6%
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	3220	12.8%	31447	66.3%	0	51	279	0	34997	73.8%	85.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	2	0	0	0	0	0	0	2	2	4
45 to 59	15	3	0	0	0	0	0	0	15	3	18
60 to 64	8	5	0	0	0	0	0	0	8	5	13
65 to 74	9	6	0	0	0	0	0	0	9	6	15
75 to 84	13	16	0	0	0	0	0	0	13	16	29
85+	2	8	0	0	0	0	0	0	2	8	10
TOTALS	49	40	0	0	0	0	0	0	49	40	89

ASTA CARE CENTRE OF ROCKFORD
707 WEST RIVERSIDE BOULEVARD
ROCKFORD, IL. 61103

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	83	0	0	0	0	89
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	83	0	0	0	0	89

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	19	0	0	0	19
Hawaiian/Pacific Isl.	0	0	0	0	0
White	65	0	0	0	65
Race Unknown	4	0	0	0	4
Total	89	0	0	0	89

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	85	0	0	0	85
Ethnicity Unknown	0	0	0	0	0
Total	89	0	0	0	89

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	13.00
Certified Aides	34.00
Other Health Staff	6.00
Non-Health Staff	37.00
Totals	97.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
22.1%	76.1%	0.0%	1.0%	0.8%	100.0%		0.0%
1,350,112	4,648,293	0	61,338	49,332	6,109,075	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ASTORIA PLACE LIVING & REHABILITATION
6300 NORTH CALIFORNIA AVENUE
CHICAGO, IL. 60659

Reference Numbers Facility ID 6006662
Health Service Area 006 Planning Service Area 601

Administrator
John Marc C. Sianghio

Contact Person and Telephone
John Marc C. Sianghio
773.973.1900

Date Completed
4/10/2013

Registered Agent Information
Stephen Sher
5750 Old Orchard Rd.
SKOKIE, IL 60077

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	21
Blood Disorders	0
*Nervous System Non Alzheimer	19
Alzheimer Disease	2
Mental Illness	1
Developmental Disability	0
Circulatory System	54
Respiratory System	20
Digestive System	8
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	145

Total Residents Diagnosed as Mentally Ill 1

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	164	164	155	164	145	19	164	164
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	164	164	155	164	145	19	164	164

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	139
Total Admissions 2011	219
Total Discharges 2011	213
Residents on 12/31/2011	145
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7344	12.3%	40113	67.0%	0	538	3676	0	51671	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	7344	12.3%	40113	67.0%	0	538	3676	0	51671	86.3%	86.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	5	0	0	0	0	0	0	3	5	8
60 to 64	4	7	0	0	0	0	0	0	4	7	11
65 to 74	13	10	0	0	0	0	0	0	13	10	23
75 to 84	11	40	0	0	0	0	0	0	11	40	51
85+	11	41	0	0	0	0	0	0	11	41	52
TOTALS	42	103	0	0	0	0	0	0	42	103	145

ASTORIA PLACE LIVING & REHABILITATION
6300 NORTH CALIFORNIA AVENUE
CHICAGO, IL. 60659

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	112	0	5	10	0	145
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	112	0	5	10	0	145

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	200
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	6	0	0	0	6
American Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawaiian/Pacific Isl.	0	0	0	0	0
White	124	0	0	0	124
Race Unknown	0	0	0	0	0
Total	145	0	0	0	145

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	135	0	0	0	135
Ethnicity Unknown	0	0	0	0	0
Total	145	0	0	0	145

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	4.00
Director of Nursing	1.00
Registered Nurses	22.00
LPN's	24.00
Certified Aides	63.00
Other Health Staff	7.00
Non-Health Staff	49.00
Totals	172.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
37.0%	55.8%	0.0%	1.6%	5.6%	100.0%		0.0%
4,403,412	6,640,314	0	188,406	671,873	11,904,005	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ATRIUM HEALTH CARE CENTER
1425 WEST ESTES AVENUE
CHICAGO, IL. 60626

Reference Numbers Facility ID 6003834
Health Service Area 006 Planning Service Area 601

Administrator
KAREN GUTIERREZ

Contact Person and Telephone
KAREN GUTIERREZ
773-973-4780

Registered Agent Information
ABRAHAM STERN

Date Completed
4/11/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	18
Blood Disorders	4
*Nervous System Non Alzheimer	4
Alzheimer Disease	8
Mental Illness	56
Developmental Disability	0
Circulatory System	20
Respiratory System	8
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	144

Total Residents Diagnosed as Mentally Ill 85

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	160	160	156	160	144	16	112	160
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	160	160	156	160	144	16	112	160

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	151
Total Admissions 2011	241
Total Discharges 2011	248
Residents on 12/31/2011	144
Identified Offenders	19

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3128	7.7%	51386	88.0%	0	128	0	0	54642	93.6%	93.6%
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	3128	7.7%	51386	88.0%	0	128	0	0	54642	93.6%	93.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	7	7	0	0	0	0	0	0	7	7	14
45 to 59	26	16	0	0	0	0	0	0	26	16	42
60 to 64	13	11	0	0	0	0	0	0	13	11	24
65 to 74	25	11	0	0	0	0	0	0	25	11	36
75 to 84	8	8	0	0	0	0	0	0	8	8	16
85+	8	4	0	0	0	0	0	0	8	4	12
TOTALS	87	57	0	0	0	0	0	0	87	57	144

ATRIUM HEALTH CARE CENTER
1425 WEST ESTES AVENUE
CHICAGO, IL. 60626

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	129	1	0	0	0	144
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	129	1	0	0	0	144

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	79	0	0	0	79
Hawaiian/Pacific Isl.	0	0	0	0	0
White	55	0	0	0	55
Race Unknown	9	0	0	0	9
Total	144	0	0	0	144

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	135	0	0	0	135
Ethnicity Unknown	0	0	0	0	0
Total	144	0	0	0	144

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	13.00
Certified Aides	33.00
Other Health Staff	4.00
Non-Health Staff	37.00
Totals	99.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
10.8%	88.5%	0.4%	0.0%	0.2%	100.0%		0.0%
911,340	7,461,540	34,303	0	19,200	8,426,383	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ATRIUM HEALTHCARE & REHAB CTR OF CAHOKI
3354 JEROME LANE
CAHOKIA, IL. 62206

Reference Numbers Facility ID 6007983
Health Service Area 011 Planning Service Area 163

Administrator
STEPHANIE BIRCH

Contact Person and Telephone
STEPHANIE BIRCH
618-337-9400

Registered Agent Information

Date Completed
4/15/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	3
*Nervous System Non Alzheimer	2
Alzheimer Disease	3
Mental Illness	52
Developmental Disability	4
Circulatory System	23
Respiratory System	7
Digestive System	3
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	6
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	118
Total Residents Diagnosed as Mentally Ill	52

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	133	133	133	133	118	15	49	133
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	133	133	133	133	118	15	49	133

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	125
Total Admissions 2011	102
Total Discharges 2011	109
Residents on 12/31/2011	118
Identified Offenders	9

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4747	26.5%	40018	82.4%	0	196	1966	0	46927	96.7%	96.7%
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	4747	26.5%	40018	82.4%	0	196	1966	0	46927	96.7%	96.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	1	0	0	0	0	0	0	4	1	5
45 to 59	18	24	0	0	0	0	0	0	18	24	42
60 to 64	10	4	0	0	0	0	0	0	10	4	14
65 to 74	9	10	0	0	0	0	0	0	9	10	19
75 to 84	13	14	0	0	0	0	0	0	13	14	27
85+	2	9	0	0	0	0	0	0	2	9	11
TOTALS	56	62	0	0	0	0	0	0	56	62	118

ATRIUM HEALTHCARE & REHAB CTR OF CAHOKI
3354 JEROME LANE
CAHOKIA, IL. 62206

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	98	0	2	3	0	118
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	98	0	2	3	0	118

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	65	0	0	0	65
Hawaiian/Pacific Isl.	0	0	0	0	0
White	53	0	0	0	53
Race Unknown	0	0	0	0	0
Total	118	0	0	0	118

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	117	0	0	0	117
Ethnicity Unknown	0	0	0	0	0
Total	118	0	0	0	118

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	17.00
Certified Aides	34.00
Other Health Staff	6.00
Non-Health Staff	37.00
Totals	98.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
19.9%	76.4%	0.3%	0.0%	3.3%	100.0%		0.0%
1,310,375	5,030,390	19,586	0	220,409	6,580,760	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

AUBURN NURSING & REHAB CENTER
304 MAPLE AVENUE
AUBURN, IL. 62615

Reference Numbers Facility ID 6007181
Health Service Area 003 Planning Service Area 167

Administrator
Whitney Oberlink

Contact Person and Telephone
WHITNEY OBERLINK
217-438-6125

Date Completed
4/8/2013

Registered Agent Information
Dan Maher
926 S. 7th Street
Springfield, IL 62703

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	8
Mental Illness	6
Developmental Disability	0
Circulatory System	10
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	17
TOTALS	62

Total Residents Diagnosed as Mentally Ill 6

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	70	65	65	65	62	8	70	70
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	70	65	65	65	62	8	70	70

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	62
Total Admissions 2011	160
Total Discharges 2011	160
Residents on 12/31/2011	62
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3772	14.8%	11776	46.1%	0	691	4276	0	20515	80.3%	86.5%
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	3772	14.8%	11776	46.1%	0	691	4276	0	20515	80.3%	86.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	1	0	0	0	0	0	0	2	1	3
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	6	6	0	0	0	0	0	0	6	6	12
75 to 84	5	12	0	0	0	0	0	0	5	12	17
85+	6	22	0	0	0	0	0	0	6	22	28
TOTALS	20	42	0	0	0	0	0	0	20	42	62

AUBURN NURSING & REHAB CENTER
304 MAPLE AVENUE
AUBURN, IL. 62615

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	35	2	1	13	0	62
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	35	2	1	13	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	177	151
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	57	0	0	0	57
Race Unknown	0	0	0	0	0
Total	62	0	0	0	62

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	62	0	0	0	62
Ethnicity Unknown	0	0	0	0	0
Total	62	0	0	0	62

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	10.00
Certified Aides	30.00
Other Health Staff	3.00
Non-Health Staff	12.00
Totals	62.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
46.6%	30.3%	0.0%	6.0%	17.1%	100.0%		0.0%
2,165,648	1,406,919	0	280,354	795,447	4,648,368	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

AURORA REHAB & LIVING CENTER
1601 NORTH FARNSWORTH
AURORA, IL. 60505

Reference Numbers Facility ID 6000574
Health Service Area 008 Planning Service Area 089

Administrator
Shannon Scott Stebbins

Contact Person and Telephone
Shannon Scott Stebbins
6398981180

Date Completed
5/1/2013

Registered Agent Information
Chuck Sheets
161 N. Clark Street Suite 4200
Chicago, IL 60601

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	27
Alzheimer Disease	25
Mental Illness	17
Developmental Disability	0
Circulatory System	16
Respiratory System	5
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	3
Musculo-skeletal Disorders	9
Injuries and Poisonings	4
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	125

Total Residents Diagnosed as Mentally Ill 17

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	158	152	137	152	125	33	189	189
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	158	152	137	152	125	33	189	189

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	130
Total Admissions 2011	225
Total Discharges 2011	230
Residents on 12/31/2011	125
Identified Offenders	3

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7017	10.2%	33090	48.0%	0	593	5252	0	45952	79.7%	82.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	7017	10.2%	33090	48.0%	0	593	5252	0	45952	79.7%	82.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	1	0	0	0	0	0	0	2	1	3
45 to 59	11	7	0	0	0	0	0	0	11	7	18
60 to 64	7	3	0	0	0	0	0	0	7	3	10
65 to 74	11	16	0	0	0	0	0	0	11	16	27
75 to 84	12	21	0	0	0	0	0	0	12	21	33
85+	10	24	0	0	0	0	0	0	10	24	34
TOTALS	53	72	0	0	0	0	0	0	53	72	125

AURORA REHAB & LIVING CENTER
1601 NORTH FARNSWORTH
AURORA, IL. 60505

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	92	0	2	14	0	125
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	92	0	2	14	0	125

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	11	0	0	0	11
Hawaiian/Pacific Isl.	0	0	0	0	0
White	110	0	0	0	110
Race Unknown	0	0	0	0	0
Total	125	0	0	0	125

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	17	0	0	0	17
Non-Hispanic	108	0	0	0	108
Ethnicity Unknown	0	0	0	0	0
Total	125	0	0	0	125

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	10.00
Certified Aides	37.00
Other Health Staff	0.00
Non-Health Staff	32.00
Totals	91.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
36.6%	45.5%	5.4%	2.0%	10.6%	100.0%		0.0%
3,411,102	4,242,746	502,923	183,113	988,826	9,328,710	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

AUTUMN LAKES
3515 THEODORE
JOLIET, IL. 60431

Reference Numbers Facility ID 6013585
Health Service Area 009 Planning Service Area 197

Administrator
Peggy A. Peterson

Contact Person and Telephone
PEGGY A. PETERSON
815-741-7038

Date Completed
4/12/2013

Registered Agent Information
Cornerstone Services, Inc
777 Joyce Road
Joliet, IL 60436

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	4
Total Residents Diagnosed as Mentally Ill	2

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	3
Total Admissions 2011	1
Total Discharges 2011	0
Residents on 12/31/2011	4
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1274	87.3%	0	0	0	0	1274	87.3%	87.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1274	87.3%	0	0	0	0	1274	87.3%	87.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	4	0	0	0	4	0	4
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	4	0	0	0	4	0	4

AUTUMN LAKES
3515 THEODORE
JOLIET, IL. 60431

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	4	0	4
Race Unknown	0	0	0	0	0
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	4	0	4
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	0.00
Other Health Staff	4.25
Non-Health Staff	5.00
Totals	9.75

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.1%	87.2%	0.0%	0.0%	12.7%	100.0%		0.0%
385	250,983	0	0	36,453	287,821	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

AVENUE CARE NURSING & REHAB CTR
4505 SOUTH DREXEL BLVD.
CHICAGO, IL. 60653

Reference Numbers Facility ID 6004667
Health Service Area 006 Planning Service Area 603

Administrator
JoeAnn Brew

Contact Person and Telephone
JoeAnn Brew
773-285-0550

Date Completed
4/19/2013

Registered Agent Information
David Aronin
2201 Main Street
Evanston, IL 60202

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	9
Blood Disorders	8
*Nervous System Non Alzheimer	12
Alzheimer Disease	4
Mental Illness	16
Developmental Disability	0
Circulatory System	10
Respiratory System	10
Digestive System	8
Genitourinary System Disorders	7
Skin Disorders	12
Musculo-skeletal Disorders	15
Injuries and Poisonings	10
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	129

Total Residents Diagnosed as Mentally Ill 51

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	155	155	129	155	129	26	155	155
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	155	155	129	155	129	26	155	155

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	121
Total Admissions 2011	127
Total Discharges 2011	119
Residents on 12/31/2011	129
Identified Offenders	20

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2814	5.0%	43613	77.1%	0	0	643	0	47070	83.2%	83.2%
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	2814	5.0%	43613	77.1%	0	0	643	0	47070	83.2%	83.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	6	6	0	0	0	0	0	0	6	6	12
45 to 59	20	14	0	0	0	0	0	0	20	14	34
60 to 64	15	11	0	0	0	0	0	0	15	11	26
65 to 74	19	10	0	0	0	0	0	0	19	10	29
75 to 84	7	10	0	0	0	0	0	0	7	10	17
85+	3	8	0	0	0	0	0	0	3	8	11
TOTALS	70	59	0	0	0	0	0	0	70	59	129

AVENUE CARE NURSING & REHAB CTR
4505 SOUTH DREXEL BLVD.
CHICAGO, IL. 60653

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	104	0	0	4	0	129
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	104	0	0	4	0	129

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	117	0	0	0	117
Hawaiian/Pacific Isl.	0	0	0	0	0
White	11	0	0	0	11
Race Unknown	0	0	0	0	0
Total	129	0	0	0	129

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	128	0	0	0	128
Ethnicity Unknown	0	0	0	0	0
Total	129	0	0	0	129

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	20.00
Certified Aides	42.00
Other Health Staff	6.00
Non-Health Staff	30.00
Totals	104.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
20.8%	77.8%	0.0%	0.1%	1.3%	100.0%		0.0%
1,362,182	5,083,079	0	6,650	83,119	6,535,030	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

AVISTON COUNTRY MANOR
450 WEST 1ST STREET
AVISTON, IL. 62216

Reference Numbers Facility ID 6011340
Health Service Area 011 Planning Service Area 027

Administrator
Leslie Pedtke

Contact Person and Telephone
LESLIE PEDTKE
618.228.7615

Date Completed
4/15/2013

Registered Agent Information
Jerry King
#6 Windswept Dr.
Nashville, IL 62268

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	7
Mental Illness	8
Developmental Disability	1
Circulatory System	22
Respiratory System	2
Digestive System	6
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	3
Injuries and Poisonings	3
Other Medical Conditions	9
Non-Medical Conditions	2
TOTALS	77

Total Residents Diagnosed as Mentally Ill 8

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	97	96	93	96	77	20	22	97
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	97	96	93	96	77	20	22	97

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	90
Total Admissions 2011	94
Total Discharges 2011	107
Residents on 12/31/2011	77
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3232	40.2%	18243	51.5%	0	0	9309	0	30784	86.9%	87.9%
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	3232	40.2%	18243	51.5%	0	0	9309	0	30784	86.9%	87.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	4	4	0	0	0	0	0	0	4	4	8
75 to 84	10	10	0	0	0	0	0	0	10	10	20
85+	10	37	0	0	0	0	0	0	10	37	47
TOTALS	25	52	0	0	0	0	0	0	25	52	77

AVISTON COUNTRY MANOR
450 WEST 1ST STREET
AVISTON, IL. 62216

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	46	0	0	22	0	77
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	46	0	0	22	0	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	77	0	0	0	77
Race Unknown	0	0	0	0	0
Total	77	0	0	0	77

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	77	0	0	0	77
Ethnicity Unknown	0	0	0	0	0
Total	77	0	0	0	77

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	7.00
Certified Aides	29.00
Other Health Staff	4.00
Non-Health Staff	25.00
Totals	75.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
36.1%	39.9%	0.0%	0.0%	23.9%	100.0%		0.0%
2,003,215	2,214,405	0	0	1,326,396	5,544,016	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

AVISTON TERRACE
349 WEST FIRST STREET
AVISTON, IL. 62216

Reference Numbers Facility ID 6000582
Health Service Area 011 Planning Service Area 027

Administrator
Melissa A. Reed

Contact Person and Telephone
Melissa A. Reed
618-231-1713

Date Completed
4/18/2013

Registered Agent Information
John Mirecki
3615 Park Drive, Suite 100
Olympia Fields, IL 60461

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

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

Total Residents Diagnosed as Mentally Ill 8

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	13	3		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	13	3	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	0
Total Discharges 2011	2
Residents on 12/31/2011	13
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5189	88.9%	0	0	0	0	5189	88.9%	88.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5189	88.9%	0	0	0	0	5189	88.9%	88.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	1	0	0	0	1	1
45 to 59	0	0	0	0	5	3	0	0	5	3	8
60 to 64	0	0	0	0	1	2	0	0	1	2	3
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	6	7	0	0	6	7	13

AVISTON TERRACE
349 WEST FIRST STREET
AVISTON, IL. 62216

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		13	0	0	0	0	13
Sheltered Care			0	0	0	0	0
TOTALS	0	13	0	0	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	121	111
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	10	0	10
Race Unknown	0	0	0	0	0
Total	0	0	13	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	13	0	13

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	12.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	12.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	583,733	0	0	0	583,733	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BALMORAL HOME
2055 WEST BALMORAL AVENUE
CHICAGO, IL. 60625

Reference Numbers Facility ID 6000657
Health Service Area 006 Planning Service Area 601

Administrator
Barry R Taerbaum

Contact Person and Telephone
BARRY R. TAERBAUM
773-561-8661

Date Completed
3/20/2013

Registered Agent Information
Marvin Mermelstein
6500 N. Hamlin
Lincolnwood, IL 60712

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	18
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	5
Mental Illness	93
Developmental Disability	2
Circulatory System	25
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	15
Skin Disorders	3
Musculo-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	200

Total Residents Diagnosed as Mentally Ill 93

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	213	213	213	213	200	13	34	213
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	213	213	213	213	200	13	34	213

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	200
Total Admissions 2011	82
Total Discharges 2011	82
Residents on 12/31/2011	200
Identified Offenders	31

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5141	41.4%	67987	87.4%	0	379	456	0	73963	95.1%	95.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5141	41.4%	67987	87.4%	0	379	456	0	73963	95.1%	95.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	15	4	0	0	0	0	0	0	15	4	19
45 to 59	39	28	0	0	0	0	0	0	39	28	67
60 to 64	28	16	0	0	0	0	0	0	28	16	44
65 to 74	30	17	0	0	0	0	0	0	30	17	47
75 to 84	14	6	0	0	0	0	0	0	14	6	20
85+	1	2	0	0	0	0	0	0	1	2	3
TOTALS	127	73	0	0	0	0	0	0	127	73	200

BALMORAL HOME
2055 WEST BALMORAL AVENUE
CHICAGO, IL. 60625

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	183	0	0	1	0	200
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	183	0	0	1	0	200

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	0	5
American Indian	0	0	0	0	0
Black	72	0	0	0	72
Hawaiian/Pacific Isl.	0	0	0	0	0
White	123	0	0	0	123
Race Unknown	0	0	0	0	0
Total	200	0	0	0	200

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	13	0	0	0	13
Non-Hispanic	187	0	0	0	187
Ethnicity Unknown	0	0	0	0	0
Total	200	0	0	0	200

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	2.00
Certified Aides	42.00
Other Health Staff	46.00
Non-Health Staff	16.00
Totals	125.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
21.1%	77.6%	0.0%	0.5%	0.7%	100.0%		0.0%
2,184,763	8,031,363	0	52,695	75,675	10,344,496	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BARRY COMMUNITY CARE CENTER
1313 PRATT STREET
BARRY, IL. 62312

Reference Numbers Facility ID 6000731
Health Service Area 003 Planning Service Area 013

Administrator
Patricia Hubbard

Contact Person and Telephone
PATRICIA HUBBARD
217-335-2326

Date Completed
4/27/2013

Registered Agent Information
James Giardina
312 Solley Drive - Rear
Ballwin, MO 63021

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	2
*Nervous System Non Alzheimer	2
Alzheimer Disease	29
Mental Illness	0
Developmental Disability	3
Circulatory System	7
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	57

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	76	76	65	76	57	19	76	76
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	76	76	65	76	57	19	76	76

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	65
Total Admissions 2011	42
Total Discharges 2011	50
Residents on 12/31/2011	57
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1697	6.1%	11933	43.0%	106	89	6534	0	20359	73.4%	73.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1697	6.1%	11933	43.0%	106	89	6534	0	20359	73.4%	73.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	3	12	0	0	0	0	0	0	3	12	15
85+	5	31	0	0	0	0	0	0	5	31	36
TOTALS	11	46	0	0	0	0	0	0	11	46	57

BARRY COMMUNITY CARE CENTER
1313 PRATT STREET
BARRY, IL. 62312

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 013

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	33	0	0	20	0	57
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	33	0	0	20	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	179	151
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	57	0	0	0	57
Race Unknown	0	0	0	0	0
Total	57	0	0	0	57

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	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

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	7.00
Certified Aides	27.00
Other Health Staff	0.00
Non-Health Staff	24.00
Totals	64.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
24.1%	43.7%	0.4%	0.0%	31.8%	100.0%		0.0%
788,922	1,432,580	12,073	0	1,043,394	3,276,969	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BATAVIA REHAB & HLTHCARE CTR
520 FABYAN PARKWAY
BATAVIA, IL. 60510

Reference Numbers Facility ID 6008171
Health Service Area 008 Planning Service Area 089

Administrator
Ken Clepper

Contact Person and Telephone
Marikay Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
3/28/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	9
Blood Disorders	1
*Nervous System Non Alzheimer	9
Alzheimer Disease	23
Mental Illness	0
Developmental Disability	1
Circulatory System	7
Respiratory System	0
Digestive System	0
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
Total Residents Diagnosed as Mentally Ill	3

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	63	55	54	55	50	13	0	63
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	63	55	54	55	50	13	0	63

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	46
Total Admissions 2011	38
Total Discharges 2011	34
Residents on 12/31/2011	50
Identified Offenders	5

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	13913	60.5%	1643	0	2828	0	18384	79.9%	91.6%
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	0	0.0%	13913	60.5%	1643	0	2828	0	18384	79.9%	91.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	1	0	0	0	0	0	0	2	1	3
45 to 59	5	2	0	0	0	0	0	0	5	2	7
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	3	3	0	0	0	0	0	0	3	3	6
75 to 84	7	9	0	0	0	0	0	0	7	9	16
85+	1	12	0	0	0	0	0	0	1	12	13
TOTALS	20	30	0	0	0	0	0	0	20	30	50

BATAVIA REHAB & HLTHCARE CTR
520 FABYAN PARKWAY
BATAVIA, IL. 60510

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	39	5	0	6	0	50
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	39	5	0	6	0	50

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	139
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	45	0	0	0	45
Race Unknown	0	0	0	0	0
Total	50	0	0	0	50

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	49	0	0	0	49
Ethnicity Unknown	0	0	0	0	0
Total	50	0	0	0	50

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	6.00
Certified Aides	22.00
Other Health Staff	1.00
Non-Health Staff	20.00
Totals	55.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	86.3%	0.0%	0.0%	13.7%	100.0%		0.0%
0	2,131,805	0	0	339,183	2,470,988	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BAYSIDE TERRACE, LLC
1100 SOUTH LEWIS AVENUE
WAUKEGAN, IL. 60085

Reference Numbers Facility ID 6000764
Health Service Area 008 Planning Service Area 097

Administrator
DEMETRIA RAFAEL

Contact Person and Telephone
DEMETRIA RAFAEL
1-847-244-8196

Registered Agent Information
EARL ROSENBAUM
1100 SOUTH LEWIS AVENUE
Waukegan, IL 60085

Date Completed
4/11/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	152
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	2
Non-Medical Conditions	0
TOTALS	154
Total Residents Diagnosed as Mentally Ill	152

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	168	168	154	168	154	14	0	168
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	168	168	154	168	154	14	0	168

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	157
Total Admissions 2011	52
Total Discharges 2011	55
Residents on 12/31/2011	154
Identified Offenders	20

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	54805	89.4%	0	0	281	0	55086	89.8%	89.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	54805	89.4%	0	0	281	0	55086	89.8%	89.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	26	5	0	0	0	0	0	0	26	5	31
45 to 59	47	26	0	0	0	0	0	0	47	26	73
60 to 64	16	7	0	0	0	0	0	0	16	7	23
65 to 74	9	11	0	0	0	0	0	0	9	11	20
75 to 84	2	4	0	0	0	0	0	0	2	4	6
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	100	54	0	0	0	0	0	0	100	54	154

BAYSIDE TERRACE, LLC
1100 SOUTH LEWIS AVENUE
WAUKEGAN, IL. 60085

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	154	0	0	0	0	154
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	154	0	0	0	0	154

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	32	0	0	0	32
Hawaiian/Pacific Isl.	0	0	0	0	0
White	110	0	0	0	110
Race Unknown	9	0	0	0	9
Total	154	0	0	0	154

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	145	0	0	0	145
Ethnicity Unknown	0	0	0	0	0
Total	154	0	0	0	154

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	3.00
Certified Aides	19.00
Other Health Staff	29.00
Non-Health Staff	1.00
Totals	57.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	99.2%	0.0%	0.0%	0.8%	100.0%		0.0%
0	6,483,116	0	0	51,290	6,534,406	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BEACON HILL
2400 SOUTH FINLEY ROAD
LOMBARD, IL. 60148

Reference Numbers Facility ID 6000772
Health Service Area 007 Planning Service Area 703

Administrator
Heidi Zimmermann

Contact Person and Telephone
Heidi Zimmermann
630-691-4088

Date Completed
4/19/2013

Registered Agent Information
C T Corporation System
208 South LaSalle Street Suite 814
Chicago, IL 60604

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	48
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	13
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	106

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	110	110	108	110	106	4	21	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	110	110	108	110	106	4	21	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	95
Total Admissions 2011	172
Total Discharges 2011	161
Residents on 12/31/2011	106
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4438	57.9%	0	0.0%	30097	128	1632	0	36295	90.4%	90.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4438	57.9%	0	0.0%	30097	128	1632	0	36295	90.4%	90.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	8	20	0	0	0	0	0	0	8	20	28
85+	21	57	0	0	0	0	0	0	21	57	78
TOTALS	29	77	0	0	0	0	0	0	29	77	106

BEACON HILL
2400 SOUTH FINLEY ROAD
LOMBARD, IL. 60148

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	0	0	0	89	0	106
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	0	0	0	89	0	106

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	106	0	0	0	106
Race Unknown	0	0	0	0	0
Total	106	0	0	0	106

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	106	0	0	0	106
Ethnicity Unknown	0	0	0	0	0
Total	106	0	0	0	106

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	8.00
Certified Aides	47.00
Other Health Staff	10.00
Non-Health Staff	16.00
Totals	101.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
46.4%	0.0%	53.6%	0.0%	0.0%	100.0%		1.4%
2,743,658	0	3,174,237	0	0	5,917,895	81,058	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BEACON STREET PLACE
4838 BEACON DRIVE
DECATUR, IL. 62521

Reference Numbers Facility ID 6013536
Health Service Area 004 Planning Service Area 115

Administrator
VALERIE POLING

Contact Person and Telephone
DAVE JACOBUS
217-763-2191

Registered Agent Information
DAVE JACOBUS
2576 N. GREENWAY RD.
Cerro Gordo, IL 62521

Date Completed
3/29/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	4
Total Residents Diagnosed as Mentally Ill	0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	4
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	4
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1464	######	4	0	0	0	1468	100.5%	100.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1464	######	4	0	0	0	1468	100.5%	100.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

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

BEACON STREET PLACE
4838 BEACON DRIVE
DECATUR, IL. 62521

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	3	0	3
Race Unknown	0	0	0	0	0
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	4	0	4
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	3.00
Other Health Staff	0.00
Non-Health Staff	0.25
Totals	4.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	89.7%	0.0%	0.0%	10.3%	100.0%		0.0%
0	216,383	0	0	24,780	241,163	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BEARDSTOWN TERRACE
310 EAST EIGHTH STREET
BEARDSTOWN, IL. 62618

Reference Numbers Facility ID 6012363
Health Service Area 003 Planning Service Area 017

Administrator
Marcia Ford

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/3/2013

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 62401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 4

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5856	######	0	0	0	0	5856	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5856	######	0	0	0	0	5856	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	5	0	0	4	5	9
45 to 59	0	0	0	0	2	1	0	0	2	1	3
60 to 64	0	0	0	0	4	0	0	0	4	0	4
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	10	6	0	0	10	6	16

BEARDSTOWN TERRACE
310 EAST EIGHTH STREET
BEARDSTOWN, IL. 62618

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 017

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	114
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	1	0	1
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	86.0%	0.9%	0.0%	13.1%	100.0%		0.0%
0	577,866	5,972	0	88,242	672,081	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BEECHER MANOR NURSING & REHAB CTR
1201 DIXIE HIGHWAY
BEECHER, IL. 60401

Reference Numbers Facility ID 6000806
Health Service Area 009 Planning Service Area 197

Administrator
Michael K.Garner

Contact Person and Telephone
Michael Garner
708-946-2600

Registered Agent Information
NA

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	10
Alzheimer Disease	9
Mental Illness	6
Developmental Disability	0
Circulatory System	19
Respiratory System	17
Digestive System	3
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	18
Non-Medical Conditions	13
TOTALS	113

Total Residents Diagnosed as Mentally Ill 6

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	130	127	124	127	113	17	128	128
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	130	127	124	127	113	17	128	128

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	120
Total Admissions 2011	180
Total Discharges 2011	187
Residents on 12/31/2011	113
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6600	14.1%	30468	65.2%	0	372	6840	0	44280	93.3%	95.5%
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	6600	14.1%	30468	65.2%	0	372	6840	0	44280	93.3%	95.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	5	0	0	0	0	0	0	1	5	6
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	3	11	0	0	0	0	0	0	3	11	14
75 to 84	13	18	0	0	0	0	0	0	13	18	31
85+	6	54	0	0	0	0	0	0	6	54	60
TOTALS	23	90	0	0	0	0	0	0	23	90	113

BEECHER MANOR NURSING & REHAB CTR
1201 DIXIE HIGHWAY
BEECHER, IL. 60401

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	29	70	0	1	13	0	113
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	29	70	0	1	13	0	113

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	245	227
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	107	0	0	0	107
Race Unknown	0	0	0	0	0
Total	113	0	0	0	113

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	111	0	0	0	111
Ethnicity Unknown	0	0	0	0	0
Total	113	0	0	0	113

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	8.00
Certified Aides	20.00
Other Health Staff	7.00
Non-Health Staff	29.00
Totals	73.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
26.9%	55.7%	0.0%	1.1%	16.3%	100.0%		0.0%
2,318,468	4,803,204	0	98,086	1,409,752	8,629,510	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BELHAVEN NURSING & REHAB. CENTER
11401 SOUTH OAKLEY AVENUE
CHICAGO, IL. 60643

Reference Numbers Facility ID 6000822
Health Service Area 006 Planning Service Area 603

Administrator
LaDon Harris

Contact Person and Telephone
LaDon Harris
773/233/6311

Registered Agent Information

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	40
Blood Disorders	39
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	40
Respiratory System	45
Digestive System	0
Genitourinary System Disorders	11
Skin Disorders	0
Musculo-skeletal Disorders	16
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	200

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	221	221	210	221	200	21	221	221
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	221	221	210	221	200	21	221	221

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	190
Total Admissions 2011	211
Total Discharges 2011	201
Residents on 12/31/2011	200
Identified Offenders	6

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4932	6.1%	65320	81.0%	80	0	3276	0	73608	91.3%	91.3%
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	4932	6.1%	65320	81.0%	80	0	3276	0	73608	91.3%	91.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	1	0	0	0	0	0	0	3	1	4
45 to 59	34	16	0	0	0	0	0	0	34	16	50
60 to 64	6	8	0	0	0	0	0	0	6	8	14
65 to 74	18	13	0	0	0	0	0	0	18	13	31
75 to 84	19	23	0	0	0	0	0	0	19	23	42
85+	9	50	0	0	0	0	0	0	9	50	59
TOTALS	89	111	0	0	0	0	0	0	89	111	200

BELHAVEN NURSING & REHAB. CENTER
11401 SOUTH OAKLEY AVENUE
CHICAGO, IL. 60643

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	178	0	6	0	0	200
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	178	0	6	0	0	200

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	215	200
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	168	0	0	0	168
Hawaiian/Pacific Isl.	0	0	0	0	0
White	29	0	0	0	29
Race Unknown	3	0	0	0	3
Total	200	0	0	0	200

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	197	0	0	0	197
Ethnicity Unknown	0	0	0	0	0
Total	200	0	0	0	200

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	20.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	26.00
Certified Aides	78.00
Other Health Staff	11.00
Non-Health Staff	61.00
Totals	206.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
18.3%	81.5%	0.0%	0.0%	0.2%	100.0%		0.0%
2,662,075	11,878,844	0	0	34,549	14,575,468	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BELLE MANOR
225 WEST B STREET
BELLEVILLE, IL. 62220

Reference Numbers Facility ID 6014039
Health Service Area 011 Planning Service Area 163

Administrator
Robin Cimera

Contact Person and Telephone
Tonya Lindsey
618-244-7701

Date Completed
4/8/2013

Registered Agent Information
Tonya Lindsey
2025B Broadway, P.O. Box 705
Mount Vernon, IL 62864

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	2
Total Discharges 2011	2
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5721	98.0%	0	0	0	0	5721	98.0%	98.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5721	98.0%	0	0	0	0	5721	98.0%	98.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	4	0	0	3	4	7
45 to 59	0	0	0	0	1	4	0	0	1	4	5
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	1	1	0	0	1	1	2
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	6	9	0	0	6	9	15

BELLE MANOR
225 WEST B STREET
BELLEVILLE, IL. 62220

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	109	108
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	1	0	1
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	7.00
Other Health Staff	1.00
Non-Health Staff	1.50
Totals	10.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	77.5%	0.0%	0.0%	22.5%	100.0%		0.0%
0	462,662	0	0	134,459	597,121	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BELLEFONTAINE PLACE
98 DEBRA LANE PO BOX 225
WATERLOO, IL. 62298

Reference Numbers Facility ID 6010417
Health Service Area 011 Planning Service Area 133

Administrator
Angela Wiley

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/3/2013

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 62401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 9

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	1
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5827	99.8%	0	0	0	0	5827	99.8%	99.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5827	99.8%	0	0	0	0	5827	99.8%	99.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	2	0	0	3	2	5
45 to 59	0	0	0	0	4	6	0	0	4	6	10
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	7	8	0	0	7	8	15

BELLEFONTAINE PLACE
98 DEBRA LANE PO BOX 225
WATERLOO, IL. 62298

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 133

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	114
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	81.7%	1.0%	0.0%	17.3%	100.0%		0.0%
0	549,004	6,762	0	116,450	672,217	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BELLEVILLE HEALTHCARE & REHAB CENTER
150 N. 27th Street
Belleville, IL. 62206

Reference Numbers Facility ID 6005474
Health Service Area 011 Planning Service Area 163

Administrator
Kenya Washington

Contact Person and Telephone
KENYA WASHINGTON
(618)235-6600

Registered Agent Information

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	9
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	2
Musculo-skeletal Disorders	1
Injuries and Poisonings	2
Other Medical Conditions	100
Non-Medical Conditions	0
TOTALS	125

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	152	152	146	152	125	27	62	152
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	152	152	146	152	125	27	62	152

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	131
Total Admissions 2011	194
Total Discharges 2011	200
Residents on 12/31/2011	125
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7085	31.3%	37274	67.2%	340	1682	2490	0	48871	88.1%	88.1%
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	7085	31.3%	37274	67.2%	340	1682	2490	0	48871	88.1%	88.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	2	0	0	0	0	0	0	1	2	3
45 to 59	9	4	0	0	0	0	0	0	9	4	13
60 to 64	2	6	0	0	0	0	0	0	2	6	8
65 to 74	18	14	0	0	0	0	0	0	18	14	32
75 to 84	6	23	0	0	0	0	0	0	6	23	29
85+	4	36	0	0	0	0	0	0	4	36	40
TOTALS	40	85	0	0	0	0	0	0	40	85	125

BELLEVILLE HEALTHCARE & REHAB CENTER
150 N. 27th Street
Belleville, IL. 62206

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	88	12	2	7	0	125
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	88	12	2	7	0	125

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	50	0	0	0	50
Hawaiian/Pacific Isl.	0	0	0	0	0
White	75	0	0	0	75
Race Unknown	0	0	0	0	0
Total	125	0	0	0	125

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	125	0	0	0	125
Ethnicity Unknown	0	0	0	0	0
Total	125	0	0	0	125

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	26.00
Certified Aides	54.00
Other Health Staff	2.00
Non-Health Staff	50.00
Totals	140.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
23.8%	66.3%	5.8%	0.0%	4.1%	100.0%		0.0%
1,935,456	5,380,549	467,530	0	334,400	8,117,935	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BELLWOOD DEVELOPMENTAL CENTER
105 EASTERN AVENUE
BELLWOOD, IL. 60104

Reference Numbers Facility ID 6007066
Health Service Area 007 Planning Service Area 704

Administrator
David Zaruba

Contact Person and Telephone
David Zaruba
708.547.3580

Date Completed
4/19/2013

Registered Agent Information
Stephen Sher
5750 Old Orchard Rd., Ste. 420
SKOKIE, IL 60077

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	80
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	80
Total Residents Diagnosed as Mentally Ill	28

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	82	82	82	82	80	2		82
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	82	82	82	82	80	2	0	82

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	76
Total Admissions 2011	17
Total Discharges 2011	11
Residents on 12/31/2011	82
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			23382	78.1%	0	0	307	0	23689	79.1%	79.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	23382	78.1%	0	0	307	0	23689	79.1%	79.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	9	11	0	0	9	11	20
45 to 59	0	0	0	0	15	20	0	0	15	20	35
60 to 64	0	0	0	0	9	9	0	0	9	9	18
65 to 74	0	0	0	0	1	5	0	0	1	5	6
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	34	46	0	0	34	46	80

BELLWOOD DEVELOPMENTAL CENTER
105 EASTERN AVENUE
BELLWOOD, IL. 60104

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	79	0	1	0	80
Sheltered Care			0	0	0	0	0
TOTALS	0	0	79	0	1	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	166	166
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	4	0	4
American Indian	0	0	0	0	0
Black	0	0	17	0	17
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	59	0	59
Race Unknown	0	0	0	0	0
Total	0	0	80	0	80

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	6	0	6
Non-Hispanic	0	0	74	0	74
Ethnicity Unknown	0	0	0	0	0
Total	0	0	80	0	80

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	6.50
Certified Aides	28.00
Other Health Staff	26.50
Non-Health Staff	22.00
Totals	86.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	84.7%	0.0%	0.0%	15.3%	100.0%		0.0%
0	3,222,834	0	0	583,452	3,806,286	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW	3/1/2012	Change of Ownership occurred.
Name Change	3/2/2012	Formerly Aspire on Eastern.
Name Change	5/10/2012	Formerly Bellwood Nursing Center.

BELMONT NURSING HOME
1936 WEST BELMONT AVENUE
CHICAGO, IL. 60657

Reference Numbers Facility ID 6000848
Health Service Area 006 Planning Service Area 602

Administrator
Donna Harris

Contact Person and Telephone
Donna Harris
773-525-7176

Registered Agent Information
Eileen Conway
1936 West Belmont Ave
Chicago, IL 60657

Date Completed
4/8/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	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
Total Residents Diagnosed as Mentally Ill	50

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	61	59	55	59	50	11	0	61
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	61	59	55	59	50	11	0	61

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	51
Total Admissions 2011	29
Total Discharges 2011	30
Residents on 12/31/2011	50
Identified Offenders	3

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	18526	83.2%	0	0	0	0	18526	83.2%	86.0%
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	0	0.0%	18526	83.2%	0	0	0	0	18526	83.2%	86.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	4	0	0	0	0	0	0	4	4	8
45 to 59	23	7	0	0	0	0	0	0	23	7	30
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	4	2	0	0	0	0	0	0	4	2	6
75 to 84	0	1	0	0	0	0	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	33	17	0	0	0	0	0	0	33	17	50

BELMONT NURSING HOME
1936 WEST BELMONT AVENUE
CHICAGO, IL. 60657

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	50	0	0	0	0	50
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	50	0	0	0	0	50

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	41	0	0	0	41
Race Unknown	1	0	0	0	1
Total	50	0	0	0	50

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	42	0	0	0	42
Ethnicity Unknown	1	0	0	0	1
Total	50	0	0	0	50

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	3.00
Certified Aides	6.00
Other Health Staff	0.00
Non-Health Staff	9.00
Totals	22.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	75.1%	0.0%	0.0%	24.9%	100.0%		0.0%
0	1,432,965	0	0	475,447	1,908,412	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BELWOOD NURSING HOME
6701 WEST PLANK ROAD
PEORIA, IL. 61604

Reference Numbers Facility ID 6000814
Health Service Area 002 Planning Service Area 143

Administrator
Matthew Nieukirk

Contact Person and Telephone
BECKY HUBBARD
309-697-4541

Registered Agent Information

Date Completed
4/10/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	0
Blood Disorders	2
*Nervous System Non Alzheimer	10
Alzheimer Disease	7
Mental Illness	1
Developmental Disability	1
Circulatory System	9
Respiratory System	2
Digestive System	8
Genitourinary System Disorders	0
Skin Disorders	7
Musculo-skeletal Disorders	21
Injuries and Poisonings	68
Other Medical Conditions	35
Non-Medical Conditions	0
TOTALS	174

Total Residents Diagnosed as Mentally Ill 3

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	300	200	200	200	174	126	50	300
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	300	200	200	200	174	126	50	300

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	197
Total Admissions 2011	113
Total Discharges 2011	136
Residents on 12/31/2011	174
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5040	27.6%	52903	48.3%	0	0	11498	0	69441	63.4%	95.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5040	27.6%	52903	48.3%	0	0	11498	0	69441	63.4%	95.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	8	15	0	0	0	0	0	0	8	15	23
75 to 84	13	41	0	0	0	0	0	0	13	41	54
85+	15	77	0	0	0	0	0	0	15	77	92
TOTALS	40	134	0	0	0	0	0	0	40	134	174

BELWOOD NURSING HOME
6701 WEST PLANK ROAD
PEORIA, IL. 61604

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	128	0	0	32	0	174
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	128	0	0	32	0	174

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	19	0	0	0	19
Hawaiian/Pacific Isl.	0	0	0	0	0
White	154	0	0	0	154
Race Unknown	0	0	0	0	0
Total	174	0	0	0	174

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	172	0	0	0	172
Ethnicity Unknown	0	0	0	0	0
Total	174	0	0	0	174

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	26.00
Certified Aides	63.00
Other Health Staff	0.00
Non-Health Staff	59.00
Totals	157.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
21.3%	59.9%	0.0%	3.1%	15.7%	100.0%		0.0%
2,388,368	6,736,734	0	352,711	1,759,971	11,237,784	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BEMENT MANOR
601 NORTH MORGAN STREET
BEMENT, IL. 61813

Reference Numbers Facility ID 6000855
Health Service Area 004 Planning Service Area 147

Administrator
April Utley

Contact Person and Telephone
Marikay Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
4/15/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	1
Mental Illness	7
Developmental Disability	5
Circulatory System	5
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	31

Total Residents Diagnosed as Mentally Ill 12

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	60	50	38	50	31	29	60	60
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	60	50	38	50	31	29	60	60

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	37
Total Admissions 2011	41
Total Discharges 2011	47
Residents on 12/31/2011	31
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	547	2.5%	7922	36.2%	406	82	3535	0	12492	57.0%	68.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	547	2.5%	7922	36.2%	406	82	3535	0	12492	57.0%	68.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	2	1	0	0	0	0	0	0	2	1	3
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	1	8	0	0	0	0	0	0	1	8	9
85+	6	8	0	0	0	0	0	0	6	8	14
TOTALS	13	18	0	0	0	0	0	0	13	18	31

BEMENT MANOR
601 NORTH MORGAN STREET
BEMENT, IL. 61813

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 147

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	18	0	0	12	0	31
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	18	0	0	12	0	31

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	147	131
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	31	0	0	0	31
Race Unknown	0	0	0	0	0
Total	31	0	0	0	31

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	31	0	0	0	31
Ethnicity Unknown	0	0	0	0	0
Total	31	0	0	0	31

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	0.00
Certified Aides	13.00
Other Health Staff	0.00
Non-Health Staff	12.00
Totals	30.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
9.0%	61.3%	0.0%	0.0%	29.7%	100.0%		0.1%
142,185	970,556	0	0	470,480	1,583,221	1,302	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BENJAMIN GREEN-FIELD RESIDENCE
I94 & ROUTE 176
LIBERTYVILLE, IL. 60048

Reference Numbers Facility ID 6014591
Health Service Area 008 Planning Service Area 097

Administrator
Marty Buckley

Contact Person and Telephone
MARTY BUCKLEY
847-362-4636

Registered Agent Information

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	1
Total Discharges 2011	2
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5110	87.5%	0	0	354	0	5464	93.6%	93.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5110	87.5%	0	0	354	0	5464	93.6%	93.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	3	4	0	0	3	4	7
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	2	2	0	0	2	2	4
75 to 84	0	0	0	0	1	1	0	0	1	1	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	7	8	0	0	7	8	15

BENJAMIN GREEN-FIELD RESIDENCE
I94 & ROUTE 176
LIBERTYVILLE, IL. 60048

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	1	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	1	0	15

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	3.00
LPN's	0.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	16.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	75.0%	0.0%	25.0%	100.0%		0.0%
0	0	570,762	0	190,547	761,309	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BENTON REHAB & HLTHCARE CTR
1409 NORTH MAIN
BENTON, IL. 62812

Reference Numbers Facility ID 6005391
Health Service Area 005 Planning Service Area 055

Administrator
Ron Slaviero

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
3/28/2013

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	5
Mental Illness	12
Developmental Disability	1
Circulatory System	8
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	48

Total Residents Diagnosed as Mentally Ill 35

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	67	61	49	61	48	19	11	67
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	67	61	49	61	48	19	11	67

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	37
Total Admissions 2011	40
Total Discharges 2011	29
Residents on 12/31/2011	48
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1100	27.4%	12390	50.7%	0	149	1932	0	15571	63.7%	69.9%
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	1100	27.4%	12390	50.7%	0	149	1932	0	15571	63.7%	69.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	3	2	0	0	0	0	0	0	3	2	5
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	8	9	0	0	0	0	0	0	8	9	17
75 to 84	3	7	0	0	0	0	0	0	3	7	10
85+	4	7	0	0	0	0	0	0	4	7	11
TOTALS	20	28	0	0	0	0	0	0	20	28	48

BENTON REHAB & HLTHCARE CTR
1409 NORTH MAIN
BENTON, IL. 62812

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 055

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	36	0	0	6	0	48
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	36	0	0	6	0	48

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	106
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	48	0	0	0	48
Race Unknown	0	0	0	0	0
Total	48	0	0	0	48

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	48	0	0	0	48
Ethnicity Unknown	0	0	0	0	0
Total	48	0	0	0	48

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	4.00
Certified Aides	16.00
Other Health Staff	2.00
Non-Health Staff	13.00
Totals	39.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
12.5%	76.9%	0.0%	0.0%	10.6%	100.0%		0.0%
245,443	1,511,735	0	0	208,274	1,965,452	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BERKELEY NURSING & REHAB CENTER
6909 WEST NORTH AVENUE
OAK PARK, IL. 60302

Reference Numbers Facility ID 6010110
Health Service Area 007 Planning Service Area 704

Administrator
Dr. Michael Gottesman

Contact Person and Telephone
Dr. Michael Gottesman
708-

Registered Agent Information
Michael Blisko
240 Fencl Lane
Hillside, IL 60162

Date Completed
4/16/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	18
Alzheimer Disease	1
Mental Illness	15
Developmental Disability	0
Circulatory System	16
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	59
Total Residents Diagnosed as Mentally Ill	15

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	72	72	65	72	59	13	72	72
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	72	72	65	72	59	13	72	72

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	59
Total Admissions 2011	63
Total Discharges 2011	63
Residents on 12/31/2011	59
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2737	10.4%	17435	66.3%	0	661	915	0	21748	82.8%	82.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2737	10.4%	17435	66.3%	0	661	915	0	21748	82.8%	82.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	2	0	0	0	0	0	0	1	2	3
45 to 59	6	1	0	0	0	0	0	0	6	1	7
60 to 64	4	3	0	0	0	0	0	0	4	3	7
65 to 74	3	8	0	0	0	0	0	0	3	8	11
75 to 84	3	13	0	0	0	0	0	0	3	13	16
85+	1	14	0	0	0	0	0	0	1	14	15
TOTALS	18	41	0	0	0	0	0	0	18	41	59

BERKELEY NURSING & REHAB CENTER
6909 WEST NORTH AVENUE
OAK PARK, IL. 60302

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	51	0	2	2	0	59
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	51	0	2	2	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	43	0	0	0	43
Hawaiian/Pacific Isl.	0	0	0	0	0
White	16	0	0	0	16
Race Unknown	0	0	0	0	0
Total	59	0	0	0	59

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	58	0	0	0	58
Ethnicity Unknown	0	0	0	0	0
Total	59	0	0	0	59

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	13.00
Certified Aides	30.00
Other Health Staff	4.00
Non-Health Staff	28.00
Totals	81.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
31.5%	67.7%	0.0%	0.0%	0.8%	100.0%		0.0%
1,316,730	2,832,848	0	1,753	31,932	4,183,263	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BERKSHIRE NURSING & REHAB CENTER
8200 WEST ROOSEVELT ROAD
FOREST PARK, IL. 60130

Reference Numbers Facility ID 6015333
Health Service Area 007 Planning Service Area 704

Administrator
Lisa Ulbert

Contact Person and Telephone
Lisa Ulbert
708-488-9850

Registered Agent Information
Frederick Frankel
8131 Monticello
SKOKIE, IL 60076

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	13
Alzheimer Disease	62
Mental Illness	0
Developmental Disability	0
Circulatory System	37
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	12
Skin Disorders	3
Musculo-skeletal Disorders	8
Injuries and Poisonings	4
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	157

Total Residents Diagnosed as Mentally Ill 23

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	232	215	172	215	172	60	227	232
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	232	215	172	215	172	60	227	232

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	156
Total Admissions 2011	287
Total Discharges 2011	282
Residents on 12/31/2011	161
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			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%	0	0	0	0	0	0.0%	0.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	12	5	0	0	0	0	0	0	12	5	17
45 to 59	14	10	0	0	0	0	0	0	14	10	24
60 to 64	10	18	0	0	0	0	0	0	10	18	28
65 to 74	11	20	0	0	0	0	0	0	11	20	31
75 to 84	16	25	0	0	0	0	0	0	16	25	41
85+	4	27	0	0	0	0	0	0	4	27	31
TOTALS	67	105	0	0	0	0	0	0	67	105	172

BERKSHIRE NURSING & REHAB CENTER
8200 WEST ROOSEVELT ROAD
FOREST PARK, IL. 60130

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	26	142	0	3	1	0	172
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	26	142	0	3	1	0	172

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	101	0	0	0	101
Hawaiian/Pacific Isl.	0	0	0	0	0
White	55	0	0	0	55
Race Unknown	15	0	0	0	15
Total	172	0	0	0	172

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	25	0	0	0	25
Non-Hispanic	135	0	0	0	135
Ethnicity Unknown	12	0	0	0	12
Total	172	0	0	0	172

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	11.00
Certified Aides	60.00
Other Health Staff	15.00
Non-Health Staff	50.00
Totals	158.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
15.1%	79.7%	0.0%	3.5%	1.7%	100.0%		0.0%
1,416,910	7,497,100	0	325,549	161,935	9,401,494	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BETHALTO CARE CENTER
815 S. PRAIRIE STREET
BETHALTO, IL. 62010

Reference Numbers Facility ID 6000863
Health Service Area 011 Planning Service Area 119

Administrator
Claudia Murray

Contact Person and Telephone
CLAUDIA MURRAY
618.377.2144

Registered Agent Information
Linda Hart
14 Fall Creek lane
St. Jacob, IL 67281

Date Completed
4/8/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	16
Mental Illness	0
Developmental Disability	0
Circulatory System	27
Respiratory System	18
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	76

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	98	98	98	98	76	22	0	98
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	98	98	98	98	76	22	0	98

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	84
Total Admissions 2011	88
Total Discharges 2011	96
Residents on 12/31/2011	76
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	23443	65.5%	0	0	5927	0	29370	82.1%	82.1%
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	0	0.0%	23443	65.5%	0	0	5927	0	29370	82.1%	82.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	7	0	0	0	0	0	0	0	7	7
75 to 84	1	13	0	0	0	0	0	0	1	13	14
85+	5	50	0	0	0	0	0	0	5	50	55
TOTALS	6	70	0	0	0	0	0	0	6	70	76

BETHALTO CARE CENTER
815 S. PRAIRIE STREET
BETHALTO, IL. 62010

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	67	0	0	9	0	76
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	67	0	0	9	0	76

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	75	0	0	0	75
Race Unknown	0	0	0	0	0
Total	76	0	0	0	76

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	76	0	0	0	76
Ethnicity Unknown	0	0	0	0	0
Total	76	0	0	0	76

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	10.00
Certified Aides	33.00
Other Health Staff	0.00
Non-Health Staff	26.00
Totals	75.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	74.7%	0.0%	0.0%	25.3%	100.0%		0.0%
0	2,854,629	0	0	967,300	3,821,929	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BETHANY HLTH CARE & REHAB CTR.
3298 RESOURCE PARKWAY
DEKALB, IL. 60115

Reference Numbers Facility ID 6014872
Health Service Area 001 Planning Service Area 037

Administrator
AMRIT JACOB

Contact Person and Telephone
AMRIT JACOB
815.756.5526

Date Completed
4/25/2013

Registered Agent Information
DAN MAHER
926 SOUTH SEVENTH
Springfield, IL 62703

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	3
Mental Illness	10
Developmental Disability	2
Circulatory System	15
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	2
Other Medical Conditions	4
Non-Medical Conditions	4
TOTALS	73
Total Residents Diagnosed as Mentally Ill	20

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	90	90	90	90	73	17	90	78
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	90	90	90	90	73	17	90	78

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	83
Total Admissions 2011	424
Total Discharges 2011	434
Residents on 12/31/2011	73
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7574	23.1%	13637	47.9%	694	1377	5327	0	28609	87.1%	87.1%
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	7574	23.1%	13637	47.9%	694	1377	5327	0	28609	87.1%	87.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	0	3	0	0	0	0	0	0	0	3	3
60 to 64	5	3	0	0	0	0	0	0	5	3	8
65 to 74	9	13	0	0	0	0	0	0	9	13	22
75 to 84	4	20	0	0	0	0	0	0	4	20	24
85+	5	10	0	0	0	0	0	0	5	10	15
TOTALS	23	50	0	0	0	0	0	0	23	50	73

BETHANY HLTH CARE & REHAB CTR.
3298 RESOURCE PARKWAY
DEKALB, IL. 60115

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 037

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	40	0	4	17	0	73
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	40	0	4	17	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	191	184
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	70	0	0	0	70
Race Unknown	0	0	0	0	0
Total	73	0	0	0	73

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	71	0	0	0	71
Ethnicity Unknown	0	0	0	0	0
Total	73	0	0	0	73

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	7.00
Certified Aides	15.00
Other Health Staff	3.00
Non-Health Staff	8.00
Totals	45.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
50.8%	23.9%	0.0%	10.0%	15.3%	100.0%		0.0%
3,936,063	1,854,350	0	772,279	1,182,931	7,745,623	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BETHANY TERRACE NURSING CENTER
8425 WAUKEGAN ROAD
MORTON GROVE, IL. 60053

Reference Numbers Facility ID 6000889
Health Service Area 007 Planning Service Area 702

Administrator
Frank A. Bensema

Contact Person and Telephone
Frank A. Bensema
847-965-8100

Registered Agent Information

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	24
Alzheimer Disease	7
Mental Illness	34
Developmental Disability	0
Circulatory System	11
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	4
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	114

Total Residents Diagnosed as Mentally Ill 34

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	273	172	172	172	114	159	103	87
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	2	0	0	0	0	2		
TOTAL BEDS	275	172	172	172	114	161	103	87

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	119
Total Admissions 2011	509
Total Discharges 2011	514
Residents on 12/31/2011	114
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8342	22.2%	11924	37.5%	0	1329	21813	0	43408	43.6%	69.1%
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	8342	22.2%	11924	37.5%	0	1329	21813	0	43408	43.2%	69.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	4	6	0	0	0	0	0	0	4	6	10
75 to 84	9	20	0	0	0	0	0	0	9	20	29
85+	12	56	0	0	0	0	0	0	12	56	68
TOTALS	28	86	0	0	0	0	0	0	28	86	114

BETHANY TERRACE NURSING CENTER
8425 WAUKEGAN ROAD
MORTON GROVE, IL. 60053

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	28	0	3	59	0	114
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	28	0	3	59	0	114

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	2	0	0	0	2
White	105	0	0	0	105
Race Unknown	2	0	0	0	2
Total	114	0	0	0	114

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	112	0	0	0	112
Ethnicity Unknown	2	0	0	0	2
Total	114	0	0	0	114

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	3.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	10.00
Certified Aides	48.00
Other Health Staff	0.00
Non-Health Staff	52.00
Totals	129.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

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

*Charity Care Expense does not include expenses which may be considered a community benefit.

BETHESDA HOME & RETIREMENT CTR
2833 NORTH NORDICA AVENUE
CHICAGO, IL. 60634

Reference Numbers Facility ID 6006688
Health Service Area 006 Planning Service Area 602

Administrator
Julie Boggess

Contact Person and Telephone
JULIE BOGGESS
7738363201

Date Completed
4/19/2013

Registered Agent Information
Julie Boggess
c/o 2833 N Nordica Ave
Chicago, IL 60634

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	35
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	30
Non-Medical Conditions	0
TOTALS	69

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	113	80	64	80	61	52	74	53
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	49	20	9	20	8	41		
TOTAL BEDS	162	100	73	100	69	93	74	53

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	66
Total Admissions 2011	139
Total Discharges 2011	136
Residents on 12/31/2011	69
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3769	14.0%	7333	37.9%	0	0	11421	0	22523	54.6%	77.1%
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	2920	0	2920	16.3%	40.0%
TOTALS	3769	14.0%	7333	37.9%	0	0	14341	0	25443	43.0%	69.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	2	0	0	0	0	0	1	1	3	4
75 to 84	10	7	0	0	0	0	0	3	10	10	20
85+	6	34	0	0	0	0	0	4	6	38	44
TOTALS	17	44	0	0	0	0	0	8	17	52	69

BETHESDA HOME & RETIREMENT CTR
2833 NORTH NORDICA AVENUE
CHICAGO, IL. 60634

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	23	0	0	27	0	61
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	8	0	8
TOTALS	11	23	0	0	35	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	270	235
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	175	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	55	0	0	8	63
Race Unknown	0	0	0	0	0
Total	61	0	0	8	69

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	60	0	0	8	68
Ethnicity Unknown	0	0	0	0	0
Total	61	0	0	8	69

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.02
Director of Nursing	3.80
Registered Nurses	7.10
LPN's	6.40
Certified Aides	37.00
Other Health Staff	0.00
Non-Health Staff	39.50
Totals	94.82

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
31.4%	15.9%	0.0%	0.0%	52.7%	100.0%		0.0%
1,914,196	969,107	0	0	3,210,758	6,094,061	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BETHESDA LUTHERAN - MONTGOMERY
1205 SOUTH SPENCER
AURORA, IL. 60505

Reference Numbers Facility ID 6011704
Health Service Area 008 Planning Service Area 089

Administrator
Mary Ellen McDevitt

Contact Person and Telephone
MARY ELLEN MCDEVITT
708-323-7488

Date Completed
5/25/2013

Registered Agent Information
Bethesda Lutheran Communities INC
801 Adlai Drive

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

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

Total Residents Diagnosed as Mentally Ill 7

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	15	13	3		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	15	13	3	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	0
Total Discharges 2011	2
Residents on 12/31/2011	13
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5399	92.4%	0	0	0	0	5399	92.4%	92.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5399	92.4%	0	0	0	0	5399	92.4%	92.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	4	0	0	0	4	4
45 to 59	0	0	0	0	3	3	0	0	3	3	6
60 to 64	0	0	0	0	2	0	0	0	2	0	2
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	5	8	0	0	5	8	13

BETHESDA LUTHERAN - MONTGOMERY
1205 SOUTH SPENCER
AURORA, IL. 60505

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		13	0	0	0	0	13
Sheltered Care			0	0	0	0	0
TOTALS	0	13	0	0	0	0	13

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	13	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	13	0	13

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	12.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

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

*Charity Care Expense does not include expenses which may be considered a community benefit.

BETHESDA LUTHERAN - PLAINFIELD
14907 S. EASTERN AVENUE
PLAINFIELD, IL. 60544

Reference Numbers Facility ID 6011894
Health Service Area 009 Planning Service Area 197

Administrator
Mary Ellen McDevitt

Contact Person and Telephone
MARY ELLEN MCDEVITT
815-230-2111

Date Completed
5/25/2013

Registered Agent Information
Bethesda Lutheran Communities INC
801 Adlai Stevenson Drive
Springfield, IL 62703

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

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

Total Residents Diagnosed as Mentally Ill 8

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	15	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	15	14	2	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	14
Total Admissions 2011	2
Total Discharges 2011	2
Residents on 12/31/2011	14
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4852	83.1%	0	0	123	0	4975	85.2%	85.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4852	83.1%	0	0	123	0	4975	85.2%	85.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	3	0	0	1	3	4
45 to 59	0	0	0	0	4	1	0	0	4	1	5
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	2	0	0	0	2	2
75 to 84	0	0	0	0	1	1	0	0	1	1	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	6	8	0	0	6	8	14

BETHESDA LUTHERAN - PLAINFIELD
14907 S. EASTERN AVENUE
PLAINFIELD, IL. 60544

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		13	0	0	1	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	13	0	0	1	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	137	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	12.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	83.6%	0.0%	0.0%	16.4%	100.0%		0.0%
0	567,995	0	0	111,561	679,556	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BETHESDA LUTHERAN - SYCAMORE
1761 WOODGATE DRIVE
SYCAMORE, IL. 60178

Reference Numbers Facility ID 6012116
Health Service Area 001 Planning Service Area 037

Administrator
Mary Ellen McDevitt

Contact Person and Telephone
MARY ELLEN MCDEVITT
708-323-7488

Registered Agent Information
Bethesda Lutheran Communities, INC
801 Adlai Drive

Date Completed
5/25/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

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

Total Residents Diagnosed as Mentally Ill 9

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	15	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	15	14	2	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	14
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	14
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5239	89.7%	0	0	0	0	5239	89.7%	89.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5239	89.7%	0	0	0	0	5239	89.7%	89.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	2	0	0	1	2	3
45 to 59	0	0	0	0	4	4	0	0	4	4	8
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	2	0	0	0	2	0	2
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	7	7	0	0	7	7	14

BETHESDA LUTHERAN - SYCAMORE
1761 WOODGATE DRIVE
SYCAMORE, IL. 60178

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 037

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	12.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	83.6%	0.0%	0.0%	16.4%	100.0%		0.0%
0	567,995	0	0	111,561	679,556	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BETHSHAN
12927 SOUTH MONITOR
PALOS HEIGHTS, IL. 60463

Reference Numbers Facility ID 6000905
Health Service Area 007 Planning Service Area 705

Administrator
Laura Kirchhoff

Contact Person and Telephone
STEVE GOUDZWAARD
708-371-0800

Registered Agent Information
Bethshan Association % Joseph Laneng
12927 S. Monitor Ave.
Palos Heights, IL 60463

Date Completed
4/4/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	45
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	45

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	45	45	45	45	45	0		45
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	45	45	45	45	45	0	0	45

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	45
Total Admissions 2011	3
Total Discharges 2011	3
Residents on 12/31/2011	45
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			15571	94.8%	348	0	0	0	15919	96.9%	96.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	15571	94.8%	348	0	0	0	15919	96.9%	96.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	9	6	0	0	9	6	15
45 to 59	0	0	0	0	9	13	0	0	9	13	22
60 to 64	0	0	0	0	2	0	0	0	2	0	2
65 to 74	0	0	0	0	1	3	0	0	1	3	4
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	22	23	0	0	22	23	45

BETHSHAN
12927 SOUTH MONITOR
PALOS HEIGHTS, IL. 60463

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		45	0	0	0	0	45
Sheltered Care			0	0	0	0	0
TOTALS	0	45	0	0	0	0	45

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	43	0	43
Race Unknown	0	0	0	0	0
Total	0	0	45	0	45

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	45	0	45
Ethnicity Unknown	0	0	0	0	0
Total	0	0	45	0	45

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	2.00
Certified Aides	31.00
Other Health Staff	7.00
Non-Health Staff	10.50
Totals	56.50

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%	82.8%	14.5%	0.0%	2.7%	100.0%		0.0%
0	2,149,812	377,839	0	69,296	2,596,947	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BEVERLY FARM FOUNDATION
6301 HUMBERT ROAD
GODFREY, IL. 62035

Reference Numbers Facility ID 6000947
Health Service Area 011 Planning Service Area 119

Administrator
Martha Warford

Contact Person and Telephone
VICKY VOGT
1-618-466-0367

Date Completed
4/15/2013

Registered Agent Information
Nicholas J. Lynn
190 S. LaSalle Street Suite 3700
Chicago, IL 60603

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	270
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	270
Total Residents Diagnosed as Mentally Ill	120

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	300	288	271	288	270	30		279
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	300	288	271	288	270	30	0	279

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	266
Total Admissions 2011	25
Total Discharges 2011	21
Residents on 12/31/2011	270
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			91975	90.3%	0	0	3106	0	95081	86.8%	90.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	91975	90.3%	0	0	3106	0	95081	86.8%	90.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	65	39	0	0	65	39	104
45 to 59	0	0	0	0	43	50	0	0	43	50	93
60 to 64	0	0	0	0	17	17	0	0	17	17	34
65 to 74	0	0	0	0	19	11	0	0	19	11	30
75 to 84	0	0	0	0	5	1	0	0	5	1	6
85+	0	0	0	0	1	2	0	0	1	2	3
TOTALS	0	0	0	0	150	120	0	0	150	120	270

BEVERLY FARM FOUNDATION
6301 HUMBERT ROAD
GODFREY, IL. 62035

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		266	0	0	4	0	270
Sheltered Care			0	0	0	0	0
TOTALS	0	266	0	0	4	0	270

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	131	131
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	16	0	16
Hawaiian/Pacific Isl.	0	0	1	0	1
White	0	0	252	0	252
Race Unknown	0	0	0	0	0
Total	0	0	270	0	270

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	268	0	268
Ethnicity Unknown	0	0	0	0	0
Total	0	0	270	0	270

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	4.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	12.50
Certified Aides	242.00
Other Health Staff	52.00
Non-Health Staff	47.00
Totals	370.50

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%	81.0%	0.0%	0.0%	19.0%	100.0%		0.0%
0	10,344,447	0	0	2,424,218	12,768,665	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BIG MEADOWS, INC
1000 LONGMOOR AVE.
SAVANNA, IL. 61074

Reference Numbers Facility ID 6000962
Health Service Area 001 Planning Service Area 015

Administrator
Pat Boomgarden

Contact Person and Telephone
PAT BOOMGARDEN
815-273-2238

Date Completed
4/10/2013

Registered Agent Information
Alan Gapinski
501 6th Av. W.
Lyndon, IL 61261

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	4
Mental Illness	7
Developmental Disability	1
Circulatory System	8
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	3
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	51

Total Residents Diagnosed as Mentally Ill 7

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	76	98	56	76	51	25	0	76
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	76	98	56	76	51	25	0	76

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	45
Total Admissions 2011	50
Total Discharges 2011	44
Residents on 12/31/2011	51
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	12775	46.1%	0	0	4697	0	17472	63.0%	48.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	12775	46.1%	0	0	4697	0	17472	63.0%	48.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	5	1	0	0	0	0	0	0	5	1	6
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	4	0	0	0	0	0	0	2	4	6
75 to 84	6	5	0	0	0	0	0	0	6	5	11
85+	6	20	0	0	0	0	0	0	6	20	26
TOTALS	20	31	0	0	0	0	0	0	20	31	51

BIG MEADOWS, INC
1000 LONGMOOR AVE.
SAVANNA, IL. 61074

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 015

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	34	0	0	17	0	51
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	34	0	0	17	0	51

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	50	0	0	0	50
Race Unknown	0	0	0	0	0
Total	51	0	0	0	51

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	50	0	0	0	50
Ethnicity Unknown	0	0	0	0	0
Total	51	0	0	0	51

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	8.00
Certified Aides	16.00
Other Health Staff	0.00
Non-Health Staff	24.00
Totals	55.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	68.4%	0.0%	0.0%	31.6%	100.0%		0.0%
0	1,852,479	0	0	856,568	2,709,047	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Bed Change 7/10/2012 Facility discontinued 22 Nursing Care beds; facility now has 76 Nursing Care beds.

BIRCHWOOD PLAZA
1426 WEST BIRCHWOOD
CHICAGO, IL. 60626

Reference Numbers Facility ID 6000988
Health Service Area 006 Planning Service Area 601

Administrator
ABRAHAM M. SCHIFFMAN

Contact Person and Telephone
ALLISON RUBENS
773-274-4405

Registered Agent Information

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	10
Blood Disorders	5
*Nervous System Non Alzheimer	9
Alzheimer Disease	16
Mental Illness	23
Developmental Disability	2
Circulatory System	25
Respiratory System	9
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	3
Musculo-skeletal Disorders	16
Injuries and Poisonings	0
Other Medical Conditions	45
Non-Medical Conditions	0
TOTALS	173

Total Residents Diagnosed as Mentally Ill 23

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	200	200	183	200	173	27	200	200
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	200	200	183	200	173	27	200	200

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	181
Total Admissions 2011	212
Total Discharges 2011	220
Residents on 12/31/2011	173
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4457	6.1%	49341	67.6%	0	0	11605	0	65403	89.6%	89.6%
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	4457	6.1%	49341	67.6%	0	0	11605	0	65403	89.6%	89.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	16	22	0	0	0	0	0	0	16	22	38
75 to 84	19	35	0	0	0	0	0	0	19	35	54
85+	13	64	0	0	0	0	0	0	13	64	77
TOTALS	49	124	0	0	0	0	0	0	49	124	173

BIRCHWOOD PLAZA
1426 WEST BIRCHWOOD
CHICAGO, IL. 60626

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	121	0	0	37	0	173
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	121	0	0	37	0	173

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	280	200
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	6	0	0	0	6
American Indian	0	0	0	0	0
Black	20	0	0	0	20
Hawaiian/Pacific Isl.	0	0	0	0	0
White	147	0	0	0	147
Race Unknown	0	0	0	0	0
Total	173	0	0	0	173

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	164	0	0	0	164
Ethnicity Unknown	0	0	0	0	0
Total	173	0	0	0	173

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	13.00
LPN's	7.00
Certified Aides	52.00
Other Health Staff	3.00
Non-Health Staff	40.00
Totals	119.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
16.7%	55.4%	0.0%	3.7%	24.1%	100.0%		0.0%
1,794,534	5,940,355	0	400,483	2,579,608	10,714,980	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BJORKLUND HOUSE
15841 TERRACE DRIVE
OAK FOREST, IL. 60452

Reference Numbers Facility ID 6013999
Health Service Area 007 Planning Service Area 705

Administrator
Julie A. Smith

Contact Person and Telephone
JULIE A. SMITH
708-687-2038

Registered Agent Information

Date Completed
3/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 7

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5856	######	0	0	0	0	5856	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5856	######	0	0	0	0	5856	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	5	0	0	4	5	9
45 to 59	0	0	0	0	3	1	0	0	3	1	4
60 to 64	0	0	0	0	1	2	0	0	1	2	3
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

BJORKLUND HOUSE
15841 TERRACE DRIVE
OAK FOREST, IL. 60452

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	3	0	3
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	12.00
Non-Health Staff	1.00
Totals	15.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	896,041	0	0	0	896,041	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BLACKHAWK GROUP HOME
735 NORTH DIXON
DIXON, IL. 61021

Reference Numbers Facility ID 6011795
Health Service Area 001 Planning Service Area 103

Administrator
Connie K. Foster

Contact Person and Telephone
CONNIE FOSTER
(815) 288-6691

Registered Agent Information
Jeff Stauter
500 Anchor Road
Dixon, IL 61021

Date Completed
4/14/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

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

Total Residents Diagnosed as Mentally Ill 7

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	15	15	14	1		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	15	15	14	1	0	15

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	1
Total Discharges 2011	2
Residents on 12/31/2011	14
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5323	97.2%	0	0	0	0	5323	97.2%	97.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5323	97.2%	0	0	0	0	5323	97.2%	97.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	0	0	0	1	0	1
45 to 59	0	0	0	0	1	4	0	0	1	4	5
60 to 64	0	0	0	0	2	0	0	0	2	0	2
65 to 74	0	0	0	0	3	2	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	1	0	0	0	1	1
TOTALS	0	0	0	0	7	7	0	0	7	7	14

BLACKHAWK GROUP HOME
735 NORTH DIXON
DIXON, IL. 61021

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	145	138
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	7.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	9.75

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	13.1%	85.4%	0.0%	1.5%	100.0%		0.0%
0	96,742	631,767	0	11,064	739,573	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BLESSING HOSPITAL
BROADWAY AT 11TH STREET
QUINCY, IL. 62301

Reference Numbers Facility ID 6011977
Health Service Area 003 Planning Service Area 001

Administrator
MAUREEN KAHN

Contact Person and Telephone
MARY COURTY
217-223-8400 Ext. 6897

Registered Agent Information

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	2
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	17

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	20	20	20	20	17	3	20	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	20	20	20	20	17	3	20	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	533
Total Discharges 2011	532
Residents on 12/31/2011	17
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4713	64.6%	14	0.0%	0	739	29	0	5495	75.3%	75.3%
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	4713	64.6%	14	0.0%	0	739	29	0	5495	75.3%	75.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	1	0	0	0	0	0	0	2	1	3
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	3	1	0	0	0	0	0	0	3	1	4
75 to 84	3	4	0	0	0	0	0	0	3	4	7
85+	1	1	0	0	0	0	0	0	1	1	2
TOTALS	9	8	0	0	0	0	0	0	9	8	17

BLESSING HOSPITAL
BROADWAY AT 11TH STREET
QUINCY, IL. 62301

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 001

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	0	0	1	0	0	17
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	0	0	1	0	0	17

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	17	0	0	0	17
Race Unknown	0	0	0	0	0
Total	17	0	0	0	17

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	17	0	0	0	17
Ethnicity Unknown	0	0	0	0	0
Total	17	0	0	0	17

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.30
LPN's	4.60
Certified Aides	8.40
Other Health Staff	2.00
Non-Health Staff	2.90
Totals	30.20

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
100.0%	0.0%	0.0%	0.0%	0.0%	100.0%		0.0%
1	0	0	0	0	1	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BLOOMINGTON REHAB HLTHCARE CTR
1925 SOUTH MAIN STREET
BLOOMINGTON, IL. 61704

Reference Numbers Facility ID 6000996
Health Service Area 004 Planning Service Area 113

Administrator
Janice Kindred

Contact Person and Telephone
Marikay Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
3/29/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	7
Developmental Disability	2
Circulatory System	10
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	8
Injuries and Poisonings	2
Other Medical Conditions	2
Non-Medical Conditions	1
TOTALS	51

Total Residents Diagnosed as Mentally Ill 36

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	78	68	55	68	51	27	26	78
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	78	68	55	68	51	27	26	78

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	43
Total Admissions 2011	78
Total Discharges 2011	70
Residents on 12/31/2011	51
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1401	14.8%	11547	40.6%	2628	227	2112	0	17915	62.9%	72.2%
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	1401	14.8%	11547	40.6%	2628	227	2112	0	17915	62.9%	72.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	3	2	0	0	0	0	0	0	3	2	5
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	6	4	0	0	0	0	0	0	6	4	10
75 to 84	5	15	0	0	0	0	0	0	5	15	20
85+	4	9	0	0	0	0	0	0	4	9	13
TOTALS	19	32	0	0	0	0	0	0	19	32	51

BLOOMINGTON REHAB HLTHCARE CTR
1925 SOUTH MAIN STREET
BLOOMINGTON, IL. 61704

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 113

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	35	7	0	7	0	51
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	35	7	0	7	0	51

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	142	126
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	46	0	0	0	46
Race Unknown	0	0	0	0	0
Total	51	0	0	0	51

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	51	0	0	0	51
Ethnicity Unknown	0	0	0	0	0
Total	51	0	0	0	51

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	5.00
Certified Aides	16.00
Other Health Staff	0.00
Non-Health Staff	14.00
Totals	42.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
11.6%	75.1%	0.0%	0.0%	13.2%	100.0%		0.3%
249,092	1,606,897	0	0	283,065	2,139,054	6,734	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BLU-FOUNTIAN MANOR
1623 WEST DELMAR
GODFREY, IL. 62035

Reference Numbers Facility ID 6001028
Health Service Area 011 Planning Service Area 119

Administrator
Ted Marcus

Contact Person and Telephone
TED MARCUS
6184660443

Date Completed
4/18/2013

Registered Agent Information
Capitol Corporate Services, INC
1315 W. Lawrence AVE
Springfield, IL 62704

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	27
Mental Illness	1
Developmental Disability	1
Circulatory System	9
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	48

Total Residents Diagnosed as Mentally Ill 1

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	68	60	55	60	48	20	28	68
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	68	60	55	60	48	20	28	68

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	47
Total Admissions 2011	71
Total Discharges 2011	70
Residents on 12/31/2011	48
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10465	102.4%	2426	9.8%	1590	38	3372	0	17891	72.1%	81.7%
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	10465	102.4%	2426	9.8%	1590	38	3372	0	17891	72.1%	81.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	5	7	0	0	0	0	0	0	5	7	12
85+	7	26	0	0	0	0	0	0	7	26	33
TOTALS	12	36	0	0	0	0	0	0	12	36	48

BLU-FOUNTIAN MANOR
1623 WEST DELMAR
GODFREY, IL. 62035

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	31	5	0	7	0	48
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	31	5	0	7	0	48

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	158
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	45	0	0	0	45
Race Unknown	0	0	0	0	0
Total	48	0	0	0	48

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	48	0	0	0	48
Ethnicity Unknown	0	0	0	0	0
Total	48	0	0	0	48

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	5.00
Certified Aides	24.00
Other Health Staff	0.00
Non-Health Staff	14.00
Totals	52.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
36.6%	39.7%	6.1%	0.5%	17.2%	100.0%		0.0%
1,137,272	1,231,801	188,971	14,682	532,753	3,105,479	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BOULEVARD CARE NURSING & REHAB
3405 SOUTH MICHIGAN AVENUE
CHICAGO, IL. 60616

Reference Numbers Facility ID 6006126
Health Service Area 006 Planning Service Area 603

Administrator
DAVID MASHIACH

Contact Person and Telephone
CYNTHIA STAINE
312 791 0035

Date Completed
4/9/2013

Registered Agent Information
Holly Turner
2201 main street
Evanston, IL 60202

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	12
Endocrine/Metabolic	25
Blood Disorders	8
*Nervous System Non Alzheimer	19
Alzheimer Disease	5
Mental Illness	15
Developmental Disability	0
Circulatory System	28
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	4
Musculo-skeletal Disorders	3
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	130

Total Residents Diagnosed as Mentally Ill 81

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	155	155	149	155	149	6	155	155
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	155	155	149	155	149	6	155	155

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	148
Total Admissions 2011	500
Total Discharges 2011	512
Residents on 12/31/2011	136
Identified Offenders	41

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2598	4.6%	46896	82.9%	0	0	520	0	50014	88.4%	88.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2598	4.6%	46896	82.9%	0	0	520	0	50014	88.4%	88.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	5	4	0	0	0	0	0	0	5	4	9
45 to 59	42	17	0	0	0	0	0	0	42	17	59
60 to 64	22	6	0	0	0	0	0	0	22	6	28
65 to 74	20	8	0	0	0	0	0	0	20	8	28
75 to 84	10	5	0	0	0	0	0	0	10	5	15
85+	1	9	0	0	0	0	0	0	1	9	10
TOTALS	100	49	0	0	0	0	0	0	100	49	149

BOULEVARD CARE NURSING & REHAB
3405 SOUTH MICHIGAN AVENUE
CHICAGO, IL. 60616

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	141	0	0	0	0	149
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	141	0	0	0	0	149

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	126
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	1	0	0	0	1
Black	130	0	0	0	130
Hawaiian/Pacific Isl.	0	0	0	0	0
White	17	0	0	0	17
Race Unknown	0	0	0	0	0
Total	149	0	0	0	149

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	143	0	0	0	143
Ethnicity Unknown	0	0	0	0	0
Total	149	0	0	0	149

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	3.00
LPN's	19.00
Certified Aides	40.00
Other Health Staff	10.00
Non-Health Staff	34.00
Totals	110.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
12.2%	85.3%	2.0%	0.0%	0.4%	100.0%		0.0%
864,737	6,035,681	144,803	0	31,213	7,076,434	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BOURBONNAIS TERRACE NURSING HOME
133 MOHAWK DRIVE
BOURBONNAIS, IL. 60914

Reference Numbers Facility ID 6001069
Health Service Area 009 Planning Service Area 091

Administrator
Debra Wood

Contact Person and Telephone
DEBRA WOOD
815-937-4790

Registered Agent Information
Michael Weis
1S. 443 Summit Ave Suites 204 A&B
Oakbrook Terrace, IL 60181

Date Completed
4/12/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	185
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	185
Total Residents Diagnosed as Mentally Ill	185

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	197	197	197	197	185	12	0	197
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	197	197	197	197	185	12	0	197

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	188
Total Admissions 2011	77
Total Discharges 2011	80
Residents on 12/31/2011	185
Identified Offenders	19

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	66245	92.1%	0	0	1095	0	67340	93.7%	93.7%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	66245	92.1%	0	0	1095	0	67340	93.7%	93.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	30	13	0	0	0	0	0	0	30	13	43
45 to 59	48	33	0	0	0	0	0	0	48	33	81
60 to 64	17	6	0	0	0	0	0	0	17	6	23
65 to 74	15	17	0	0	0	0	0	0	15	17	32
75 to 84	4	2	0	0	0	0	0	0	4	2	6
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	114	71	0	0	0	0	0	0	114	71	185

BOURBONNAIS TERRACE NURSING HOME
133 MOHAWK DRIVE
BOURBONNAIS, IL. 60914

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	181	0	0	4	0	0	185
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	181	0	0	4	0	0	185

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	101	101
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	79	0	0	0	79
Hawaiian/Pacific Isl.	3	0	0	0	3
White	103	0	0	0	103
Race Unknown	0	0	0	0	0
Total	185	0	0	0	185

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	182	0	0	0	182
Ethnicity Unknown	0	0	0	0	0
Total	185	0	0	0	185

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	13.00
Certified Aides	54.00
Other Health Staff	9.00
Non-Health Staff	32.00
Totals	115.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	97.2%	0.0%	0.0%	2.8%	100.0%		0.0%
0	3,399,300	0	0	97,473	3,496,773	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	6/27/2012	Formerly 'Bourbonnais Terrace'.
CHOW	6/27/2012	Change of ownership occurred.

BOYD AVENUE
110 SOUTH BOYD AVENUE
AMBOY, IL. 61310

Reference Numbers Facility ID 6013635
Health Service Area 001 Planning Service Area 103

Administrator
Ron Heiderscheit

Contact Person and Telephone
RON HEIDERSCHEIT
815-288-6691 ext. 269

Registered Agent Information
Jeff Stauter
500 Anchor Road
Dixon, IL 61021

Date Completed
4/13/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	6
Total Residents Diagnosed as Mentally Ill	0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	6
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	6
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			2104	96.1%	0	0	0	0	2104	96.1%	96.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2104	96.1%	0	0	0	0	2104	96.1%	96.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	3	0	0	0	3	0	3
60 to 64	0	0	0	0	3	0	0	0	3	0	3
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	6	0	0	0	6	0	6

BOYD AVENUE
110 SOUTH BOYD AVENUE
AMBOY, IL. 61310

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	191	182
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	4	0	4
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	6	0	6
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	5.50
Other Health Staff	0.50
Non-Health Staff	1.00
Totals	7.75

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	15.1%	84.6%	0.0%	0.3%	100.0%		0.0%
0	57,874	324,651	0	1,063	383,588	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BRACH HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6011555
Health Service Area 006 Planning Service Area 601

Administrator
Joe Ferrara

Contact Person and Telephone
MARY PAT O'BRIEN
773-273-4169

Date Completed
3/29/2013

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.
Chicago, IL 60660

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

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

Total Residents Diagnosed as Mentally Ill 4

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	12	0		12
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	12	0	0	12

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	12
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	12
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4015	91.7%	0	0	365	0	4380	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4015	91.7%	0	0	365	0	4380	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	12	0	0	0	12	0	12
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	12	0	0	0	12	0	12

BRACH HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		11	0	0	1	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	11	0	0	1	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	218	218
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	1	0	1
White	0	0	10	0	10
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.06
Director of Nursing	0.00
Registered Nurses	0.11
LPN's	0.00
Certified Aides	8.03
Other Health Staff	2.36
Non-Health Staff	0.27
Totals	11.08

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	78.7%	9.9%	0.0%	11.3%	100.0%		0.0%
0	565,807	71,343	0	81,519	718,671	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BRADLEY ROYALE HEALTHCARE CTR
650 NORTH KINZIE
BRADLEY, IL. 60915

Reference Numbers Facility ID 6001085
Health Service Area 009 Planning Service Area 091

Administrator
Penny Varnavas

Contact Person and Telephone
Amanda Cieslik
8159331666

Registered Agent Information
Penny Vassiliou-Varnavas
650 North Kinzie Ave
Bradley, IL 60915

Date Completed
4/12/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	33
Blood Disorders	2
*Nervous System Non Alzheimer	6
Alzheimer Disease	18
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	8
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	97

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	120	105	120	97	23	15	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	105	120	97	23	15	120

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	98
Total Admissions 2011	56
Total Discharges 2011	57
Residents on 12/31/2011	97
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1428	26.1%	30046	68.6%	0	0	5263	0	36737	83.9%	83.9%
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	1428	26.1%	30046	68.6%	0	0	5263	0	36737	83.9%	83.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	5	63	0	0	0	0	0	0	5	63	68
85+	5	22	0	0	0	0	0	0	5	22	27
TOTALS	10	87	0	0	0	0	0	0	10	87	97

BRADLEY ROYALE HEALTHCARE CTR
650 NORTH KINZIE
BRADLEY, IL. 60915

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	79	0	0	15	0	97
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	79	0	0	15	0	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	94	0	0	0	94
Race Unknown	0	0	0	0	0
Total	97	0	0	0	97

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	95	0	0	0	95
Ethnicity Unknown	0	0	0	0	0
Total	97	0	0	0	97

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	5.00
Certified Aides	38.00
Other Health Staff	4.00
Non-Health Staff	30.00
Totals	89.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
8.2%	75.1%	0.0%	0.0%	16.6%	100.0%		0.0%
385,181	3,516,964	0	0	778,440	4,680,586	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BRAUNS TERRACE
1115 EAST WASHINGTON AVE
GREENVILLE, IL. 62246

Reference Numbers Facility ID 6012090
Health Service Area 005 Planning Service Area 005

Administrator
Kathryn Bruce

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/3/2013

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 62401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 9

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	2
Total Discharges 2011	1
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5194	88.9%	0	0	0	0	5194	88.9%	88.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5194	88.9%	0	0	0	0	5194	88.9%	88.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	4	0	0	4	4	8
45 to 59	0	0	0	0	4	1	0	0	4	1	5
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	10	6	0	0	10	6	16

BRAUNS TERRACE
1115 EAST WASHINGTON AVE
GREENVILLE, IL. 62246

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 005

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	118
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	78.0%	1.5%	0.0%	20.6%	100.0%		0.0%
0	532,930	9,958	0	140,612	683,502	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BREESE NURSING HOME
1155 NORTH FIRST STREET
BREESE, IL. 62230

Reference Numbers Facility ID 6001101
Health Service Area 011 Planning Service Area 027

Administrator
Martha Jodine Jackson

Contact Person and Telephone
Martha Jodine Jackson
618-526-4521

Date Completed
4/12/2013

Registered Agent Information
Garrett Rueter
12 Wolf Crekk Drive Suite 100
Swansea, IL 62226

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	17
Mental Illness	19
Developmental Disability	0
Circulatory System	11
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	6
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	74

Total Residents Diagnosed as Mentally Ill 19

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	112	112	78	112	74	38	38	112
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	112	112	78	112	74	38	38	112

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	65
Total Admissions 2011	99
Total Discharges 2011	90
Residents on 12/31/2011	74
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2564	18.5%	12019	29.4%	0	0	11631	0	26214	64.1%	64.1%
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	2564	18.5%	12019	29.4%	0	0	11631	0	26214	64.1%	64.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	4	6	0	0	0	0	0	0	4	6	10
75 to 84	9	11	0	0	0	0	0	0	9	11	20
85+	9	34	0	0	0	0	0	0	9	34	43
TOTALS	23	51	0	0	0	0	0	0	23	51	74

BREESE NURSING HOME
1155 NORTH FIRST STREET
BREESE, IL. 62230

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	30	0	0	34	0	74
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	30	0	0	34	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	138	113
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	74	0	0	0	74
Race Unknown	0	0	0	0	0
Total	74	0	0	0	74

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	74	0	0	0	74
Ethnicity Unknown	0	0	0	0	0
Total	74	0	0	0	74

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	11.00
Certified Aides	27.00
Other Health Staff	0.00
Non-Health Staff	19.00
Totals	65.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
36.3%	31.3%	0.0%	0.0%	32.4%	100.0%		0.0%
1,543,885	1,333,870	0	0	1,379,142	4,256,897	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BRENTWOOD SUB-ACUTE HLTH-CARE
5400 WEST 87TH STREET
BURBANK, IL. 60459

Reference Numbers Facility ID 6001127
Health Service Area 007 Planning Service Area 705

Administrator
Kristin Mitchell

Contact Person and Telephone
KRISTIN MITCHELL
(708) 423-1200

Registered Agent Information

Date Completed
4/11/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	14
Endocrine/Metabolic	36
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	4
Other Medical Conditions	21
Non-Medical Conditions	0
TOTALS	82

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	163	163	115	140	82	81	163	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	163	163	115	140	82	81	163	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	115
Total Admissions 2011	1,160
Total Discharges 2011	1,193
Residents on 12/31/2011	82
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	22237	37.4%	0	0.0%	0	9449	2411	0	34097	57.3%	57.3%
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	22237	37.4%	0	0.0%	0	9449	2411	0	34097	57.3%	57.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	4	4	0	0	0	0	0	0	4	4	8
65 to 74	11	4	0	0	0	0	0	0	11	4	15
75 to 84	12	20	0	0	0	0	0	0	12	20	32
85+	10	13	0	0	0	0	0	0	10	13	23
TOTALS	41	41	0	0	0	0	0	0	41	41	82

BRENTWOOD SUB-ACUTE HLTH-CARE
5400 WEST 87TH STREET
BURBANK, IL. 60459

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	54	0	0	21	7	0	82
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	54	0	0	21	7	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	205
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	40	0	0	0	40
Hawaiian/Pacific Isl.	0	0	0	0	0
White	42	0	0	0	42
Race Unknown	0	0	0	0	0
Total	82	0	0	0	82

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	80	0	0	0	80
Ethnicity Unknown	0	0	0	0	0
Total	82	0	0	0	82

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	36.00
Certified Aides	55.00
Other Health Staff	26.00
Non-Health Staff	51.00
Totals	180.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
65.0%	0.0%	0.0%	28.2%	6.7%	100.0%		0.0%
9,366,900	0	0	4,067,005	966,965	14,400,870	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BRENTWOOD-NORTH HLTHCRE & REHAB CENT
3705 DEERFIELD ROAD
RIVERWOODS, IL. 60015

Reference Numbers Facility ID 6001119
Health Service Area 008 Planning Service Area 097

Administrator
Phil Thompson

Contact Person and Telephone
Phil Thompson

Registered Agent Information

Date Completed
5/21/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	37
Developmental Disability	0
Circulatory System	14
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	70
Non-Medical Conditions	0
TOTALS	132

Total Residents Diagnosed as Mentally Ill 45

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	240	240	150	240	132	108	240	128
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	240	240	150	240	132	108	240	128

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	112
Total Admissions 2011	817
Total Discharges 2011	797
Residents on 12/31/2011	132
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	15104	17.2%	12148	26.0%	3025	3376	13041	0	46694	53.3%	53.3%
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	15104	17.2%	12148	26.0%	3025	3376	13041	0	46694	53.3%	53.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	15	15	0	0	0	0	0	0	15	15	30
65 to 74	22	26	0	0	0	0	0	0	22	26	48
75 to 84	14	33	0	0	0	0	0	0	14	33	47
85+	1	2	0	0	0	0	0	0	1	2	3
TOTALS	56	76	0	0	0	0	0	0	56	76	132

BRENTWOOD-NORTH HLTHCRE & REHAB CENT
3705 DEERFIELD ROAD
RIVERWOODS, IL. 60015

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	35	32	10	6	49	0	132
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	35	32	10	6	49	0	132

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	242	181
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	131	0	0	0	131
Race Unknown	0	0	0	0	0
Total	132	0	0	0	132

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	131	0	0	0	131
Ethnicity Unknown	0	0	0	0	0
Total	132	0	0	0	132

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	30.00
LPN's	23.00
Certified Aides	81.00
Other Health Staff	7.00
Non-Health Staff	40.00
Totals	183.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

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

*Charity Care Expense does not include expenses which may be considered a community benefit.

BRIAR PLACE
6800 WEST JOLIET
INDIAN HEAD PARK, IL. 60525

Reference Numbers Facility ID 6001143
Health Service Area 007 Planning Service Area 705

Administrator
Delnaz Vazifdar

Contact Person and Telephone
Ron Cournaya
847-905-3000

Registered Agent Information
Holly Turner
2201 Main St
Evanston, IL 60202

Date Completed
3/29/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	13
Mental Illness	183
Developmental Disability	17
Circulatory System	4
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	2
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	222
Total Residents Diagnosed as Mentally Ill	209

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	232	232	232	232	222	10	88	232
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	232	232	232	232	222	10	88	232

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	226
Total Admissions 2011	92
Total Discharges 2011	96
Residents on 12/31/2011	222
Identified Offenders	22

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3096	9.6%	72397	85.5%	3716	83	957	0	80249	94.8%	94.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3096	9.6%	72397	85.5%	3716	83	957	0	80249	94.8%	94.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	11	11	0	0	0	0	0	0	11	11	22
45 to 59	64	30	0	0	0	0	0	0	64	30	94
60 to 64	20	18	0	0	0	0	0	0	20	18	38
65 to 74	22	18	0	0	0	0	0	0	22	18	40
75 to 84	8	14	0	0	0	0	0	0	8	14	22
85+	2	4	0	0	0	0	0	0	2	4	6
TOTALS	127	95	0	0	0	0	0	0	127	95	222

BRIAR PLACE
6800 WEST JOLIET
INDIAN HEAD PARK, IL. 60525

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	195	8	0	5	0	222
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	195	8	0	5	0	222

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	43	0	0	0	43
Hawaiian/Pacific Isl.	1	0	0	0	1
White	175	0	0	0	175
Race Unknown	0	0	0	0	0
Total	222	0	0	0	222

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	217	0	0	0	217
Ethnicity Unknown	0	0	0	0	0
Total	222	0	0	0	222

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	9.00
Certified Aides	28.00
Other Health Staff	10.00
Non-Health Staff	38.00
Totals	96.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
7.7%	86.6%	3.9%	0.3%	1.5%	100.0%		0.0%
809,216	9,148,216	414,833	31,420	156,528	10,560,213	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BRIARBROOK PLACE
228 BRIARBROOK DRIVE
EAST PEORIA, IL. 61611

Reference Numbers Facility ID 6013320
Health Service Area 002 Planning Service Area 179

Administrator
John Mirecki

Contact Person and Telephone
John Mirecki
708-283-1530

Registered Agent Information
John Mirecki
3615 Park Drive Suite 100
Olympia Fields, IL 60461

Date Completed
4/16/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

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

Total Residents Diagnosed as Mentally Ill 8

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	14	2	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	2
Total Discharges 2011	3
Residents on 12/31/2011	14
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5346	91.5%	0	0	0	0	5346	91.5%	91.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5346	91.5%	0	0	0	0	5346	91.5%	91.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	3	0	0	5	3	8
45 to 59	0	0	0	0	1	2	0	0	1	2	3
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	2	0	0	0	2	0	2
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	6	0	0	8	6	14

BRIARBROOK PLACE
228 BRIARBROOK DRIVE
EAST PEORIA, IL. 61611

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	142	132
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	10.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	652,262	0	0	0	652,262	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BRIDGEVIEW HEALTH CARE CENTER
8100 SOUTH HARLEM AVENUE
BRIDGEVIEW, IL. 60455

Reference Numbers Facility ID 6001168
Health Service Area 007 Planning Service Area 705

Administrator
Martha L Peck

Contact Person and Telephone
CHRISTINE MICHAELS
708-594-5440

Registered Agent Information

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	15
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	28
Mental Illness	0
Developmental Disability	1
Circulatory System	55
Respiratory System	28
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	132

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	146	146	132	146	132	14	97	146
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	146	146	132	146	132	14	97	146

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	129
Total Admissions 2011	253
Total Discharges 2011	250
Residents on 12/31/2011	132
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5898	16.7%	26741	50.2%	0	0	15292	0	47931	89.9%	89.9%
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	5898	16.7%	26741	50.2%	0	0	15292	0	47931	89.9%	89.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	4	0	0	0	0	0	0	0	4	4
60 to 64	3	4	0	0	0	0	0	0	3	4	7
65 to 74	6	9	0	0	0	0	0	0	6	9	15
75 to 84	13	29	0	0	0	0	0	0	13	29	42
85+	8	56	0	0	0	0	0	0	8	56	64
TOTALS	30	102	0	0	0	0	0	0	30	102	132

BRIDGEVIEW HEALTH CARE CENTER
8100 SOUTH HARLEM AVENUE
BRIDGEVIEW, IL. 60455

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	71	0	0	46	0	132
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	71	0	0	46	0	132

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	163	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	26	0	0	0	26
Hawaiian/Pacific Isl.	0	0	0	0	0
White	106	0	0	0	106
Race Unknown	0	0	0	0	0
Total	132	0	0	0	132

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	121	0	0	0	121
Ethnicity Unknown	2	0	0	0	2
Total	132	0	0	0	132

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	16.00
Certified Aides	45.00
Other Health Staff	9.00
Non-Health Staff	30.00
Totals	106.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
30.9%	54.5%	0.0%	0.0%	14.6%	100.0%		0.0%
2,827,203	4,993,192	0	0	1,340,927	9,161,322	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BRIDGEWAY CHRISTIAN VILLAGE REHAB & SNF
111 EAST WASHINGTON
BENSENVILLE, IL. 60106

Reference Numbers Facility ID 6000353
Health Service Area 007 Planning Service Area 703

Administrator
Linda Pyfer

Contact Person and Telephone
Susan McGhee
217-732-9651

Registered Agent Information
Timothy Phillippe
200 N Postville Dr

Date Completed
4/26/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	8
Blood Disorders	4
*Nervous System Non Alzheimer	7
Alzheimer Disease	11
Mental Illness	0
Developmental Disability	0
Circulatory System	21
Respiratory System	15
Digestive System	6
Genitourinary System Disorders	10
Skin Disorders	8
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	41
Non-Medical Conditions	0
TOTALS	150

Total Residents Diagnosed as Mentally Ill 9

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	222	187	168	187	150	72	222	143
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	222	187	168	187	150	72	222	143

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	157
Total Admissions 2011	409
Total Discharges 2011	416
Residents on 12/31/2011	150
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12293	15.2%	34592	66.3%	864	316	10697	0	58762	72.5%	86.1%
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	12293	15.2%	34592	66.3%	864	316	10697	0	58762	72.5%	86.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	5	0	0	0	0	0	0	2	5	7
60 to 64	1	8	0	0	0	0	0	0	1	8	9
65 to 74	5	16	0	0	0	0	0	0	5	16	21
75 to 84	10	39	0	0	0	0	0	0	10	39	49
85+	7	57	0	0	0	0	0	0	7	57	64
TOTALS	25	125	0	0	0	0	0	0	25	125	150

BRIDGEWAY CHRISTIAN VILLAGE REHAB & SNF
111 EAST WASHINGTON
BENSENVILLE, IL. 60106

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	29	97	0	4	20	0	150
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	29	97	0	4	20	0	150

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	365	266
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	2	0	0	0	2
White	143	0	0	0	143
Race Unknown	0	0	0	0	0
Total	150	0	0	0	150

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	142	0	0	0	142
Ethnicity Unknown	0	0	0	0	0
Total	150	0	0	0	150

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	37.00
LPN's	15.00
Certified Aides	67.00
Other Health Staff	8.00
Non-Health Staff	51.00
Totals	181.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
43.6%	34.9%	0.0%	3.7%	17.9%	100.0%		0.0%
6,570,967	5,260,774	0	556,310	2,695,295	15,083,348	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BRIGHTVIEW CARE CENTER
4538 NORTH BEACON
CHICAGO, IL. 60640

Reference Numbers Facility ID 6001176
Health Service Area 006 Planning Service Area 601

Administrator
Eli Barnett

Contact Person and Telephone
Eli Barnett
7732757200

Date Completed
4/17/2013

Registered Agent Information
Stanley Klem
4600 W. Touhy Ave
Lincolnwood, IL 60712

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	30
Blood Disorders	8
*Nervous System Non Alzheimer	4
Alzheimer Disease	26
Mental Illness	30
Developmental Disability	2
Circulatory System	3
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	4
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	30

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	143	143	126	143	118	25	143	143
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	143	143	126	143	118	25	143	143

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	119
Total Admissions 2011	109
Total Discharges 2011	116
Residents on 12/31/2011	112
Identified Offenders	12

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3372	6.5%	38201	73.2%	483	54	1287	0	43397	83.1%	83.1%
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	3372	6.5%	38201	73.2%	483	54	1287	0	43397	83.1%	83.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	6	3	0	0	0	0	0	0	6	3	9
45 to 59	27	11	0	0	0	0	0	0	27	11	38
60 to 64	11	10	0	0	0	0	0	0	11	10	21
65 to 74	15	14	0	0	0	0	0	0	15	14	29
75 to 84	7	7	0	0	0	0	0	0	7	7	14
85+	1	6	0	0	0	0	0	0	1	6	7
TOTALS	67	51	0	0	0	0	0	0	67	51	118

BRIGHTVIEW CARE CENTER
4538 NORTH BEACON
CHICAGO, IL. 60640

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	94	7	0	5	0	118
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	94	7	0	5	0	118

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	275	250
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	50	0	0	0	50
Hawaiian/Pacific Isl.	0	0	0	0	0
White	52	0	0	0	52
Race Unknown	14	0	0	0	14
Total	118	0	0	0	118

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	14	0	0	0	14
Non-Hispanic	104	0	0	0	104
Ethnicity Unknown	0	0	0	0	0
Total	118	0	0	0	118

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	16.00
Certified Aides	46.00
Other Health Staff	4.00
Non-Health Staff	31.00
Totals	115.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
16.5%	80.2%	0.0%	0.0%	3.3%	100.0%		0.0%
1,173,035	5,685,750	0	0	230,840	7,089,625	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BRITISH HOME
8700 WEST 31ST STREET
BROOKFIELD, IL. 60513

Reference Numbers Facility ID 6001184
Health Service Area 007 Planning Service Area 704

Administrator
Julie M. Adduci

Contact Person and Telephone
JULIE M ADDUCI
708-485-8788

Date Completed
4/23/2013

Registered Agent Information
John D. Larson
8700 West 31st Street
Brookfield, IL 60513

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	4
Mental Illness	17
Developmental Disability	0
Circulatory System	8
Respiratory System	14
Digestive System	0
Genitourinary System Disorders	8
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	14
TOTALS	80
Total Residents Diagnosed as Mentally Ill	29

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	72	72	72	72	62	10	59	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	20	20	19	20	18	2		
TOTAL BEDS	92	92	91	92	80	12	59	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	75
Total Admissions 2011	507
Total Discharges 2011	502
Residents on 12/31/2011	80
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	11468	53.3%	0	0.0%	0	914	10759	0	23141	88.1%	88.1%
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	5694	0	5694	78.0%	78.0%
TOTALS	11468	53.3%	0	0.0%	0	914	16453	0	28835	85.9%	85.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	6	0	0	0	0	1	1	2	7	9
75 to 84	4	14	0	0	0	0	2	0	6	14	20
85+	3	34	0	0	0	0	1	13	4	47	51
TOTALS	8	54	0	0	0	0	4	14	12	68	80

BRITISH HOME
8700 WEST 31ST STREET
BROOKFIELD, IL. 60513

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	34	0	0	0	28	0	62
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	18	0	18
TOTALS	34	0	0	0	46	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	304	289
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	202	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	61	0	0	18	79
Race Unknown	0	0	0	0	0
Total	62	0	0	18	80

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	59	0	0	18	77
Ethnicity Unknown	0	0	0	0	0
Total	62	0	0	18	80

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	5.00
Certified Aides	24.00
Other Health Staff	10.00
Non-Health Staff	7.00
Totals	60.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
53.1%	0.0%	0.0%	5.2%	41.7%	100.0%		0.2%
4,825,172	0	0	472,713	3,787,382	9,085,267	15,907	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BROADWAY TERRACE
43 BROADWAY
CHICAGO HEIGHTS, IL. 60411

Reference Numbers Facility ID 6012959
Health Service Area 007 Planning Service Area 705

Administrator
Annette Whitlock

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/3/2013

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 62401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 1

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	15	15	15	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	15	15	15	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5475	93.8%	0	0	0	0	5475	93.8%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5475	93.8%	0	0	0	0	5475	93.8%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	6	6	0	0	6	6	12
60 to 64	0	0	0	0	1	2	0	0	1	2	3
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	7	8	0	0	7	8	15

BROADWAY TERRACE
43 BROADWAY
CHICAGO HEIGHTS, IL. 60411

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	151
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	15	0	15
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	78.6%	0.3%	0.0%	21.1%	100.0%		0.0%
0	666,774	2,397	0	179,178	848,351	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BRONZEVILLE PARK NURSING & LIV CTR
3400 SOUTH INDIANA AVENUE
CHICAGO, IL. 60616

Reference Numbers Facility ID 6001689
Health Service Area 006 Planning Service Area 603

Administrator
Joshua D. Legum

Contact Person and Telephone
Joshua D. Legum
3128425000

Registered Agent Information
Abe Stern
191 N Wacker Dr. #1800
Chicago, IL 60606

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	18
Blood Disorders	3
*Nervous System Non Alzheimer	3
Alzheimer Disease	86
Mental Illness	5
Developmental Disability	1
Circulatory System	89
Respiratory System	16
Digestive System	0
Genitourinary System Disorders	26
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	2
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	267

Total Residents Diagnosed as Mentally Ill 5

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	302	294	294	294	267	35	302	302
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	302	294	294	294	267	35	302	302

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	247
Total Admissions 2011	897
Total Discharges 2011	877
Residents on 12/31/2011	267
Identified Offenders	9

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	11679	10.6%	70509	64.0%	1740	610	3582	0	88120	79.9%	82.1%
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	11679	10.6%	70509	64.0%	1740	610	3582	0	88120	79.9%	82.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	7	3	0	0	0	0	0	0	7	3	10
45 to 59	36	16	0	0	0	0	0	0	36	16	52
60 to 64	18	10	0	0	0	0	0	0	18	10	28
65 to 74	27	22	0	0	0	0	0	0	27	22	49
75 to 84	43	42	0	0	0	0	0	0	43	42	85
85+	11	32	0	0	0	0	0	0	11	32	43
TOTALS	142	125	0	0	0	0	0	0	142	125	267

BRONZEVILLE PARK NURSING & LIV CTR
3400 SOUTH INDIANA AVENUE
CHICAGO, IL. 60616

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	32	216	0	8	11	0	267
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	32	216	0	8	11	0	267

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	1	0	0	0	1
Black	228	0	0	0	228
Hawaiian/Pacific Isl.	0	0	0	0	0
White	13	0	0	0	13
Race Unknown	21	0	0	0	21
Total	267	0	0	0	267

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	265	0	0	0	265
Ethnicity Unknown	0	0	0	0	0
Total	267	0	0	0	267

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	33.00
Certified Aides	95.00
Other Health Staff	7.00
Non-Health Staff	53.00
Totals	205.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
18.8%	73.9%	3.8%	0.0%	3.4%	100.0%		0.0%
2,709,089	10,647,277	554,305	0	495,256	14,405,927	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BROTHER JAMES COURT
2508 ST JAMES ROAD
SPRINGFIELD, IL. 62707

Reference Numbers Facility ID 6001226
Health Service Area 003 Planning Service Area 167

Administrator
Ron Wampler

Contact Person and Telephone
MARY F. SHADE
(217) 747-5912

Registered Agent Information
William Sheehan
1214 S. 8th St
Springfield, IL 62703

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	98
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	98

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	99	98	98	98	98	1		99
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	98	98	98	98	1	0	99

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	91
Total Admissions 2011	13
Total Discharges 2011	6
Residents on 12/31/2011	98
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			33665	93.2%	152	0	366	0	34183	94.6%	95.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	33665	93.2%	152	0	366	0	34183	94.6%	95.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	15	0	0	0	15	0	15
45 to 59	0	0	0	0	56	0	0	0	56	0	56
60 to 64	0	0	0	0	12	0	0	0	12	0	12
65 to 74	0	0	0	0	13	0	0	0	13	0	13
75 to 84	0	0	0	0	2	0	0	0	2	0	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	98	0	0	0	98	0	98

BROTHER JAMES COURT
2508 ST JAMES ROAD
SPRINGFIELD, IL. 62707

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		97	0	0	1	0	98
Sheltered Care			0	0	0	0	0
TOTALS	0	97	0	0	1	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	127	124
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	2	0	2
American Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	92	0	92
Race Unknown	0	0	0	0	0
Total	0	0	98	0	98

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	98	0	98
Ethnicity Unknown	0	0	0	0	0
Total	0	0	98	0	98

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	13.00
Certified Aides	56.00
Other Health Staff	2.00
Non-Health Staff	33.00
Totals	106.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	75.4%	1.0%	0.0%	23.6%	100.0%		0.0%
0	3,110,144	41,807	0	972,377	4,124,329	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BRYAN MANOR
2150 EAST MCCORD PO BOX 568
CENTRALIA, IL. 62801

Reference Numbers Facility ID 6001234
Health Service Area 005 Planning Service Area 121

Administrator
Georgia Miller

Contact Person and Telephone
CAROLYN HARPER
618-918-3770

Registered Agent Information

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	97
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	97

Total Residents Diagnosed as Mentally Ill 37

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	100	100	99	100	97	3		93
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	100	100	99	100	97	3	0	93

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	99
Total Admissions 2011	14
Total Discharges 2011	16
Residents on 12/31/2011	97
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			35535	######	0	0	0	0	35535	97.4%	97.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	35535	######	0	0	0	0	35535	97.4%	97.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	14	9	0	0	14	9	23
45 to 59	0	0	0	0	24	18	0	0	24	18	42
60 to 64	0	0	0	0	4	10	0	0	4	10	14
65 to 74	0	0	0	0	13	2	0	0	13	2	15
75 to 84	0	0	0	0	1	1	0	0	1	1	2
85+	0	0	0	0	0	1	0	0	0	1	1
TOTALS	0	0	0	0	56	41	0	0	56	41	97

BRYAN MANOR
2150 EAST MCCORD PO BOX 568
CENTRALIA, IL. 62801

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 121

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		97	0	0	0	0	97
Sheltered Care			0	0	0	0	0
TOTALS	0	97	0	0	0	0	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	204
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	20	0	20
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	77	0	77
Race Unknown	0	0	0	0	0
Total	0	0	97	0	97

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	97	0	97
Ethnicity Unknown	0	0	0	0	0
Total	0	0	97	0	97

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	11.00
Certified Aides	90.00
Other Health Staff	5.00
Non-Health Staff	31.00
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
0.0%	90.1%	8.0%	0.0%	1.9%	100.0%		0.0%
0	6,578,025	586,615	0	140,065	7,304,705	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BRYN MAWR CARE
5547 NORTH KENMORE
CHICAGO, IL. 60640

Reference Numbers Facility ID 6002018
Health Service Area 006 Planning Service Area 601

Administrator
Cynthia Schofield

Contact Person and Telephone
CYNTHIA SCHOFIELD
773-561-7040

Registered Agent Information
Thomas Winter
6840 N Lincoln Avenue
Lincolnwood, IL 60712

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	158
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	158
Total Residents Diagnosed as Mentally Ill	158

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	174	174	174	174	158	16	0	174
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	174	174	174	174	158	16	0	174

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	159
Total Admissions 2011	63
Total Discharges 2011	57
Residents on 12/31/2011	165
Identified Offenders	33

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	59670	94.0%	0	0	1524	0	61194	96.4%	96.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	59670	94.0%	0	0	1524	0	61194	96.4%	96.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	24	13	0	0	0	0	0	0	24	13	37
45 to 59	57	17	0	0	0	0	0	0	57	17	74
60 to 64	21	5	0	0	0	0	0	0	21	5	26
65 to 74	9	4	0	0	0	0	0	0	9	4	13
75 to 84	3	4	0	0	0	0	0	0	3	4	7
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	114	44	0	0	0	0	0	0	114	44	158

BRYN MAWR CARE
5547 NORTH KENMORE
CHICAGO, IL. 60640

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	155	0	0	3	0	158
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	155	0	0	3	0	158

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	9	0	0	0	9
American Indian	1	0	0	0	1
Black	54	0	0	0	54
Hawaiian/Pacific Isl.	0	0	0	0	0
White	94	0	0	0	94
Race Unknown	0	0	0	0	0
Total	158	0	0	0	158

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	147	0	0	0	147
Ethnicity Unknown	0	0	0	0	0
Total	158	0	0	0	158

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	7.00
Certified Aides	34.00
Other Health Staff	9.00
Non-Health Staff	30.00
Totals	85.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	77.5%	0.1%	0.0%	22.4%	100.0%		0.0%
0	5,259,560	6,436	0	1,524,375	6,790,371	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BUCKINGHAM PAVILION
2625 WEST TOUHY AVENUE
CHICAGO, IL. 60645

Reference Numbers Facility ID 6001242
Health Service Area 006 Planning Service Area 601

Administrator
ERIC STERN

Contact Person and Telephone
LARISA FRIDMAN
773-973-5333

Registered Agent Information

Date Completed
4/12/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	11
Endocrine/Metabolic	12
Blood Disorders	3
*Nervous System Non Alzheimer	18
Alzheimer Disease	42
Mental Illness	9
Developmental Disability	0
Circulatory System	7
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	112

Total Residents Diagnosed as Mentally Ill 9

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	247	247	118	247	112	135	131	247
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	247	247	118	247	112	135	131	247

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	109
Total Admissions 2011	52
Total Discharges 2011	49
Residents on 12/31/2011	112
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2481	5.2%	24949	27.7%	0	106	13572	0	41108	45.6%	45.6%
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	2481	5.2%	24949	27.7%	0	106	13572	0	41108	45.6%	45.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	7	6	0	0	0	0	0	0	7	6	13
75 to 84	11	27	0	0	0	0	0	0	11	27	38
85+	14	43	0	0	0	0	0	0	14	43	57
TOTALS	33	79	0	0	0	0	0	0	33	79	112

BUCKINGHAM PAVILION
2625 WEST TOUHY AVENUE
CHICAGO, IL. 60645

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	70	0	1	33	0	112
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	70	0	1	33	0	112

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	235	195
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	1	0	0	0	1
Black	7	0	0	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	102	0	0	0	102
Race Unknown	0	0	0	0	0
Total	112	0	0	0	112

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	106	0	0	0	106
Ethnicity Unknown	0	0	0	0	0
Total	112	0	0	0	112

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	7.00
Certified Aides	36.00
Other Health Staff	4.00
Non-Health Staff	27.00
Totals	90.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
16.5%	37.9%	0.0%	1.3%	44.3%	100.0%		0.0%
1,072,033	2,456,816	0	81,520	2,874,168	6,484,537	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BURGESS SQUARE
5801 SOUTH CASS AVENUE
WESTMONT, IL. 60559

Reference Numbers Facility ID 6001259
Health Service Area 007 Planning Service Area 703

Administrator
Neal Glein

Contact Person and Telephone
KATHY JO PETERSEN
630-971-2645

Registered Agent Information

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	23
Mental Illness	1
Developmental Disability	0
Circulatory System	51
Respiratory System	10
Digestive System	4
Genitourinary System Disorders	8
Skin Disorders	4
Musculo-skeletal Disorders	13
Injuries and Poisonings	18
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	144
Total Residents Diagnosed as Mentally Ill	25

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	203	203	165	190	144	59	203	24
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	203	203	165	190	144	59	203	24

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	155
Total Admissions 2011	781
Total Discharges 2011	792
Residents on 12/31/2011	144
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	18490	25.0%	17048	######	34	2872	16950	0	55394	74.8%	74.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	18490	25.0%	17048	######	34	2872	16950	0	55394	74.8%	74.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	6	14	0	0	0	0	0	0	6	14	20
75 to 84	8	22	0	0	0	0	0	0	8	22	30
85+	13	78	0	0	0	0	0	0	13	78	91
TOTALS	29	115	0	0	0	0	0	0	29	115	144

BURGESS SQUARE
5801 SOUTH CASS AVENUE
WESTMONT, IL. 60559

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	46	46	0	8	44	0	144
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	46	46	0	8	44	0	144

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	210
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	7	0	0	0	7
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	135	0	0	0	135
Race Unknown	0	0	0	0	0
Total	144	0	0	0	144

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	143	0	0	0	143
Ethnicity Unknown	0	0	0	0	0
Total	144	0	0	0	144

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	31.00
LPN's	18.00
Certified Aides	70.00
Other Health Staff	35.00
Non-Health Staff	82.00
Totals	240.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
58.2%	14.9%	0.0%	5.8%	21.1%	100.0%		0.0%
9,792,971	2,504,616	0	977,518	3,542,317	16,817,422	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW	1/3/2012	Change of ownership occurred.

BURGIN MANOR OF OLNEY, INC.
900-928 EAST SCOTT
OLNEY, IL. 62450

Reference Numbers Facility ID 6001275
Health Service Area 005 Planning Service Area 159

Administrator
STACY BLUE

Contact Person and Telephone
SUE BURGIN
618-395-1000

Date Completed
3/22/2013

Registered Agent Information
SEAN P. CLANCY
858 SUNNYHILL LANE
COLUMBIA, IL 62236

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	11
Alzheimer Disease	23
Mental Illness	11
Developmental Disability	0
Circulatory System	20
Respiratory System	16
Digestive System	6
Genitourinary System Disorders	3
Skin Disorders	3
Musculo-skeletal Disorders	20
Injuries and Poisonings	9
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	131

Total Residents Diagnosed as Mentally Ill 20

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	157	157	146	157	131	26	157	137
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	157	157	146	157	131	26	157	137

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	139
Total Admissions 2011	101
Total Discharges 2011	109
Residents on 12/31/2011	131
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6091	10.6%	26262	52.5%	0	0	18669	0	51022	89.0%	89.0%
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	6091	10.6%	26262	52.5%	0	0	18669	0	51022	89.0%	89.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	2	0	0	0	0	0	0	1	2	3
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	1	10	0	0	0	0	0	0	1	10	11
75 to 84	6	26	0	0	0	0	0	0	6	26	32
85+	15	69	0	0	0	0	0	0	15	69	84
TOTALS	23	108	0	0	0	0	0	0	23	108	131

BURGIN MANOR OF OLNEY, INC.
900-928 EAST SCOTT
OLNEY, IL. 62450

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 159

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	64	0	0	55	0	131
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	64	0	0	55	0	131

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	153	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	130	0	0	0	130
Race Unknown	0	0	0	0	0
Total	131	0	0	0	131

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	131	0	0	0	131
Ethnicity Unknown	0	0	0	0	0
Total	131	0	0	0	131

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	17.00
Certified Aides	66.00
Other Health Staff	0.00
Non-Health Staff	58.00
Totals	160.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
34.0%	36.0%	0.0%	0.2%	29.9%	100.0%		0.0%
2,956,469	3,124,614	0	13,940	2,596,431	8,691,456	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BURNHAM HOUSE
545 BURNHAM
UNIVERSITY PARK, IL. 60466

Reference Numbers Facility ID 6014542
Health Service Area 009 Planning Service Area 197

Administrator
Sherry Newton

Contact Person and Telephone
Sherry Newton
217 398 0754 ext 13

Registered Agent Information
Dave Krchak
30 E Main St
Champaign, IL 61821

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 7

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	1
Total Discharges 2011	0
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5666	97.0%	0	0	0	0	5666	97.0%	97.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5666	97.0%	0	0	0	0	5666	97.0%	97.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	3	0	0	4	3	7
45 to 59	0	0	0	0	3	4	0	0	3	4	7
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	1	1	0	0	1	1	2
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

BURNHAM HOUSE
545 BURNHAM
UNIVERSITY PARK, IL. 60466

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	185	185
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	13.75
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	13.75

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	90.5%	9.5%	0.0%	0.0%	100.0%		0.0%
0	787,223	82,523	0	0	869,747	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

BURNSIDES COMMUNITY HEALTH CENTER
410 NORTH SECOND STREET
MARSHALL, IL. 62441

Reference Numbers Facility ID 6001291
Health Service Area 004 Planning Service Area 023

Administrator
Debra Porter-Gill

Contact Person and Telephone
Jo Boles
1-217-826-2358

Date Completed
4/17/2013

Registered Agent Information
Linda Hendrix
410 N 2nd ST
Marshall, IL 62441

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	8
Mental Illness	6
Developmental Disability	0
Circulatory System	6
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	30
TOTALS	76
Total Residents Diagnosed as Mentally Ill	42

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	105	105	78	105	76	29	105	105
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	105	105	78	105	76	29	105	105

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	83
Total Admissions 2011	103
Total Discharges 2011	110
Residents on 12/31/2011	76
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3125	8.2%	14343	37.4%	320	0	10682	0	28470	74.3%	74.3%
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	3125	8.2%	14343	37.4%	320	0	10682	0	28470	74.3%	74.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	3	0	0	0	0	0	0	0	3	3
75 to 84	11	17	0	0	0	0	0	0	11	17	28
85+	6	37	0	0	0	0	0	0	6	37	43
TOTALS	19	57	0	0	0	0	0	0	19	57	76

BURNSIDES COMMUNITY HEALTH CENTER
410 NORTH SECOND STREET
MARSHALL, IL. 62441

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 023

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	32	0	0	28	0	76
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	32	0	0	28	0	76

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	183	132
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	76	0	0	0	76
Race Unknown	0	0	0	0	0
Total	76	0	0	0	76

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	76	0	0	0	76
Ethnicity Unknown	0	0	0	0	0
Total	76	0	0	0	76

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	8.00
Certified Aides	34.00
Other Health Staff	0.00
Non-Health Staff	44.00
Totals	96.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
27.8%	42.9%	0.0%	0.0%	29.2%	100.0%		0.0%
1,434,297	2,213,987	0	2,458	1,509,058	5,159,800	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CAHOKIA NURSING & REHAB CTR
#2 ANNABLE COURT
CAHOKIA, IL. 62206

Reference Numbers Facility ID 6001317
Health Service Area 011 Planning Service Area 163

Administrator
JAN KALZ

Contact Person and Telephone
CHERYL CARL
847-982-2300

Registered Agent Information
SHELDON WOLFE
7434 SKOKIE BLVD
SKOKIE, IL 60077

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	4
Blood Disorders	2
*Nervous System Non Alzheimer	2
Alzheimer Disease	2
Mental Illness	10
Developmental Disability	0
Circulatory System	21
Respiratory System	16
Digestive System	8
Genitourinary System Disorders	5
Skin Disorders	9
Musculo-skeletal Disorders	3
Injuries and Poisonings	18
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	113

Total Residents Diagnosed as Mentally Ill 28

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	150	150	120	150	113	37	30	150
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	150	150	120	150	113	37	30	150

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	119
Total Admissions 2011	89
Total Discharges 2011	95
Residents on 12/31/2011	113
Identified Offenders	11

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1876	17.1%	36458	66.6%	2253	0	957	0	41544	75.9%	75.9%
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	1876	17.1%	36458	66.6%	2253	0	957	0	41544	75.9%	75.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	1	0	0	0	0	0	0	3	1	4
45 to 59	26	8	0	0	0	0	0	0	26	8	34
60 to 64	7	3	0	0	0	0	0	0	7	3	10
65 to 74	13	9	0	0	0	0	0	0	13	9	22
75 to 84	14	12	0	0	0	0	0	0	14	12	26
85+	3	14	0	0	0	0	0	0	3	14	17
TOTALS	66	47	0	0	0	0	0	0	66	47	113

CAHOKIA NURSING & REHAB CTR
#2 ANNABLE COURT
CAHOKIA, IL. 62206

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	98	7	0	1	0	113
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	98	7	0	1	0	113

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	142
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	72	0	0	0	72
Hawaiian/Pacific Isl.	1	0	0	0	1
White	39	0	0	0	39
Race Unknown	0	0	0	0	0
Total	113	0	0	0	113

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	112	0	0	0	112
Ethnicity Unknown	0	0	0	0	0
Total	113	0	0	0	113

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	12.00
Certified Aides	44.00
Other Health Staff	3.00
Non-Health Staff	39.00
Totals	103.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
14.5%	77.8%	5.0%	0.0%	2.6%	100.0%		0.0%
924,615	4,952,287	317,223	0	168,370	6,362,495	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CALHOUN NURSING & REHAB CENTER, LLC
1 MYRTLE LANE
HARDIN, IL. 62047

Reference Numbers Facility ID 6014674
Health Service Area 003 Planning Service Area 013

Administrator
Barbara Ledder

Contact Person and Telephone
GARY F. EYE
716-972-2392

Registered Agent Information
UNITED CORPORATE SERVICES INC
901 S 2ND ST STE 201
Springfield, IL 62704

Date Completed
3/26/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	14
Mental Illness	9
Developmental Disability	0
Circulatory System	8
Respiratory System	9
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	3
Musculo-skeletal Disorders	10
Injuries and Poisonings	4
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	70
Total Residents Diagnosed as Mentally Ill	52

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	80	80	74	80	70	10	80	80
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	80	80	74	80	70	10	80	80

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	68
Total Admissions 2011	69
Total Discharges 2011	67
Residents on 12/31/2011	70
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3446	11.8%	12796	43.8%	202	124	8732	0	25300	86.6%	86.6%
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	3446	11.8%	12796	43.8%	202	124	8732	0	25300	86.6%	86.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	3	7	0	0	0	0	0	0	3	7	10
75 to 84	9	11	0	0	0	0	0	0	9	11	20
85+	14	23	0	0	0	0	0	0	14	23	37
TOTALS	29	41	0	0	0	0	0	0	29	41	70

CALHOUN NURSING & REHAB CENTER, LLC
1 MYRTLE LANE
HARDIN, IL. 62047

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 013

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	32	1	0	23	0	70
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	32	1	0	23	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	118
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	70	0	0	0	70
Race Unknown	0	0	0	0	0
Total	70	0	0	0	70

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	70	0	0	0	70
Ethnicity Unknown	0	0	0	0	0
Total	70	0	0	0	70

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.02
LPN's	7.21
Certified Aides	26.04
Other Health Staff	9.53
Non-Health Staff	15.25
Totals	67.05

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
40.0%	32.9%	0.8%	0.3%	26.0%	100.0%		0.0%
1,651,724	1,358,673	33,419	10,582	1,072,232	4,126,630	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CALIFORNIA GARDENS NRG & REHAB
2829 SOUTH CALIFORNIA BLVD
CHICAGO, IL. 60608

Reference Numbers Facility ID 6001333
Health Service Area 006 Planning Service Area 602

Administrator
Alison Elsner

Contact Person and Telephone
Alison Elsner

Registered Agent Information
Abe Stern
191 N Wacker Dr #1800
Chicago, IL 60606

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	24
Blood Disorders	5
*Nervous System Non Alzheimer	10
Alzheimer Disease	3
Mental Illness	12
Developmental Disability	13
Circulatory System	26
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	9
Non-Medical Conditions	2
TOTALS	120

Total Residents Diagnosed as Mentally Ill 12

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	297	297	297	297	291	6	297	297
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	297	297	297	297	291	6	297	297

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	280
Total Admissions 2011	300
Total Discharges 2011	289
Residents on 12/31/2011	291
Identified Offenders	36

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	6355	5.9%	87796	8449	231	0	102831	94.9%	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	0	0.0%	6355	5.9%	87796	8449	231	0	102831	94.9%	94.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	18	8	0	0	0	0	0	0	18	8	26
45 to 59	81	33	0	0	0	0	0	0	81	33	114
60 to 64	31	15	0	0	0	0	0	0	31	15	46
65 to 74	40	21	0	0	0	0	0	0	40	21	61
75 to 84	16	9	0	0	0	0	0	0	16	9	25
85+	7	12	0	0	0	0	0	0	7	12	19
TOTALS	193	98	0	0	0	0	0	0	193	98	291

CALIFORNIA GARDENS NRG & REHAB
2829 SOUTH CALIFORNIA BLVD
CHICAGO, IL. 60608

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	247	10	0	12	0	291
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	22	247	10	0	12	0	291

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	187	0	0	0	187
Hawaiian/Pacific Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	42	0	0	0	42
Total	291	0	0	0	291

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	31	0	0	0	31
Non-Hispanic	254	0	0	0	254
Ethnicity Unknown	6	0	0	0	6
Total	291	0	0	0	291

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	32.00
Certified Aides	58.00
Other Health Staff	17.00
Non-Health Staff	31.00
Totals	153.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
8.1%	82.9%	9.0%	0.0%	0.0%	100.0%		0.0%
1,101,022	11,266,163	1,225,354	0	5,688	13,598,227	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CALUMET CITY TERRACE
1380 RIVER DRIVE
CALUMET CITY, IL. 60411

Reference Numbers Facility ID 6014005
Health Service Area 007 Planning Service Area 705

Administrator
Annette Whitlock

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/3/2013

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 62401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	6
Total Residents Diagnosed as Mentally Ill	0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	6
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	6
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			2196	######	0	0	0	0	2196	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2196	######	0	0	0	0	2196	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

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

CALUMET CITY TERRACE
1380 RIVER DRIVE
CALUMET CITY, IL. 60411

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	203
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	5	0	5
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	6	0	6
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	7.00
Other Health Staff	0.33
Non-Health Staff	0.00
Totals	8.17

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	85.3%	0.5%	0.0%	14.2%	100.0%		0.0%
0	371,025	2,201	0	61,746	434,972	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CAMBRIDGE NURSING & REHAB
9615 NORTH KNOX AVENUE
SKOKIE, IL. 60076

Reference Numbers Facility ID 6008635
Health Service Area 007 Planning Service Area 702

Administrator
EUGENE BERGER

Contact Person and Telephone
MARK APPEL
847-679-4161

Date Completed
4/5/2013

Registered Agent Information
MARK APPEL
9615 N KNOX
SKOKIE, IL 60076

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	30
Blood Disorders	1
*Nervous System Non Alzheimer	40
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	2
Circulatory System	2
Respiratory System	0
Digestive System	6
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

Total Residents Diagnosed as Mentally Ill 31

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	113	108	104	0	96	17	113	113
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	113	108	104	0	96	17	113	113

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	104
Total Admissions 2011	96
Total Discharges 2011	104
Residents on 12/31/2011	96
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2824	6.8%	26911	65.2%	2036	0	3584	0	35355	85.7%	89.7%
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	2824	6.8%	26911	65.2%	2036	0	3584	0	35355	85.7%	89.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	6	3	0	0	0	0	0	0	6	3	9
60 to 64	6	1	0	0	0	0	0	0	6	1	7
65 to 74	9	11	0	0	0	0	0	0	9	11	20
75 to 84	15	18	0	0	0	0	0	0	15	18	33
85+	5	22	0	0	0	0	0	0	5	22	27
TOTALS	41	55	0	0	0	0	0	0	41	55	96

CAMBRIDGE NURSING & REHAB
9615 NORTH KNOX AVENUE
SKOKIE, IL. 60076

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	69	7	0	13	0	96
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	69	7	0	13	0	96

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	168
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	0	5
American Indian	0	0	0	0	0
Black	13	0	0	0	13
Hawaiian/Pacific Isl.	2	0	0	0	2
White	76	0	0	0	76
Race Unknown	0	0	0	0	0
Total	96	0	0	0	96

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	90	0	0	0	90
Ethnicity Unknown	0	0	0	0	0
Total	96	0	0	0	96

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	22.00
LPN's	4.00
Certified Aides	40.00
Other Health Staff	0.00
Non-Health Staff	42.00
Totals	110.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
20.9%	66.2%	4.9%	0.0%	7.9%	100.0%		0.0%
1,460,100	4,619,206	344,877	0	554,214	6,978,397	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CAMPBELL COURT
426 EAST DOUGLAS
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6013791
Health Service Area 003 Planning Service Area 137

Administrator
Suzanne McMillan

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 62401

Date Completed
4/3/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	4
Total Residents Diagnosed as Mentally Ill	3

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	4
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	4
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1464	######	0	0	0	0	1464	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1464	######	0	0	0	0	1464	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	2	2	0	0	2	2	4
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	2	2	0	0	2	2	4

CAMPBELL COURT
426 EAST DOUGLAS
JACKSONVILLE, IL. 62650

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	209
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	1	0	1
Race Unknown	0	0	1	0	1
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	3	0	3
Ethnicity Unknown	0	0	1	0	1
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	6.50
Other Health Staff	0.25
Non-Health Staff	0.00
Totals	7.59

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	93.6%	3.8%	0.0%	2.7%	100.0%		0.0%
0	297,122	11,957	0	8,490	317,569	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CANTERBURY PLACE
2503 CANTERBURY LANE
ROCKFORD, IL. 61101

Reference Numbers Facility ID 6013866
Health Service Area 001 Planning Service Area 201

Administrator
Steve Bennett

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 62401

Date Completed
4/3/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	4
Total Residents Diagnosed as Mentally Ill	2

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	4
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	4
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1464	######	0	0	0	0	1464	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1464	######	0	0	0	0	1464	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	0	0	0	2	0	2
45 to 59	0	0	0	0	2	0	0	0	2	0	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	4	0	0	0	4	0	4

CANTERBURY PLACE
2503 CANTERBURY LANE
ROCKFORD, IL. 61101

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	219
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	3	0	3
Race Unknown	0	0	0	0	0
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	4	0	4
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	6.50
Other Health Staff	0.25
Non-Health Staff	0.00
Totals	7.59

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	89.0%	1.2%	0.0%	9.7%	100.0%		0.0%
0	289,876	4,002	0	31,648	325,527	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CAPITOL CARE CENTER
555 WEST CARPENTER
SPRINGFIELD, IL. 62702

Reference Numbers Facility ID 6002489
Health Service Area 003 Planning Service Area 167

Administrator
Cindy Schaaf

Contact Person and Telephone
CINDY SCHAAF
217-525-1880

Date Completed
4/19/2013

Registered Agent Information
Abraham Gutnicki
8320 Skokie Blvd Suite 100
SKOKIE, IL 60077

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	14
Endocrine/Metabolic	22
Blood Disorders	4
*Nervous System Non Alzheimer	7
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	19
Digestive System	15
Genitourinary System Disorders	20
Skin Disorders	5
Musculo-skeletal Disorders	14
Injuries and Poisonings	16
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	150

Total Residents Diagnosed as Mentally Ill 31

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	251	220	184	220	150	101	251	251
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	251	220	184	220	150	101	251	251

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	161
Total Admissions 2011	242
Total Discharges 2011	253
Residents on 12/31/2011	150
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10762	11.7%	43400	47.4%	0	970	4865	0	59997	65.5%	74.7%
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	10762	11.7%	43400	47.4%	0	970	4865	0	59997	65.5%	74.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	4	5	0	0	0	0	0	0	4	5	9
60 to 64	12	15	0	0	0	0	0	0	12	15	27
65 to 74	15	16	0	0	0	0	0	0	15	16	31
75 to 84	16	25	0	0	0	0	0	0	16	25	41
85+	19	23	0	0	0	0	0	0	19	23	42
TOTALS	66	84	0	0	0	0	0	0	66	84	150

CAPITOL CARE CENTER
555 WEST CARPENTER
SPRINGFIELD, IL. 62702

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	104	0	2	23	0	150
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	104	0	2	23	0	150

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	28	0	0	0	28
Hawaiian/Pacific Isl.	0	0	0	0	0
White	122	0	0	0	122
Race Unknown	0	0	0	0	0
Total	150	0	0	0	150

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	150	0	0	0	150
Ethnicity Unknown	0	0	0	0	0
Total	150	0	0	0	150

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	29.00
Certified Aides	108.00
Other Health Staff	24.00
Non-Health Staff	46.00
Totals	217.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
41.3%	48.6%	0.0%	3.3%	6.7%	100.0%		0.0%
5,213,194	6,133,524	0	417,096	847,196	12,611,012	1,000	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CARBONDALE REHAB AND NURSING CTR
120 NORTH TOWER ROAD
CARBONDALE, IL. 62901

Reference Numbers Facility ID 6009203
Health Service Area 005 Planning Service Area 077

Administrator
Jeff McDaniel

Contact Person and Telephone
Jeff McDaniel
618-549-3355

Date Completed
4/16/2013

Registered Agent Information
Lawrence Y. Schwartz
8170 N. McCormick Bvid Suite 219
SKOKIE, IL 60076

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	16
Mental Illness	7
Developmental Disability	0
Circulatory System	8
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	3
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	55
Total Residents Diagnosed as Mentally Ill	7

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	131	82	76	82	55	76	131	131
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	131	82	76	82	55	76	131	131

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	65
Total Admissions 2011	84
Total Discharges 2011	94
Residents on 12/31/2011	55
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4320	9.0%	13434	28.1%	0	927	5109	0	23790	49.8%	79.5%
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	4320	9.0%	13434	28.1%	0	927	5109	0	23790	49.8%	79.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	0	0	0	0	0	0	0	3	0	3
60 to 64	4	2	0	0	0	0	0	0	4	2	6
65 to 74	5	8	0	0	0	0	0	0	5	8	13
75 to 84	5	12	0	0	0	0	0	0	5	12	17
85+	6	10	0	0	0	0	0	0	6	10	16
TOTALS	23	32	0	0	0	0	0	0	23	32	55

CARBONDALE REHAB AND NURSING CTR
120 NORTH TOWER ROAD
CARBONDALE, IL. 62901

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 077

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	36	0	0	13	0	55
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	36	0	0	13	0	55

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	47	0	0	0	47
Race Unknown	0	0	0	0	0
Total	55	0	0	0	55

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	55	0	0	0	55
Ethnicity Unknown	0	0	0	0	0
Total	55	0	0	0	55

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	10.00
Certified Aides	32.00
Other Health Staff	0.00
Non-Health Staff	27.00
Totals	74.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
45.0%	42.0%	0.0%	0.1%	12.9%	100.0%		0.0%
2,058,464	1,924,809	0	6,500	589,357	4,579,130	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CARE CENTER OF ABINGDON
801 WEST MARTIN STREET
ABINGDON, IL. 61410

Reference Numbers Facility ID 6001424
Health Service Area 002 Planning Service Area 095

Administrator
Joe Coulter

Contact Person and Telephone
JOE COULTER
309-462-2356

Date Completed
4/15/2013

Registered Agent Information
Michael Bibo
285 S Farnham Street
Galesburg, IL 61401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	15
Mental Illness	0
Developmental Disability	0
Circulatory System	19
Respiratory System	9
Digestive System	4
Genitourinary System Disorders	8
Skin Disorders	2
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	64
Total Residents Diagnosed as Mentally Ill	0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	82	78	69	78	64	18	82	82
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	82	78	69	78	64	18	82	82

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	64
Total Admissions 2011	79
Total Discharges 2011	79
Residents on 12/31/2011	64
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1256	4.2%	13865	46.3%	0	284	6172	0	21577	72.1%	75.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1256	4.2%	13865	46.3%	0	284	6172	0	21577	72.1%	75.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	6	6	0	0	0	0	0	0	6	6	12
75 to 84	7	9	0	0	0	0	0	0	7	9	16
85+	7	27	0	0	0	0	0	0	7	27	34
TOTALS	21	43	0	0	0	0	0	0	21	43	64

CARE CENTER OF ABINGDON
801 WEST MARTIN STREET
ABINGDON, IL. 61410

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	43	0	0	16	0	64
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	43	0	0	16	0	64

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	61	0	0	0	61
Race Unknown	0	0	0	0	0
Total	64	0	0	0	64

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	64	0	0	0	64
Ethnicity Unknown	0	0	0	0	0
Total	64	0	0	0	64

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	9.00
Certified Aides	35.00
Other Health Staff	1.00
Non-Health Staff	35.00
Totals	86.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
14.1%	46.1%	7.4%	3.5%	28.9%	100.0%		0.0%
525,009	1,720,836	276,619	130,656	1,079,760	3,732,880	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CARLINVILLE ESTATES
1221 SOUTH PLUM STREET
CARLINVILLE, IL. 62626

Reference Numbers Facility ID 6012132
Health Service Area 003 Planning Service Area 117

Administrator
Lori Dillman

Contact Person and Telephone
NICKI PALMER
217-854-9443

Registered Agent Information

Date Completed
3/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16
Total Residents Diagnosed as Mentally Ill	13

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	0	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	0	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	3
Total Discharges 2011	3
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5701	97.6%	0	0	0	0	5701	97.6%	97.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5701	97.6%	0	0	0	0	5701	97.6%	97.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	2	0	0	4	2	6
45 to 59	0	0	0	0	4	4	0	0	4	4	8
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	2	0	0	0	2	2
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

CARLINVILLE ESTATES
1221 SOUTH PLUM STREET
CARLINVILLE, IL. 62626

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 117

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	116
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	11.25

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	673,106	0	0	0	673,106	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CARLINVILLE REHAB & HCC
751 NORTH OAK STREET
CARLINVILLE, IL. 62626

Reference Numbers Facility ID 6009336
Health Service Area 003 Planning Service Area 117

Administrator
Shannon Moore

Contact Person and Telephone
Shannon Moore, administrator
217-854-2511

Registered Agent Information

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	15
Mental Illness	3
Developmental Disability	3
Circulatory System	17
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	6
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	66
Total Residents Diagnosed as Mentally Ill	3

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	98	94	76	94	66	32	98	98
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	98	94	76	94	66	32	98	98

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	70
Total Admissions 2011	106
Total Discharges 2011	110
Residents on 12/31/2011	66
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2677	7.5%	16854	47.1%	0	401	6472	0	26404	73.8%	77.0%
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	2677	7.5%	16854	47.1%	0	401	6472	0	26404	73.8%	77.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	6	0	0	0	0	0	0	2	6	8
60 to 64	19	0	0	0	0	0	0	0	19	0	19
65 to 74	19	2	0	0	0	0	0	0	19	2	21
75 to 84	5	11	0	0	0	0	0	0	5	11	16
85+	0	2	0	0	0	0	0	0	0	2	2
TOTALS	45	21	0	0	0	0	0	0	45	21	66

CARLINVILLE REHAB & HCC
751 NORTH OAK STREET
CARLINVILLE, IL. 62626

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 117

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	44	0	0	16	0	66
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	44	0	0	16	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	143	121
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	64	0	0	0	64
Race Unknown	0	0	0	0	0
Total	66	0	0	0	66

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	66	0	0	0	66
Ethnicity Unknown	0	0	0	0	0
Total	66	0	0	0	66

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	7.00
Certified Aides	23.00
Other Health Staff	3.00
Non-Health Staff	7.00
Totals	47.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

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

*Charity Care Expense does not include expenses which may be considered a community benefit.

CARLTON AT THE LAKE
725 WEST MONTROSE AVENUE
CHICAGO, IL. 60613

Reference Numbers Facility ID 6001465
Health Service Area 006 Planning Service Area 601

Administrator
ROSE MARIE BETZ

Contact Person and Telephone
ROSE MARIE BETZ
773-929-1700

Date Completed
4/12/2013

Registered Agent Information
Susan Lewis
6633 N. Lincoln Ave.
Lincolnwood, IL 60712

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System Non Alzheimer	25
Alzheimer Disease	15
Mental Illness	25
Developmental Disability	23
Circulatory System	60
Respiratory System	25
Digestive System	9
Genitourinary System Disorders	10
Skin Disorders	4
Musculo-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	225

Total Residents Diagnosed as Mentally Ill 35

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	244	244	227	244	225	19	244	244
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	244	244	227	244	225	19	244	244

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	218
Total Admissions 2011	168
Total Discharges 2011	161
Residents on 12/31/2011	225
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9240	10.4%	63984	71.8%	0	774	8681	0	82679	92.8%	92.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	9240	10.4%	63984	71.8%	0	774	8681	0	82679	92.8%	92.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	6	20	0	0	0	0	0	0	6	20	26
60 to 64	7	21	0	0	0	0	0	0	7	21	28
65 to 74	18	36	0	0	0	0	0	0	18	36	54
75 to 84	21	45	0	0	0	0	0	0	21	45	66
85+	12	39	0	0	0	0	0	0	12	39	51
TOTALS	64	161	0	0	0	0	0	0	64	161	225

CARLTON AT THE LAKE
725 WEST MONTROSE AVENUE
CHICAGO, IL. 60613

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	164	0	5	34	0	225
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	22	164	0	5	34	0	225

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	19	0	0	0	19
American Indian	0	0	0	0	0
Black	73	0	0	0	73
Hawaiian/Pacific Isl.	0	0	0	0	0
White	131	0	0	0	131
Race Unknown	2	0	0	0	2
Total	225	0	0	0	225

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	23	0	0	0	23
Non-Hispanic	200	0	0	0	200
Ethnicity Unknown	2	0	0	0	2
Total	225	0	0	0	225

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	65.00
LPN's	4.00
Certified Aides	100.00
Other Health Staff	60.00
Non-Health Staff	55.00
Totals	286.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
28.6%	61.0%	0.0%	1.7%	8.7%	100.0%		0.0%
4,259,294	9,079,884	0	254,409	1,296,560	14,890,147	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CARLYLE HEALTH CARE
501 CLINTON STREET
CARLYLE, IL. 62231

Reference Numbers Facility ID 6001473
Health Service Area 011 Planning Service Area 027

Administrator
Harry Poole

Contact Person and Telephone
Christopher A. Reis
1 217 228 1950 x308

Date Completed
4/10/2013

Registered Agent Information
Giffin,Cohen,Winner&Bodewes,Atten Her
1West Old State capitol Plaza #600
Springfield, IL 62701

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	8
Mental Illness	4
Developmental Disability	0
Circulatory System	15
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	5
Musculo-skeletal Disorders	5
Injuries and Poisonings	2
Other Medical Conditions	9
Non-Medical Conditions	21
TOTALS	94

Total Residents Diagnosed as Mentally Ill 4

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	109	109	103	109	94	15	70	108
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	109	109	103	109	94	15	70	108

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	98
Total Admissions 2011	126
Total Discharges 2011	130
Residents on 12/31/2011	94
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2591	10.1%	18458	46.8%	0	0	13669	0	34718	87.3%	87.3%
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	2591	10.1%	18458	46.8%	0	0	13669	0	34718	87.3%	87.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	1	0	0	0	0	0	0	3	1	4
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	5	1	0	0	0	0	0	0	5	1	6
75 to 84	14	20	0	0	0	0	0	0	14	20	34
85+	11	38	0	0	0	0	0	0	11	38	49
TOTALS	33	61	0	0	0	0	0	0	33	61	94

CARLYLE HEALTH CARE
501 CLINTON STREET
CARLYLE, IL. 62231

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	53	0	0	33	0	94
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	53	0	0	33	0	94

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	148	147
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	91	0	0	0	91
Race Unknown	0	0	0	0	0
Total	94	0	0	0	94

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	94	0	0	0	94
Ethnicity Unknown	0	0	0	0	0
Total	94	0	0	0	94

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.82
LPN's	14.07
Certified Aides	37.88
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	62.77

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
21.5%	34.9%	9.8%	0.0%	33.8%	100.0%		0.0%
1,319,262	2,145,350	604,942	0	2,077,954	6,147,508	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CAROLE LANE TERRACE
1641 CAROLE LANE
SAUK VILLAGE, IL. 60411

Reference Numbers Facility ID 6011969
Health Service Area 007 Planning Service Area 705

Administrator
Roberta Camacho

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/4/2013

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 62401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	12
Total Residents Diagnosed as Mentally Ill	0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	12	4		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	12	4	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	1
Total Discharges 2011	4
Residents on 12/31/2011	12
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5475	93.8%	0	0	0	0	5475	93.8%	93.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5475	93.8%	0	0	0	0	5475	93.8%	93.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	0	0	0	1	0	1
45 to 59	0	0	0	0	2	2	0	0	2	2	4
60 to 64	0	0	0	0	3	0	0	0	3	0	3
65 to 74	0	0	0	0	0	2	0	0	0	2	2
75 to 84	0	0	0	0	0	2	0	0	0	2	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	6	6	0	0	6	6	12

CAROLE LANE TERRACE
1641 CAROLE LANE
SAUK VILLAGE, IL. 60411

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	5	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	7	0	7
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	81.5%	1.1%	0.0%	17.4%	100.0%		0.0%
0	572,792	8,020	0	122,222	703,036	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CAROLYN SMITH HOUSE
910 17TH STREET
CHARLESTON, IL. 61920

Reference Numbers Facility ID 6006928
Health Service Area 004 Planning Service Area 029

Administrator
Sherry Newton

Contact Person and Telephone
Sherry Newton
217 398 0754 ext 13

Date Completed
4/17/2013

Registered Agent Information
Dave Krchak
30 E Main St
Champaign, IL 61821

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 10

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5490	94.0%	0	0	0	0	5490	94.0%	94.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5490	94.0%	0	0	0	0	5490	94.0%	94.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	7	1	0	0	7	1	8
45 to 59	0	0	0	0	1	4	0	0	1	4	5
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	2	0	0	0	2	0	2
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	10	5	0	0	10	5	15

CAROLYN SMITH HOUSE
910 17TH STREET
CHARLESTON, IL. 61920

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	9.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	9.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	86.5%	13.5%	0.0%	0.0%	100.0%		0.0%
0	555,640	86,447	0	0	642,088	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CARRIER MILLS NURSING CENTER
US ROUTE 45
CARRIER MILLS, IL. 62917

Reference Numbers Facility ID 6001507
Health Service Area 005 Planning Service Area 059

Administrator
Denise Luckett

Contact Person and Telephone
Denise Luckett
618-994-2323

Date Completed
4/19/2012

Registered Agent Information
Dr. Roger D. Herrin
607 S. Commercial St.
Harrisburg, IL 62946

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	22
Alzheimer Disease	17
Mental Illness	0
Developmental Disability	1
Circulatory System	4
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	40
Non-Medical Conditions	0
TOTALS	93

Total Residents Diagnosed as Mentally Ill 2

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	99	99	99	99	93	6	99	99
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	99	99	93	6	99	99

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	99
Total Admissions 2011	84
Total Discharges 2011	90
Residents on 12/31/2011	93
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3331	9.2%	20367	56.4%	0	131	10632	0	34461	95.4%	95.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3331	9.2%	20367	56.4%	0	131	10632	0	34461	95.4%	95.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	5	4	0	0	0	0	0	0	5	4	9
75 to 84	9	19	0	0	0	0	0	0	9	19	28
85+	13	41	0	0	0	0	0	0	13	41	54
TOTALS	28	65	0	0	0	0	0	0	28	65	93

CARRIER MILLS NURSING CENTER
US ROUTE 45
CARRIER MILLS, IL. 62917

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 059

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	56	0	1	28	0	93
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	56	0	1	28	0	93

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	110	104
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	89	0	0	0	89
Race Unknown	1	0	0	0	1
Total	93	0	0	0	93

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	92	0	0	0	92
Ethnicity Unknown	0	0	0	0	0
Total	93	0	0	0	93

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	15.00
Certified Aides	30.00
Other Health Staff	3.00
Non-Health Staff	38.00
Totals	93.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
24.2%	50.4%	0.0%	0.0%	25.3%	100.0%		0.0%
1,232,766	2,564,253	0	0	1,287,943	5,084,962	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CARROLL COUNTY GOOD SAMARITAN
1006 NORTH LOWDEN
MOUNT CARROLL, IL. 61053

Reference Numbers Facility ID 6001515
Health Service Area 001 Planning Service Area 015

Administrator
Cathy Smikle

Contact Person and Telephone
Cathy Smikle
815-244-7715

Registered Agent Information

Date Completed
4/15/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	3
*Nervous System Non Alzheimer	4
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	0
Circulatory System	17
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	6
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	62

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	72	72	72	0	62	10	72	72
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	72	72	72	0	62	10	72	72

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	62
Total Admissions 2011	88
Total Discharges 2011	88
Residents on 12/31/2011	62
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1606	6.1%	11521	43.8%	0	342	9778	0	23247	88.5%	88.5%
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	1606	6.1%	11521	43.8%	0	342	9778	0	23247	88.5%	88.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	5	7	0	0	0	0	0	0	5	7	12
85+	10	37	0	0	0	0	0	0	10	37	47
TOTALS	16	46	0	0	0	0	0	0	16	46	62

CARROLL COUNTY GOOD SAMARITAN
1006 NORTH LOWDEN
MOUNT CARROLL, IL. 61053

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 015

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	29	0	0	27	0	62
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	29	0	0	27	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	173
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	62	0	0	0	62
Race Unknown	0	0	0	0	0
Total	62	0	0	0	62

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	62	0	0	0	62
Ethnicity Unknown	0	0	0	0	0
Total	62	0	0	0	62

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.84
LPN's	3.95
Certified Aides	21.53
Other Health Staff	0.00
Non-Health Staff	26.51
Totals	62.83

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
16.5%	34.1%	0.0%	3.6%	45.7%	100.0%		0.0%
624,839	1,288,064	0	136,839	1,725,852	3,775,594	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CARTHAGE TERRACE
1205 CENTER STREET
CARTHAGE, IL. 62321

Reference Numbers Facility ID 6012280
Health Service Area 003 Planning Service Area 067

Administrator
Angel Haney

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/4/2013

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 62401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16
Total Residents Diagnosed as Mentally Ill	4

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	3
Total Discharges 2011	3
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5823	99.7%	0	0	0	0	5823	99.7%	99.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5823	99.7%	0	0	0	0	5823	99.7%	99.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	4	0	0	1	4	5
45 to 59	0	0	0	0	6	1	0	0	6	1	7
60 to 64	0	0	0	0	0	2	0	0	0	2	2
65 to 74	0	0	0	0	1	1	0	0	1	1	2
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

CARTHAGE TERRACE
1205 CENTER STREET
CARTHAGE, IL. 62321

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 067

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	81.4%	0.9%	0.0%	17.7%	100.0%		0.0%
0	532,474	5,978	0	115,615	654,068	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CASA WILLIS
910 WOODBURN AVENUE
STERLING, IL. 61081

Reference Numbers Facility ID 6011902
Health Service Area 001 Planning Service Area 195

Administrator
Justin Connelly

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/4/2013

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 62401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 5

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	1
Total Discharges 2011	2
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5738	98.3%	0	0	0	0	5738	98.3%	98.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5738	98.3%	0	0	0	0	5738	98.3%	98.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	1	0	0	5	1	6
45 to 59	0	0	0	0	0	6	0	0	0	6	6
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	6	9	0	0	6	9	15

CASA WILLIS
910 WOODBURN AVENUE
STERLING, IL. 61081

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	123
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	79.4%	1.7%	0.0%	18.9%	100.0%		0.0%
0	579,415	12,179	0	138,071	729,666	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CASEY HEALTHCARE CENTER
100 NORTH EAST 15TH
CASEY, IL. 62420

Reference Numbers Facility ID 6000970
Health Service Area 004 Planning Service Area 023

Administrator
Kelly Clark

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/15/2013

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	34
Mental Illness	3
Developmental Disability	1
Circulatory System	3
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	51

Total Residents Diagnosed as Mentally Ill 3

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	69	69	51	69	51	18	0	69
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	69	69	51	69	51	18	0	69

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	54
Total Admissions 2011	58
Total Discharges 2011	64
Residents on 12/31/2011	48
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1773	0.0%	11554	45.9%	178	201	4757	0	18463	73.3%	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	1773	0.0%	11554	45.9%	178	201	4757	0	18463	73.3%	73.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	3	0	0	0	0	0	0	1	3	4
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	3	5	0	0	0	0	0	0	3	5	8
75 to 84	6	13	0	0	0	0	0	0	6	13	19
85+	6	12	0	0	0	0	0	0	6	12	18
TOTALS	16	35	0	0	0	0	0	0	16	35	51

CASEY HEALTHCARE CENTER
100 NORTH EAST 15TH
CASEY, IL. 62420

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 023

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	32	0	1	14	0	51
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	32	0	1	14	0	51

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	131	120
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	50	0	0	0	50
Race Unknown	0	0	0	0	0
Total	51	0	0	0	51

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	51	0	0	0	51
Ethnicity Unknown	0	0	0	0	0
Total	51	0	0	0	51

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	7.00
Certified Aides	25.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	38.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
14.8%	70.4%	0.0%	0.0%	14.8%	100.0%		0.0%
369,501	1,757,148	0	0	370,095	2,496,744	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CASEYVILLE NURSING & REHAB CTR
601 WEST LINCOLN
CASEYVILLE, IL. 62232

Reference Numbers Facility ID 6010227
Health Service Area 011 Planning Service Area 163

Administrator
GERRI ISENBERG

Contact Person and Telephone
CHERYL CARL
847-982-2300

Registered Agent Information
SHELDON WOLFE
7434 SKOKIE BLVD
SKOKIE, IL 60077

Date Completed
4/14/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	3
Mental Illness	11
Developmental Disability	0
Circulatory System	17
Respiratory System	21
Digestive System	7
Genitourinary System Disorders	13
Skin Disorders	2
Musculo-skeletal Disorders	1
Injuries and Poisonings	18
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	112

Total Residents Diagnosed as Mentally Ill 24

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	150	150	124	150	112	38	30	150
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	150	150	124	150	112	38	30	150

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	119
Total Admissions 2011	117
Total Discharges 2011	124
Residents on 12/31/2011	112
Identified Offenders	4

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3654	33.4%	31851	58.2%	0	0	7088	0	42593	77.8%	77.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3654	33.4%	31851	58.2%	0	0	7088	0	42593	77.8%	77.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	5	4	0	0	0	0	0	0	5	4	9
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	11	6	0	0	0	0	0	0	11	6	17
75 to 84	14	20	0	0	0	0	0	0	14	20	34
85+	9	40	0	0	0	0	0	0	9	40	49
TOTALS	41	71	0	0	0	0	0	0	41	71	112

CASEYVILLE NURSING & REHAB CTR
601 WEST LINCOLN
CASEYVILLE, IL. 62232

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	83	0	0	17	0	112
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	83	0	0	17	0	112

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	141	132
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	36	0	0	0	36
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	76	0	0	0	76
Race Unknown	0	0	0	0	0
Total	112	0	0	0	112

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	111	0	0	0	111
Ethnicity Unknown	0	0	0	0	0
Total	112	0	0	0	112

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	17.00
Certified Aides	53.00
Other Health Staff	9.00
Non-Health Staff	45.00
Totals	130.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
26.7%	57.3%	0.0%	0.0%	16.0%	100.0%		0.0%
1,832,745	3,927,596	0	0	1,097,784	6,858,125	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CEDAR POINTE REHAB & NURSING
5825 WEST CERMAK ROAD
CICERO, IL. 60804

Reference Numbers Facility ID 6009948
Health Service Area 007 Planning Service Area 704

Administrator
Moshe Levovitz

Contact Person and Telephone
MOSHE LEVOVITZ
7086569120

Registered Agent Information
Much Shelist c/o Abraham Stern
191 N Wacker Dr Suite 1800
Chicago, IL 60606

Date Completed
4/16/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	23
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	10
Mental Illness	142
Developmental Disability	0
Circulatory System	42
Respiratory System	22
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	36
Non-Medical Conditions	0
TOTALS	283
Total Residents Diagnosed as Mentally Ill	155

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	485	413	300	413	283	202	74	485
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	485	413	300	413	283	202	74	485

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	273
Total Admissions 2011	156
Total Discharges 2011	146
Residents on 12/31/2011	283
Identified Offenders	30

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2735	10.1%	100328	56.7%	770	0	105	0	103938	58.7%	68.9%
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	2735	10.1%	100328	56.7%	770	0	105	0	103938	58.7%	68.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	24	8	0	0	0	0	0	0	24	8	32
45 to 59	93	33	0	0	0	0	0	0	93	33	126
60 to 64	30	13	0	0	0	0	0	0	30	13	43
65 to 74	31	20	0	0	0	0	0	0	31	20	51
75 to 84	12	8	0	0	0	0	0	0	12	8	20
85+	3	8	0	0	0	0	0	0	3	8	11
TOTALS	193	90	0	0	0	0	0	0	193	90	283

CEDAR POINTE REHAB & NURSING
5825 WEST CERMAK ROAD
CICERO, IL. 60804

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	277	1	0	0	0	283
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	277	1	0	0	0	283

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	172	0	0	0	172
Hawaiian/Pacific Isl.	0	0	0	0	0
White	110	0	0	0	110
Race Unknown	0	0	0	0	0
Total	283	0	0	0	283

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	51	0	0	0	51
Non-Hispanic	232	0	0	0	232
Ethnicity Unknown	0	0	0	0	0
Total	283	0	0	0	283

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	4.00
Registered Nurses	25.00
LPN's	35.00
Certified Aides	53.00
Other Health Staff	20.00
Non-Health Staff	75.00
Totals	214.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
7.8%	92.1%	0.0%	0.0%	0.1%	100.0%		0.0%
1,090,602	12,841,311	0	0	17,390	13,949,303	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CEDAR RIDGE HEALTH & REHAB CENTER
ONE PERRYMAN STREET
LEBANON, IL. 62254

Reference Numbers Facility ID 6002869
Health Service Area 011 Planning Service Area 163

Administrator
ASHLEY RICHTER

Contact Person and Telephone
ASHLEY RICHTER
618-537-6165

Registered Agent Information

Date Completed
4/10/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	24
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	31
Injuries and Poisonings	33
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	104

Total Residents Diagnosed as Mentally Ill 21

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	116	110	110	110	104	12	114	114
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	116	110	110	110	104	12	114	114

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	104
Total Admissions 2011	191
Total Discharges 2011	191
Residents on 12/31/2011	104
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6557	15.8%	17034	40.9%	2262	809	11098	0	37760	89.2%	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	6557	15.8%	17034	40.9%	2262	809	11098	0	37760	89.2%	94.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	3	2	0	0	0	0	0	0	3	2	5
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	7	11	0	0	0	0	0	0	7	11	18
75 to 84	9	25	0	0	0	0	0	0	9	25	34
85+	9	34	0	0	0	0	0	0	9	34	43
TOTALS	30	74	0	0	0	0	0	0	30	74	104

CEDAR RIDGE HEALTH & REHAB CENTER
ONE PERRYMAN STREET
LEBANON, IL. 62254

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	52	1	4	30	0	104
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	52	1	4	30	0	104

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	151
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	99	0	0	0	99
Race Unknown	0	0	0	0	0
Total	104	0	0	0	104

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	104	0	0	0	104
Ethnicity Unknown	0	0	0	0	0
Total	104	0	0	0	104

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	17.00
Certified Aides	36.00
Other Health Staff	0.00
Non-Health Staff	26.00
Totals	87.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
49.4%	23.9%	3.1%	2.8%	20.8%	100.0%		0.0%
4,124,131	1,999,837	258,316	235,876	1,733,053	8,351,213	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CENTER HOME HISPANIC ELDERLY
1401 NORTH CALIFORNIA
CHICAGO, IL. 60622

Reference Numbers Facility ID 6001523
Health Service Area 006 Planning Service Area 602

Administrator
Patricia Correa

Contact Person and Telephone
PATRICIA CORREA
Patricia Correa

Date Completed
4/17/2013

Registered Agent Information
Abaham Stern
191 N. Wacker Drive Suite 1800
Chicago, IL 60606

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	24
Blood Disorders	3
*Nervous System Non Alzheimer	12
Alzheimer Disease	32
Mental Illness	0
Developmental Disability	2
Circulatory System	40
Respiratory System	15
Digestive System	9
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	144

Total Residents Diagnosed as Mentally Ill 19

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	156	156	156	156	144	12	98	156
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	156	156	156	156	144	12	98	156

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	148
Total Admissions 2011	88
Total Discharges 2011	92
Residents on 12/31/2011	144
Identified Offenders	3

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4194	11.7%	44480	78.1%	5315	0	166	0	54155	95.1%	95.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4194	11.7%	44480	78.1%	5315	0	166	0	54155	95.1%	95.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	3	1	0	0	0	0	0	0	3	1	4
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	10	14	0	0	0	0	0	0	10	14	24
75 to 84	32	35	0	0	0	0	0	0	32	35	67
85+	14	31	0	0	0	0	0	0	14	31	45
TOTALS	62	82	0	0	0	0	0	0	62	82	144

CENTER HOME HISPANIC ELDERLY
1401 NORTH CALIFORNIA
CHICAGO, IL. 60622

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	120	12	0	0	0	144
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	120	12	0	0	0	144

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	138	0	0	0	138
Race Unknown	0	0	0	0	0
Total	144	0	0	0	144

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	141	0	0	0	141
Non-Hispanic	3	0	0	0	3
Ethnicity Unknown	0	0	0	0	0
Total	144	0	0	0	144

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	16.00
Certified Aides	46.00
Other Health Staff	0.00
Non-Health Staff	42.00
Totals	115.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
16.9%	82.6%	0.0%	0.0%	0.6%	100.0%		0.0%
1,773,097	8,682,660	0	0	62,283	10,518,040	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CENTRAL BAPTIST VILLAGE
4747 NORTH CANFIELD AVENUE
NORRIDGE, IL. 60706

Reference Numbers Facility ID 6001564
Health Service Area 007 Planning Service Area 704

Administrator
CHARLES G. NEWTON

Contact Person and Telephone
PAMELA YOELIN
708-583-8539

Registered Agent Information
Charles G. Newton
4747 N. Canfield Avenue
Norridge, IL 60706

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	68
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	116

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	120	105	120	93	27	68	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	30	30	30	30	23	7		
TOTAL BEDS	150	150	135	150	116	34	68	120

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	127
Total Admissions 2011	91
Total Discharges 2011	102
Residents on 12/31/2011	116
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3872	15.6%	16013	36.6%	0	0	16228	0	36113	82.4%	82.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	9366	0	9366	85.5%	85.5%
TOTALS	3872	15.6%	16013	36.6%	0	0	25594	0	45479	83.1%	83.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	8	15	0	0	0	0	0	7	8	22	30
85+	8	59	0	0	0	0	3	13	11	72	83
TOTALS	16	77	0	0	0	0	3	20	19	97	116

CENTRAL BAPTIST VILLAGE
4747 NORTH CANFIELD AVENUE
NORRIDGE, IL. 60706

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	31	0	0	50	0	93
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	23	0	23
TOTALS	12	31	0	0	73	0	116

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	308	278
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	172	172

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	87	0	0	23	110
Race Unknown	4	0	0	0	4
Total	93	0	0	23	116

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	89	0	0	23	112
Ethnicity Unknown	4	0	0	0	4
Total	93	0	0	23	116

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	8.00
Certified Aides	56.00
Other Health Staff	2.00
Non-Health Staff	98.00
Totals	183.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
19.6%	27.4%	0.0%	0.0%	53.0%	100.0%		0.0%
1,962,473	2,747,981	0	0	5,309,496	10,019,950	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CENTRAL NURSING & REHAB CENTER
2450 NORTH CENTRAL AVENUE
CHICAGO, IL. 60639

Reference Numbers Facility ID 6001580
Health Service Area 006 Planning Service Area 602

Administrator
PHILIP MORGENSTEIN

Contact Person and Telephone
PHILIP MORGENSTEIN
773-889-1333

Date Completed
4/19/2013

Registered Agent Information
David Gross
240 Fencl Ln
Hillside, IL 60162

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	28
Blood Disorders	11
*Nervous System Non Alzheimer	11
Alzheimer Disease	2
Mental Illness	65
Developmental Disability	0
Circulatory System	21
Respiratory System	25
Digestive System	10
Genitourinary System Disorders	13
Skin Disorders	3
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	214
Total Residents Diagnosed as Mentally Ill	101

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	245	245	230	245	214	31	11	124
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	245	245	230	245	214	31	11	124

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	230
Total Admissions 2011	139
Total Discharges 2011	155
Residents on 12/31/2011	214
Identified Offenders	10

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4535	113.0%	76083	######	322	56	9	0	81005	90.6%	90.6%
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	4535	113.0%	76083	######	322	56	9	0	81005	90.6%	90.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	12	7	0	0	0	0	0	0	12	7	19
45 to 59	59	17	0	0	0	0	0	0	59	17	76
60 to 64	29	7	0	0	0	0	0	0	29	7	36
65 to 74	44	11	0	0	0	0	0	0	44	11	55
75 to 84	14	8	0	0	0	0	0	0	14	8	22
85+	0	6	0	0	0	0	0	0	0	6	6
TOTALS	158	56	0	0	0	0	0	0	158	56	214

CENTRAL NURSING & REHAB CENTER
2450 NORTH CENTRAL AVENUE
CHICAGO, IL. 60639

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	200	0	0	0	0	214
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	200	0	0	0	0	214

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	77	0	0	0	77
Hawaiian/Pacific Isl.	0	0	0	0	0
White	135	0	0	0	135
Race Unknown	0	0	0	0	0
Total	214	0	0	0	214

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	25	0	0	0	25
Non-Hispanic	189	0	0	0	189
Ethnicity Unknown	0	0	0	0	0
Total	214	0	0	0	214

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	10.00
Certified Aides	35.00
Other Health Staff	0.00
Non-Health Staff	43.00
Totals	110.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
18.2%	81.2%	0.0%	0.6%	0.0%	100.0%		0.0%
2,162,032	9,640,606	0	72,417	0	11,875,055	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CENTRAL PLAZA RESIDENTIAL HOME
321-27 NORTH CENTRAL
CHICAGO, IL. 60644

Reference Numbers Facility ID 6001598
Health Service Area 006 Planning Service Area 602

Administrator
Maria Cristina Kozak

Contact Person and Telephone
Rick Duros
847-441-8200

Date Completed
4/16/2013

Registered Agent Information
Gary Weintraub
465 Central Avenue
Northfield, IL 60093

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	208
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	208
Total Residents Diagnosed as Mentally Ill	208

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	240	240	228	240	208	32	0	260
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	240	240	228	240	208	32	0	260

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	223
Total Admissions 2011	43
Total Discharges 2011	58
Residents on 12/31/2011	208
Identified Offenders	58

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	79641	83.9%	0	0	59	0	79700	91.0%	91.0%
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	0	0.0%	79641	83.9%	0	0	59	0	79700	91.0%	91.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	43	6	0	0	0	0	0	0	43	6	49
45 to 59	97	30	0	0	0	0	0	0	97	30	127
60 to 64	27	4	0	0	0	0	0	0	27	4	31
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	168	40	0	0	0	0	0	0	168	40	208

CENTRAL PLAZA RESIDENTIAL HOME
321-27 NORTH CENTRAL
CHICAGO, IL. 60644

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	208	0	0	0	0	208
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
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	260	260
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	166	0	0	0	166
Hawaiian/Pacific Isl.	0	0	0	0	0
White	41	0	0	0	41
Race Unknown	0	0	0	0	0
Total	208	0	0	0	208

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	201	0	0	0	201
Ethnicity Unknown	0	0	0	0	0
Total	208	0	0	0	208

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	9.00
Certified Aides	40.00
Other Health Staff	0.00
Non-Health Staff	66.00
Totals	123.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	99.9%	0.0%	0.0%	0.1%	100.0%		0.0%
0	9,821,879	0	0	7,800	9,829,679	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CENTRALIA MANOR
1910 EAST MCCORD RTE 161 EAST
CENTRALIA, IL. 62801

Reference Numbers Facility ID 6012355
Health Service Area 005 Planning Service Area 121

Administrator
Tenia Calhoon

Contact Person and Telephone
Diana Rucks
618-533-1200

Registered Agent Information

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	5
Digestive System	3
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	28
Injuries and Poisonings	0
Other Medical Conditions	26
Non-Medical Conditions	0
TOTALS	96

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	120	112	120	96	24	120	98
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	112	120	96	24	120	98

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	95
Total Admissions 2011	228
Total Discharges 2011	227
Residents on 12/31/2011	96
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	11575	26.4%	13181	36.8%	0	15	11568	0	36339	83.0%	83.0%
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	11575	26.4%	13181	36.8%	0	15	11568	0	36339	83.0%	83.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	2	0	0	0	0	0	0	3	2	5
75 to 84	11	18	0	0	0	0	0	0	11	18	29
85+	15	47	0	0	0	0	0	0	15	47	62
TOTALS	29	67	0	0	0	0	0	0	29	67	96

CENTRALIA MANOR
1910 EAST MCCORD RTE 161 EAST
CENTRALIA, IL. 62801

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 121

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	28	38	0	0	30	0	96
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	28	38	0	0	30	0	96

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	92	0	0	0	92
Race Unknown	0	0	0	0	0
Total	96	0	0	0	96

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	96	0	0	0	96
Ethnicity Unknown	0	0	0	0	0
Total	96	0	0	0	96

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	13.00
Certified Aides	54.00
Other Health Staff	0.00
Non-Health Staff	37.00
Totals	112.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
59.1%	18.4%	0.1%	0.5%	21.8%	100.0%		0.0%
5,378,707	1,679,050	11,736	49,657	1,984,240	9,103,390	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CHALET NURSING & REHAB CENTER
7350 NORTH SHERIDAN ROAD
CHICAGO, IL. 60626

Reference Numbers Facility ID 6008601
Health Service Area 006 Planning Service Area 601

Administrator
Yair Zuckerman

Contact Person and Telephone
Jamie Dlatt
847-337-7308

Date Completed
4/17/2013

Registered Agent Information
Abraham Stern
191 North Wacker Drive
Chicago, IL 60606

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	38
Blood Disorders	8
*Nervous System Non Alzheimer	10
Alzheimer Disease	0
Mental Illness	13
Developmental Disability	0
Circulatory System	61
Respiratory System	17
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	18
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	175

Total Residents Diagnosed as Mentally Ill 13

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	219	219	219	219	175	44	219	219
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	219	219	219	219	175	44	219	219

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	119
Total Admissions 2011	255
Total Discharges 2011	199
Residents on 12/31/2011	175
Identified Offenders	11

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6110	7.6%	48220	60.3%	0	320	1903	0	56553	70.7%	70.7%
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	6110	7.6%	48220	60.3%	0	320	1903	0	56553	70.7%	70.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	25	19	0	0	0	0	0	0	25	19	44
60 to 64	14	7	0	0	0	0	0	0	14	7	21
65 to 74	23	21	0	0	0	0	0	0	23	21	44
75 to 84	19	18	0	0	0	0	0	0	19	18	37
85+	9	19	0	0	0	0	0	0	9	19	28
TOTALS	91	84	0	0	0	0	0	0	91	84	175

CHALET NURSING & REHAB CENTER
7350 NORTH SHERIDAN ROAD
CHICAGO, IL. 60626

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	147	0	3	12	0	175
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	147	0	3	12	0	175

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	200
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	0	5
American Indian	0	0	0	0	0
Black	45	0	0	0	45
Hawaiian/Pacific Isl.	0	0	0	0	0
White	116	0	0	0	116
Race Unknown	9	0	0	0	9
Total	175	0	0	0	175

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	166	0	0	0	166
Ethnicity Unknown	0	0	0	0	0
Total	175	0	0	0	175

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	27.00
LPN's	16.00
Certified Aides	55.00
Other Health Staff	16.00
Non-Health Staff	84.00
Totals	201.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
29.6%	67.2%	0.0%	0.5%	2.7%	100.0%		0.0%
3,578,714	8,118,362	0	66,305	322,900	12,086,281	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CHAMNESS SQUARE
340 HERITAGE DRIVE
BOURBONNAIS, IL. 60914

Reference Numbers Facility ID 6010243
Health Service Area 009 Planning Service Area 091

Administrator
Jennifer Allsopp

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 62401

Date Completed
4/4/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 2

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	2
Total Discharges 2011	2
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5718	97.9%	0	0	0	0	5718	97.9%	97.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5718	97.9%	0	0	0	0	5718	97.9%	97.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	1	0	0	1	1	2
45 to 59	0	0	0	0	5	3	0	0	5	3	8
60 to 64	0	0	0	0	0	2	0	0	0	2	2
65 to 74	0	0	0	0	1	2	0	0	1	2	3
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

CHAMNESS SQUARE
340 HERITAGE DRIVE
BOURBONNAIS, IL. 60914

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	129
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	82.1%	1.6%	0.0%	16.3%	100.0%		0.0%
0	624,982	11,978	0	124,383	761,344	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CHAMPAIGN COUNTY NURSING HOME
500 S. ART BARTELL ROAD
URBANA, IL. 61802

Reference Numbers Facility ID 6001630
Health Service Area 004 Planning Service Area 019

Administrator
Karen Noffke

Contact Person and Telephone
STEPHANIE BERKEY
217 384-3784 x 5150

Registered Agent Information

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System Non Alzheimer	5
Alzheimer Disease	30
Mental Illness	13
Developmental Disability	0
Circulatory System	32
Respiratory System	19
Digestive System	3
Genitourinary System Disorders	12
Skin Disorders	2
Musculo-skeletal Disorders	10
Injuries and Poisonings	20
Other Medical Conditions	46
Non-Medical Conditions	0
TOTALS	199

Total Residents Diagnosed as Mentally Ill 13

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	243	243	209	243	199	44	187	183
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	243	243	209	243	199	44	187	183

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	199
Total Admissions 2011	271
Total Discharges 2011	271
Residents on 12/31/2011	199
Identified Offenders	5

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4752	7.0%	43409	65.0%	823	946	22978	0	72908	82.2%	82.2%
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	4752	7.0%	43409	65.0%	823	946	22978	0	72908	82.2%	82.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	1	0	0	0	0	0	0	3	1	4
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	8	7	0	0	0	0	0	0	8	7	15
75 to 84	20	34	0	0	0	0	0	0	20	34	54
85+	22	100	0	0	0	0	0	0	22	100	122
TOTALS	54	145	0	0	0	0	0	0	54	145	199

CHAMPAIGN COUNTY NURSING HOME
500 S. ART BARTELL ROAD
URBANA, IL. 61802

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 019

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	112	2	3	62	0	199
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	112	2	3	62	0	199

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	217	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	18	0	0	0	18
Hawaiian/Pacific Isl.	0	0	0	0	0
White	179	0	0	0	179
Race Unknown	1	0	0	0	1
Total	199	0	0	0	199

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	198	0	0	0	198
Ethnicity Unknown	0	0	0	0	0
Total	199	0	0	0	199

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	15.00
LPN's	21.00
Certified Aides	71.00
Other Health Staff	74.00
Non-Health Staff	0.00
Totals	182.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
18.5%	47.0%	1.5%	3.6%	29.5%	100.0%		0.0%
2,595,975	6,601,578	208,011	506,503	4,143,047	14,055,114	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CHAMPAIGN TERRACE
808 NORTH 3RD
ST. JOSEPH, IL. 61873

Reference Numbers Facility ID 6011845
Health Service Area 004 Planning Service Area 019

Administrator
Sherry Newton

Contact Person and Telephone
Sherry Newton
217 398 0754 ext 13

Registered Agent Information
Dave Krchak
30 E Main St
Champaign, IL 61821

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

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

Total Residents Diagnosed as Mentally Ill 9

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	14	16	12	4		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	14	16	12	4	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	12
Total Admissions 2011	2
Total Discharges 2011	2
Residents on 12/31/2011	12
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4660	79.8%	0	0	0	0	4660	79.8%	79.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4660	79.8%	0	0	0	0	4660	79.8%	79.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	3	0	0	4	3	7
45 to 59	0	0	0	0	2	1	0	0	2	1	3
60 to 64	0	0	0	0	0	2	0	0	0	2	2
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	6	6	0	0	6	6	12

CHAMPAIGN TERRACE
808 NORTH 3RD
ST. JOSEPH, IL. 61873

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 019

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	10	0	10
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	12.75
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	12.75

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	89.2%	10.8%	0.0%	0.0%	100.0%		0.0%
0	522,327	63,402	0	0	585,729	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CHAMPAIGN URBANA REG REHAB CENTER
302 BURWASH AVE
SAVOY, IL. 61874

Reference Numbers Facility ID 6001457
Health Service Area 004 Planning Service Area 019

Administrator
Lonnie Nichols

Contact Person and Telephone
Lonnie Nichols
217-402-9700

Date Completed
5/6/2013

Registered Agent Information
Stephen N. Sher
5750 Old Orchard Road, Suite 420
SKOKIE, IL 60077

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	30
Alzheimer Disease	63
Mental Illness	0
Developmental Disability	1
Circulatory System	18
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	147

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	213	213	191	213	147	66	213	118
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	213	213	191	213	147	66	213	118

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	170
Total Admissions 2011	450
Total Discharges 2011	473
Residents on 12/31/2011	147
Identified Offenders	3

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6423	8.3%	30076	69.8%	1549	2573	20030	0	60651	78.0%	78.0%
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	6423	8.3%	30076	69.8%	1549	2573	20030	0	60651	78.0%	78.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	1	0	0	0	0	0	0	2	1	3
45 to 59	5	5	0	0	0	0	0	0	5	5	10
60 to 64	3	5	0	0	0	0	0	0	3	5	8
65 to 74	4	7	0	0	0	0	0	0	4	7	11
75 to 84	19	28	0	0	0	0	0	0	19	28	47
85+	12	56	0	0	0	0	0	0	12	56	68
TOTALS	45	102	0	0	0	0	0	0	45	102	147

CHAMPAIGN URBANA REG REHAB CENTER
302 BURWASH AVE
SAVOY, IL. 61874

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 019

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	75	2	9	40	0	147
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	75	2	9	40	0	147

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	363	191
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	19	0	0	0	19
Hawaiian/Pacific Isl.	0	0	0	0	0
White	127	0	0	0	127
Race Unknown	0	0	0	0	0
Total	147	0	0	0	147

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	147	0	0	0	147
Ethnicity Unknown	0	0	0	0	0
Total	147	0	0	0	147

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.50
LPN's	16.50
Certified Aides	53.00
Other Health Staff	10.00
Non-Health Staff	6.50
Totals	101.50

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
25.6%	29.8%	1.6%	7.4%	35.6%	100.0%		0.0%
3,018,576	3,523,786	184,212	874,686	4,209,821	11,811,081	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CHANNAHON
22744 S PARK PLACE DRIVE
CHANNAHON, IL. 60410

Reference Numbers Facility ID 6013551
Health Service Area 009 Planning Service Area 197

Administrator
Peggy A. Peterson

Contact Person and Telephone
PEGGY A. PETERSON
815-741-7038

Date Completed
4/12/2013

Registered Agent Information
Cornerstone Services, Inc.
777 Joyce Road
Joliet, IL 60436

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	4
Total Residents Diagnosed as Mentally Ill	2

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	4
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	4
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1464	######	0	0	0	0	1464	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1464	######	0	0	0	0	1464	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	0	0	0	2	0	2
45 to 59	0	0	0	0	2	0	0	0	2	0	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	4	0	0	0	4	0	4

CHANNAHON
22744 S PARK PLACE DRIVE
CHANNAHON, IL. 60410

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	211	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	3	0	3
Race Unknown	0	0	0	0	0
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	4	0	4
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	0.00
Other Health Staff	5.00
Non-Health Staff	4.75
Totals	10.25

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.1%	87.3%	0.0%	0.0%	12.6%	100.0%		0.0%
281	223,617	0	0	32,342	256,240	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CHARLESTON REHAB & HEALTH CARE CENTER
716 18TH STREET
CHARLESTON, IL. 61920

Reference Numbers Facility ID 6001358
Health Service Area 004 Planning Service Area 029

Administrator
Sandra Edwards

Contact Person and Telephone
Marikay Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 Trailcreek Dr.
Peoria, IL 61614

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	6
Mental Illness	4
Developmental Disability	3
Circulatory System	17
Respiratory System	8
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	3
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	61
Total Residents Diagnosed as Mentally Ill	24

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	139	100	69	100	61	78	93	139
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	139	100	69	100	61	78	93	139

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	66
Total Admissions 2011	99
Total Discharges 2011	104
Residents on 12/31/2011	61
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2555	7.5%	12775	25.2%	1460	0	5475	0	22265	43.9%	61.0%
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	2555	7.5%	12775	25.2%	1460	0	5475	0	22265	43.9%	61.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	3	2	0	0	0	0	0	0	3	2	5
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	6	6	0	0	0	0	0	0	6	6	12
75 to 84	5	12	0	0	0	0	0	0	5	12	17
85+	3	18	0	0	0	0	0	0	3	18	21
TOTALS	19	42	0	0	0	0	0	0	19	42	61

CHARLESTON REHAB & HEALTH CARE CENTER
716 18TH STREET
CHARLESTON, IL. 61920

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	35	4	0	15	0	61
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	35	4	0	15	0	61

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	148	125
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	0	0	0	0	0
Total	61	0	0	0	61

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	61	0	0	0	61
Ethnicity Unknown	0	0	0	0	0
Total	61	0	0	0	61

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	6.00
Certified Aides	20.00
Other Health Staff	1.00
Non-Health Staff	19.00
Totals	52.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
23.2%	54.0%	3.2%	0.0%	19.6%	100.0%		0.0%
719,804	1,677,928	99,616	0	609,750	3,107,098	934	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CHATEAU NURSING & REHABILITATION CENTER
7050 MADISON STREET
WILLOWBROOK, IL. 60527

Reference Numbers Facility ID 6010367
Health Service Area 007 Planning Service Area 703

Administrator
STEPHANIE MOHR

Contact Person and Telephone
STEPHANIE MOHR
6303236380

Date Completed
4/19/2013

Registered Agent Information
DAVID ARONIN
2201 MAIN STREET
Evanston, IL 60202

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	15
Mental Illness	0
Developmental Disability	0
Circulatory System	45
Respiratory System	10
Digestive System	2
Genitourinary System Disorders	7
Skin Disorders	3
Musculo-skeletal Disorders	14
Injuries and Poisonings	4
Other Medical Conditions	24
Non-Medical Conditions	0
TOTALS	136

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	150	150	146	150	136	14	150	150
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	150	150	146	150	136	14	150	150

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	139
Total Admissions 2011	179
Total Discharges 2011	182
Residents on 12/31/2011	136
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8904	16.3%	29911	54.6%	0	424	7105	0	46344	84.6%	84.6%
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	8904	16.3%	29911	54.6%	0	424	7105	0	46344	84.6%	84.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	0	0	0	0	0	0	0	3	0	3
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	7	10	0	0	0	0	0	0	7	10	17
75 to 84	9	25	0	0	0	0	0	0	9	25	34
85+	11	69	0	0	0	0	0	0	11	69	80
TOTALS	31	105	0	0	0	0	0	0	31	105	136

CHATEAU NURSING & REHABILITATION CENTER
7050 MADISON STREET
WILLOWBROOK, IL. 60527

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	90	0	1	21	0	136
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	90	0	1	21	0	136

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	220
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	125	0	0	0	125
Race Unknown	0	0	0	0	0
Total	136	0	0	0	136

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	131	0	0	0	131
Ethnicity Unknown	0	0	0	0	0
Total	136	0	0	0	136

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	10.00
Certified Aides	46.00
Other Health Staff	3.00
Non-Health Staff	45.00
Totals	125.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
31.1%	52.4%	0.0%	0.8%	15.6%	100.0%		0.0%
3,072,212	5,170,857	0	77,548	1,542,061	9,862,678	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CHEROKEE RIDGE
25058 W LIBERTY DRIVE
CHANNAHON, IL. 60410

Reference Numbers Facility ID 6013593
Health Service Area 009 Planning Service Area 197

Administrator
Peggy A. Peterson

Contact Person and Telephone
PEGGY A. PETERSON
815-741-7038

Date Completed
4/12/2013

Registered Agent Information
Cornerstone Services, Inc.
777 Joyce Road
Joliet, IL 60436

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	4
Total Residents Diagnosed as Mentally Ill	0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	4
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	4
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1464	######	0	0	0	0	1464	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1464	######	0	0	0	0	1464	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

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

CHEROKEE RIDGE
25058 W LIBERTY DRIVE
CHANNAHON, IL. 60410

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	187	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	2	0	2
Race Unknown	0	0	0	0	0
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	4	0	4
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	0.00
Other Health Staff	4.25
Non-Health Staff	5.00
Totals	9.75

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	85.9%	0.0%	0.0%	14.1%	100.0%		0.0%
0	225,163	0	0	36,815	261,978	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CHESTER REHAB & NURSING CENTER
770 STATE STREET
CHESTER, IL. 62233

Reference Numbers Facility ID 6008841
Health Service Area 005 Planning Service Area 157

Administrator
Jan Tabor

Contact Person and Telephone
JAN TABOR
618-826-2314

Date Completed
4/15/2013

Registered Agent Information
Lawrence Y. Schwartz
8170 North McCormick Blvd., Suite #219
SKOKIE, IL 60076

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	41

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	117	85	67	85	41	76	32	117
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	117	85	67	85	41	76	32	117

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	52
Total Admissions 2011	21
Total Discharges 2011	32
Residents on 12/31/2011	41
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2402	20.6%	10404	24.4%	2	0	6708	0	19516	45.7%	62.9%
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	2402	20.6%	10404	24.4%	2	0	6708	0	19516	45.7%	62.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	7	0	0	0	0	0	0	1	7	8
75 to 84	4	16	0	0	0	0	0	0	4	16	20
85+	5	6	0	0	0	0	0	0	5	6	11
TOTALS	12	29	0	0	0	0	0	0	12	29	41

CHESTER REHAB & NURSING CENTER
770 STATE STREET
CHESTER, IL. 62233

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 157

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	21	0	0	16	0	41
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	21	0	0	16	0	41

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	105
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	41	0	0	0	41
Race Unknown	0	0	0	0	0
Total	41	0	0	0	41

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	41	0	0	0	41
Ethnicity Unknown	0	0	0	0	0
Total	41	0	0	0	41

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	11.00
Certified Aides	23.00
Other Health Staff	3.00
Non-Health Staff	28.00
Totals	70.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
40.3%	37.2%	0.0%	0.0%	22.5%	100.0%		0.0%
1,180,503	1,088,591	0	0	659,461	2,928,555	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Bed Change	11/28/2012	Reduced Nursing Care beds from 119 to 117.

CHICAGO RIDGE NURSING CENTER
10602 SOUTHWEST HIGHWAY
CHICAGO RIDGE, IL. 60415

Reference Numbers Facility ID 6001697
Health Service Area 007 Planning Service Area 705

Administrator
DOREEN A. HICKMAN

Contact Person and Telephone
DOREEN A. HICKMAN
708-448-1540

Registered Agent Information

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	76
Blood Disorders	5
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	95
Developmental Disability	0
Circulatory System	11
Respiratory System	21
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	221

Total Residents Diagnosed as Mentally Ill 130

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	231	231	225	231	221	10	38	231
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	231	231	225	231	221	10	38	231

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	217
Total Admissions 2011	158
Total Discharges 2011	154
Residents on 12/31/2011	221
Identified Offenders	21

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4659	33.6%	69161	82.0%	2238	1321	2699	0	80078	95.0%	95.0%
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	4659	33.6%	69161	82.0%	2238	1321	2699	0	80078	95.0%	95.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	12	5	0	0	0	0	0	0	12	5	17
45 to 59	60	31	0	0	0	0	0	0	60	31	91
60 to 64	23	15	0	0	0	0	0	0	23	15	38
65 to 74	27	14	0	0	0	0	0	0	27	14	41
75 to 84	7	15	0	0	0	0	0	0	7	15	22
85+	4	8	0	0	0	0	0	0	4	8	12
TOTALS	133	88	0	0	0	0	0	0	133	88	221

CHICAGO RIDGE NURSING CENTER
10602 SOUTHWEST HIGHWAY
CHICAGO RIDGE, IL. 60415

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	188	6	2	7	0	221
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	188	6	2	7	0	221

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	84	0	0	0	84
Hawaiian/Pacific Isl.	0	0	0	0	0
White	135	0	0	0	135
Race Unknown	0	0	0	0	0
Total	221	0	0	0	221

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	14	0	0	0	14
Non-Hispanic	207	0	0	0	207
Ethnicity Unknown	0	0	0	0	0
Total	221	0	0	0	221

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	24.00
LPN's	15.00
Certified Aides	41.00
Other Health Staff	4.00
Non-Health Staff	48.00
Totals	134.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
17.4%	74.5%	2.8%	1.9%	3.4%	100.0%		0.0%
2,153,754	9,241,335	347,663	236,023	419,911	12,398,686	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CHILDREN'S HABILITATION CENTER
121 WEST 154TH STREET
HARVEY, IL. 60426

Reference Numbers Facility ID 6001705
Health Service Area 007 Planning Service Area 705

Administrator
Prentice Dixon

Contact Person and Telephone
PAMELA M. SCHAETZLE
708-596-2220

Registered Agent Information
Pamela Schaetzle
121 W. 154th St
Harvey, IL 60426

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	56
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	56

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	67	65	64	58	56	11		67
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	67	65	64	58	56	11	0	67

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	60
Total Admissions 2011	3
Total Discharges 2011	7
Residents on 12/31/2011	56
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			20928	85.6%	0	0	365	0	21293	87.1%	89.7%
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%	20928	85.6%	0	0	365	0	21293	87.1%	89.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	22	15	0	0	0	0	22	15	37
18 to 44	0	0	14	5	0	0	0	0	14	5	19
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	36	20	0	0	0	0	36	20	56

CHILDREN'S HABILITATION CENTER
121 WEST 154TH STREET
HARVEY, IL. 60426

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	55	0	0	1	0	56
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	55	0	0	1	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	565	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	43	0	0	43
Hawaiian/Pacific Isl.	0	1	0	0	1
White	0	12	0	0	12
Race Unknown	0	0	0	0	0
Total	0	56	0	0	56

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	4	0	0	4
Non-Hispanic	0	52	0	0	52
Ethnicity Unknown	0	0	0	0	0
Total	0	56	0	0	56

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	2.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	10.00
Certified Aides	41.00
Other Health Staff	22.00
Non-Health Staff	27.00
Totals	109.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	89.6%	7.8%	0.0%	2.6%	100.0%		0.0%
0	7,186,145	624,242	0	206,790	8,017,177	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CHRISTIAN BUEHLER MEM HOME
3415 NORTH SHERIDAN ROAD
PEORIA, IL. 61604

Reference Numbers Facility ID 6001721
Health Service Area 002 Planning Service Area 143

Administrator
Rich Amberg

Contact Person and Telephone
RICH AMBERG
309-685-6236

Date Completed
4/5/2013

Registered Agent Information
Rich Amberg
7111 Blair Ct.
Peoria, IL 61614

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	13
Alzheimer Disease	28
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	19
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	62
Total Residents Diagnosed as Mentally Ill	0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	78	71	69	71	62	16	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	78	71	69	71	62	16	0	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	57
Total Admissions 2011	110
Total Discharges 2011	105
Residents on 12/31/2011	62
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	22872	0	22872	80.3%	88.3%
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%	0	0	22872	0	22872	80.3%	88.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	2	4	0	0	0	0	0	0	2	4	6
85+	4	52	0	0	0	0	0	0	4	52	56
TOTALS	6	56	0	0	0	0	0	0	6	56	62

CHRISTIAN BUEHLER MEM HOME
3415 NORTH SHERIDAN ROAD
PEORIA, IL. 61604

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	62	0	62
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	62	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	234	200
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	61	0	0	0	61
Race Unknown	0	0	0	0	0
Total	62	0	0	0	62

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	62	0	0	0	62
Ethnicity Unknown	0	0	0	0	0
Total	62	0	0	0	62

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	3.00
Certified Aides	26.00
Other Health Staff	0.00
Non-Health Staff	6.00
Totals	46.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		0.0%
0	0	0	0	3,486,394	3,486,394	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CHRISTIAN NURSING HOME
1507 7TH STREET
LINCOLN, IL. 62656

Reference Numbers Facility ID 6001739
Health Service Area 003 Planning Service Area 107

Administrator
Jo Hilliard

Contact Person and Telephone
Susan McGhee

Registered Agent Information

Date Completed
4/11/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	22
Mental Illness	1
Developmental Disability	0
Circulatory System	20
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	34
Non-Medical Conditions	0
TOTALS	106

Total Residents Diagnosed as Mentally Ill 1

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	112	112	110	112	106	6	110	105
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	112	112	110	112	106	6	110	105

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	103
Total Admissions 2011	134
Total Discharges 2011	131
Residents on 12/31/2011	106
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2323	5.8%	8893	23.2%	0	94	7836	0	19146	46.8%	46.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2323	5.8%	8893	23.2%	0	94	7836	0	19146	46.8%	46.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	8	0	0	0	0	0	0	1	8	9
75 to 84	6	22	0	0	0	0	0	0	6	22	28
85+	13	56	0	0	0	0	0	0	13	56	69
TOTALS	20	86	0	0	0	0	0	0	20	86	106

CHRISTIAN NURSING HOME
1507 7TH STREET
LINCOLN, IL. 62656

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 107

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	49	0	0	47	0	106
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	49	0	0	47	0	106

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	189	173
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	106	0	0	0	106
Race Unknown	0	0	0	0	0
Total	106	0	0	0	106

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	106	0	0	0	106
Total	106	0	0	0	106

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.80
LPN's	16.00
Certified Aides	42.00
Other Health Staff	7.50
Non-Health Staff	36.00
Totals	106.30

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
29.9%	31.4%	0.0%	1.2%	37.5%	100.0%		0.0%
2,132,628	2,244,200	0	86,930	2,680,440	7,144,199	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CHURCH CREEK
1200 WEST CENTRAL ROAD
ARLINGTON HEIGHTS, IL. 60005

Reference Numbers Facility ID 6001754
Health Service Area 007 Planning Service Area 701

Administrator
ANGEL AGUILAR

Contact Person and Telephone
ANGEL AGUILAR
847-506-3224

Registered Agent Information
Illinois Corporation Service Company
801 Adlai Stevenson Drive
Springfield, IL 62703

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	4
Digestive System	6
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	42
Total Residents Diagnosed as Mentally Ill	0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	56	56	49	56	42	14	56	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	56	56	49	56	42	14	56	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	32
Total Admissions 2011	399
Total Discharges 2011	389
Residents on 12/31/2011	42
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10525	51.5%	0	0.0%	0	245	3950	0	14720	72.0%	72.0%
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	10525	51.5%	0	0.0%	0	245	3950	0	14720	72.0%	72.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	25	0	0	0	0	0	0	2	25	27
75 to 84	2	9	0	0	0	0	0	0	2	9	11
85+	1	3	0	0	0	0	0	0	1	3	4
TOTALS	5	37	0	0	0	0	0	0	5	37	42

CHURCH CREEK
1200 WEST CENTRAL ROAD
ARLINGTON HEIGHTS, IL. 60005

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	30	0	0	1	11	0	42
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	30	0	0	1	11	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	288	235
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	42	0	0	0	42
Race Unknown	0	0	0	0	0
Total	42	0	0	0	42

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	42	0	0	0	42
Ethnicity Unknown	0	0	0	0	0
Total	42	0	0	0	42

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	10.00
Certified Aides	20.00
Other Health Staff	3.00
Non-Health Staff	25.00
Totals	69.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
73.7%	0.0%	0.0%	1.6%	24.7%	100.0%		0.0%
2,836,280	0	0	62,345	951,140	3,849,765	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW	11/1/2012	Change of Ownership occurred.

CISNE REHAB & HLTHCARE CTR
P.O. BOX 370 WATKINS STREET
CISNE, IL. 62823

Reference Numbers Facility ID 6001770
Health Service Area 005 Planning Service Area 191

Administrator
Pamela Mix-Bissey

Contact Person and Telephone
Marikay Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
3/29/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	3
Mental Illness	3
Developmental Disability	0
Circulatory System	8
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	27

Total Residents Diagnosed as Mentally Ill 5

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	35	33	33	33	27	8	0	35
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	35	33	33	33	27	8	0	35

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	26
Total Admissions 2011	48
Total Discharges 2011	47
Residents on 12/31/2011	27
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1325	0.0%	6209	48.6%	113	229	2293	0	10169	79.6%	84.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1325	0.0%	6209	48.6%	113	229	2293	0	10169	79.6%	84.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	2	6	0	0	0	0	0	0	2	6	8
85+	1	12	0	0	0	0	0	0	1	12	13
TOTALS	6	21	0	0	0	0	0	0	6	21	27

CISNE REHAB & HLTHCARE CTR
P.O. BOX 370 WATKINS STREET
CISNE, IL. 62823

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 191

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	18	0	1	5	0	27
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	18	0	1	5	0	27

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	120	112
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	27	0	0	0	27
Race Unknown	0	0	0	0	0
Total	27	0	0	0	27

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	26	0	0	0	26
Ethnicity Unknown	0	0	0	0	0
Total	27	0	0	0	27

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	5.00
Certified Aides	20.00
Other Health Staff	5.00
Non-Health Staff	9.00
Totals	46.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
21.8%	58.8%	0.0%	0.0%	19.4%	100.0%		0.1%
285,920	768,906	0	0	253,928	1,308,754	771	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CLAREMONT REHAB & LIVING CTR.
150 NORTH WEILAND ROAD
BUFFALO GROVE, IL. 60089

Reference Numbers Facility ID 6014195
Health Service Area 008 Planning Service Area 097

Administrator
Todd Tedrow

Contact Person and Telephone
Todd Tedrow
847-465-0200 Ext 5109

Date Completed
4/17/2013

Registered Agent Information
MS Registered Agent Services
191 N. Wacker Drive, Suite 1800
Chicago, IL 60606

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	13
Alzheimer Disease	80
Mental Illness	0
Developmental Disability	0
Circulatory System	23
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	4
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	159

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	200	177	176	177	159	41	200	200
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	200	177	176	177	159	41	200	200

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	167
Total Admissions 2011	514
Total Discharges 2011	522
Residents on 12/31/2011	159
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	13170	18.0%	34290	47.0%	0	2592	8320	0	58372	80.0%	90.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	13170	18.0%	34290	47.0%	0	2592	8320	0	58372	80.0%	90.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	2	4	0	0	0	0	0	0	2	4	6
60 to 64	4	1	0	0	0	0	0	0	4	1	5
65 to 74	6	12	0	0	0	0	0	0	6	12	18
75 to 84	16	34	0	0	0	0	0	0	16	34	50
85+	17	62	0	0	0	0	0	0	17	62	79
TOTALS	46	113	0	0	0	0	0	0	46	113	159

CLAREMONT REHAB & LIVING CTR.
150 NORTH WEILAND ROAD
BUFFALO GROVE, IL. 60089

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	26	86	9	7	31	0	159
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	26	86	9	7	31	0	159

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	295	253
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	8	0	0	0	8
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	147	0	0	0	147
Race Unknown	2	0	0	0	2
Total	159	0	0	0	159

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	157	0	0	0	157
Ethnicity Unknown	0	0	0	0	0
Total	159	0	0	0	159

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	30.00
LPN's	16.00
Certified Aides	66.00
Other Health Staff	13.00
Non-Health Staff	52.00
Totals	180.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
47.5%	29.1%	0.0%	6.7%	16.6%	100.0%		0.0%
7,103,111	4,352,631	0	1,007,077	2,478,699	14,941,518	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CLAREMONT-HANOVER PARK
2000 WEST LAKE STREET
HANOVER PARK, IL. 60133

Reference Numbers Facility ID 6016554
Health Service Area 007 Planning Service Area 701

Administrator
Lisa Ulm

Contact Person and Telephone
LISA ULM
630-556-2000

Date Completed
4/19/2012

Registered Agent Information
MS Registered Agent Service
191 N Wacker Drive Suite 18
Chicago, IL 60606

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	16
Digestive System	3
Genitourinary System Disorders	23
Skin Disorders	4
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	80

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	150	100	88	100	80	70	150	14
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	150	100	88	100	80	70	150	14

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	70
Total Admissions 2011	933
Total Discharges 2011	923
Residents on 12/31/2011	80
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	20721	37.8%	2566	50.2%	0	5503	1852	0	30642	56.0%	84.0%
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	20721	37.8%	2566	50.2%	0	5503	1852	0	30642	56.0%	84.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	3	0	0	0	0	0	0	2	3	5
60 to 64	6	9	0	0	0	0	0	0	6	9	15
65 to 74	4	23	0	0	0	0	0	0	4	23	27
75 to 84	2	19	0	0	0	0	0	0	2	19	21
85+	2	10	0	0	0	0	0	0	2	10	12
TOTALS	16	64	0	0	0	0	0	0	16	64	80

CLAREMONT-HANOVER PARK
2000 WEST LAKE STREET
HANOVER PARK, IL. 60133

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	55	2	0	11	12	0	80
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	55	2	0	11	12	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	400	250
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	1	0	0	0	1
White	71	0	0	0	71
Race Unknown	4	0	0	0	4
Total	80	0	0	0	80

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	74	0	0	0	74
Ethnicity Unknown	4	0	0	0	4
Total	80	0	0	0	80

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	10.00
Certified Aides	26.00
Other Health Staff	3.00
Non-Health Staff	24.00
Totals	81.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
81.9%	0.4%	0.0%	13.7%	4.1%	100.0%		0.0%
11,493,657	52,559	0	1,917,879	569,448	14,033,543	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CLARK MANOR CONVALESCENT CTR
7433 NORTH CLARK STREET
CHICAGO, IL. 60626

Reference Numbers Facility ID 6001796
Health Service Area 006 Planning Service Area 601

Administrator
Mark Schlicting

Contact Person and Telephone
Mark Schlicting
773-338-8778

Registered Agent Information
David Schnell
7433 N Clark St
Chicago, IL 60626

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	12
Endocrine/Metabolic	22
Blood Disorders	5
*Nervous System Non Alzheimer	14
Alzheimer Disease	4
Mental Illness	104
Developmental Disability	8
Circulatory System	29
Respiratory System	6
Digestive System	8
Genitourinary System Disorders	6
Skin Disorders	5
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	223
Total Residents Diagnosed as Mentally Ill	112

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	267	267	231	267	223	44	61	267
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	267	267	231	267	223	44	61	267

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	219
Total Admissions 2011	483
Total Discharges 2011	479
Residents on 12/31/2011	223
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5529	24.8%	73170	75.1%	1918	0	353	0	80970	83.1%	83.1%
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	5529	24.8%	73170	75.1%	1918	0	353	0	80970	83.1%	83.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	4	0	0	0	0	0	0	3	4	7
45 to 59	48	28	0	0	0	0	0	0	48	28	76
60 to 64	27	13	0	0	0	0	0	0	27	13	40
65 to 74	32	17	0	0	0	0	0	0	32	17	49
75 to 84	17	16	0	0	0	0	0	0	17	16	33
85+	6	12	0	0	0	0	0	0	6	12	18
TOTALS	133	90	0	0	0	0	0	0	133	90	223

CLARK MANOR CONVALESCENT CTR
7433 NORTH CLARK STREET
CHICAGO, IL. 60626

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	203	7	0	1	0	223
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	203	7	0	1	0	223

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	85	0	0	0	85
Hawaiian/Pacific Isl.	0	0	0	0	0
White	119	0	0	0	119
Race Unknown	17	0	0	0	17
Total	223	0	0	0	223

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	17	0	0	0	17
Non-Hispanic	206	0	0	0	206
Ethnicity Unknown	0	0	0	0	0
Total	223	0	0	0	223

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	15.00
Certified Aides	69.00
Other Health Staff	6.00
Non-Health Staff	77.00
Totals	185.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
21.6%	75.9%	0.0%	2.4%	0.0%	100.0%		0.0%
2,705,419	9,494,938	0	306,291	0	12,506,648	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CLARK-LINDSEY VILLAGE
101 WEST WINDSOR ROAD
URBANA, IL. 61802

Reference Numbers Facility ID 6001804
Health Service Area 004 Planning Service Area 019

Administrator
DEBRA S. REARDANZ

Contact Person and Telephone
TIMOTHY P. MAST
217-344-2144

Date Completed
4/17/2013

Registered Agent Information
GLEN PAINE
1729 GEORGETOWN DR
Champaign, IL 61821

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	11
Mental Illness	0
Developmental Disability	0
Circulatory System	26
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	18
Injuries and Poisonings	6
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	80

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	83	83	68	83	64	19	25	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	19	19	17	19	16	3		
TOTAL BEDS	102	102	85	102	80	22	25	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	83
Total Admissions 2011	174
Total Discharges 2011	177
Residents on 12/31/2011	80
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4337	47.5%	0	0.0%	0	1349	17189	321	23196	76.6%	76.6%
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	5718	0	5718	82.5%	82.5%
TOTALS	4337	47.5%	0	0.0%	0	1349	22907	321	28914	77.7%	77.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	4	0	0	0	0	0	0	1	4	5
75 to 84	9	9	0	0	0	0	1	1	10	10	20
85+	9	32	0	0	0	0	3	11	12	43	55
TOTALS	19	45	0	0	0	0	4	12	23	57	80

CLARK-LINDSEY VILLAGE
101 WEST WINDSOR ROAD
URBANA, IL. 61802

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 019

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	64	0	64
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	16	0	16
TOTALS	0	0	0	0	80	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	367	245
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	190	155

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	2	2
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	64	0	0	14	78
Race Unknown	0	0	0	0	0
Total	64	0	0	16	80

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	64	0	0	16	80
Ethnicity Unknown	0	0	0	0	0
Total	64	0	0	16	80

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.30
LPN's	6.10
Certified Aides	38.20
Other Health Staff	12.60
Non-Health Staff	72.10
Totals	142.30

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
11.0%	0.0%	0.0%	21.7%	67.3%	100.0%		0.3%
997,815	0	0	1,964,890	6,099,065	9,061,770	30,596	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CLAYBERG-FULTON CO NURSING
625 EAST MONROE STREET
CUBA, IL. 61427

Reference Numbers Facility ID 6001838
Health Service Area 002 Planning Service Area 057

Administrator
MARTHA DANIELSON

Contact Person and Telephone
KEVIN STONEKING
309-785-5012

Date Completed
4/18/2013

Registered Agent Information
Robert Bucher, Chairman of the Fulton C
Fulton County Courthouse 100 North Main Street
Lewistown, IL 61542

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	7
Mental Illness	6
Developmental Disability	0
Circulatory System	8
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	3
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	47
Total Residents Diagnosed as Mentally Ill	20

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	49	49	49	0	47	2	0	49
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	49	49	49	0	47	2	0	49

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	47
Total Admissions 2011	40
Total Discharges 2011	40
Residents on 12/31/2011	47
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	894	0.0%	10274	57.4%	0	0	5459	0	16627	93.0%	93.0%
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	894	0.0%	10274	57.4%	0	0	5459	0	16627	93.0%	93.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	3	0	0	0	0	0	0	0	3	0	3
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	1	9	0	0	0	0	0	0	1	9	10
85+	5	23	0	0	0	0	0	0	5	23	28
TOTALS	11	36	0	0	0	0	0	0	11	36	47

CLAYBERG-FULTON CO NURSING
625 EAST MONROE STREET
CUBA, IL. 61427

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 057

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	28	0	0	15	0	47
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	28	0	0	15	0	47

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	120
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	47	0	0	0	47
Race Unknown	0	0	0	0	0
Total	47	0	0	0	47

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	47	0	0	0	47
Ethnicity Unknown	0	0	0	0	0
Total	47	0	0	0	47

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	6.00
Certified Aides	24.00
Other Health Staff	0.00
Non-Health Staff	26.00
Totals	61.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
9.7%	66.0%	0.0%	0.0%	24.3%	100.0%		0.0%
272,150	1,844,710	0	0	679,036	2,795,896	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CLAYTON RESIDENTIAL HOME
2026 NORTH CLARK STREET
CHICAGO, IL. 60614

Reference Numbers Facility ID 6001846
Health Service Area 006 Planning Service Area 602

Administrator
Randy Walker

Contact Person and Telephone
Rick Duros
847-441-8200

Date Completed
4/8/2013

Registered Agent Information
Gary Weintraub
465 Central Avenue Suite 100
Northfield, IL 60093

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	195
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	195
Total Residents Diagnosed as Mentally Ill	195

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	235	235	230	235	195	40	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	235	235	230	235	195	40	0	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	226
Total Admissions 2011	71
Total Discharges 2011	102
Residents on 12/31/2011	195
Identified Offenders	18

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	76885	0.0%	0	0	685	0	77570	90.4%	90.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	76885	0.0%	0	0	685	0	77570	90.4%	90.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	59	25	0	0	0	0	0	0	59	25	84
45 to 59	52	36	0	0	0	0	0	0	52	36	88
60 to 64	4	1	0	0	0	0	0	0	4	1	5
65 to 74	9	6	0	0	0	0	0	0	9	6	15
75 to 84	2	1	0	0	0	0	0	0	2	1	3
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	126	69	0	0	0	0	0	0	126	69	195

CLAYTON RESIDENTIAL HOME
2026 NORTH CLARK STREET
CHICAGO, IL. 60614

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	193	0	0	2	0	195
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	193	0	0	2	0	195

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	123	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	59	0	0	0	59
Hawaiian/Pacific Isl.	0	0	0	0	0
White	118	0	0	0	118
Race Unknown	15	0	0	0	15
Total	195	0	0	0	195

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	15	0	0	0	15
Non-Hispanic	180	0	0	0	180
Ethnicity Unknown	0	0	0	0	0
Total	195	0	0	0	195

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	8.00
Certified Aides	35.00
Other Health Staff	35.00
Non-Health Staff	41.00
Totals	123.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	9,500,559	0	0	0	9,500,559	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CLEARBROOK CENTER
3201 CAMPBELL STREET
ROLLING MEADOWS, IL. 60008

Reference Numbers Facility ID 6001853
Health Service Area 007 Planning Service Area 701

Administrator
Denise Rau

Contact Person and Telephone
Lauren Schwaderer
847-255-0120 ext 120

Registered Agent Information
Carl M LaMell
1835 W Central Rd
Arlington Heights, IL 60005

Date Completed
4/12/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

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

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	92	92	92	92	89	3		92
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	92	92	92	92	89	3	0	92

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	90
Total Admissions 2011	3
Total Discharges 2011	4
Residents on 12/31/2011	89
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			33123	98.6%	0	0	0	0	33123	98.6%	98.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	33123	98.6%	0	0	0	0	33123	98.6%	98.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	16	17	0	0	16	17	33
45 to 59	0	0	0	0	24	16	0	0	24	16	40
60 to 64	0	0	0	0	3	4	0	0	3	4	7
65 to 74	0	0	0	0	3	4	0	0	3	4	7
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	47	42	0	0	47	42	89

CLEARBROOK CENTER
3201 CAMPBELL STREET
ROLLING MEADOWS, IL. 60008

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		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	154	154
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	10	0	10
Hawaiian/Pacific Isl.	0	0	1	0	1
White	0	0	77	0	77
Race Unknown	0	0	0	0	0
Total	0	0	89	0	89

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	87	0	87
Ethnicity Unknown	0	0	0	0	0
Total	0	0	89	0	89

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.25
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	2.00
Certified Aides	48.00
Other Health Staff	0.00
Non-Health Staff	22.00
Totals	81.25

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	98.6%	0.5%	0.0%	0.9%	100.0%		0.0%
0	5,088,155	26,071	0	48,326	5,162,552	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CLEARBROOK EAST
3802 SOUTH OLD WILKE ROAD
ROLLING MEADOWS, IL. 60008

Reference Numbers Facility ID 6010508
Health Service Area 007 Planning Service Area 701

Administrator
Brad Bartels

Contact Person and Telephone
Bradley Bartels
847-870-0745

Registered Agent Information

Date Completed
3/25/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 6

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5856	######	0	0	0	0	5856	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5856	######	0	0	0	0	5856	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	3	0	0	0	3	3
45 to 59	0	0	0	0	0	9	0	0	0	9	9
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	4	0	0	0	4	4
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	16	0	0	0	16	16

CLEARBROOK EAST
3802 SOUTH OLD WILKE ROAD
ROLLING MEADOWS, IL. 60008

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	127	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.50
Physicians	1.00
Director of Nursing	0.00
Registered Nurses	0.50
LPN's	0.00
Certified Aides	12.00
Other Health Staff	1.50
Non-Health Staff	0.00
Totals	15.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	89.9%	8.3%	0.0%	1.8%	100.0%		0.0%
0	738,147	67,920	0	15,040	821,107	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CLEARBROOK WEST
3980 FAIRFAX
ROLLING MEADOWS, IL. 60008

Reference Numbers Facility ID 6010516
Health Service Area 007 Planning Service Area 701

Administrator
Brad Bartels

Contact Person and Telephone
BRAD BARTELS
847-253-5155

Registered Agent Information

Date Completed
3/25/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 4

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5840	######	0	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	######	0	0	0	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	0	0	0	6	0	6
45 to 59	0	0	0	0	8	0	0	0	8	0	8
60 to 64	0	0	0	0	2	0	0	0	2	0	2
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	16	0	0	0	16	0	16

CLEARBROOK WEST
3980 FAIRFAX
ROLLING MEADOWS, IL. 60008

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	133	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.50
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.50
LPN's	0.00
Certified Aides	12.00
Other Health Staff	0.00
Non-Health Staff	1.50
Totals	14.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	91.2%	8.5%	0.0%	0.3%	100.0%		0.0%
0	771,650	72,372	0	2,463	846,485	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CLEARBROOK-WRIGHT HOME
34377 NORTH ALMOND ROAD
GURNEE, IL. 60031

Reference Numbers Facility ID 6013296
Health Service Area 008 Planning Service Area 097

Administrator
Karen Jones

Contact Person and Telephone
KAREN JONES
847-855-9450

Date Completed
4/12/2013

Registered Agent Information
Carl LaMell
1835 W. Central
Arlington Heights, IL 60005

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 7

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5661	96.9%	0	0	0	0	5661	96.9%	96.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5661	96.9%	0	0	0	0	5661	96.9%	96.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	2	0	0	0	2	2
45 to 59	0	0	0	0	8	4	0	0	8	4	12
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	9	7	0	0	9	7	16

CLEARBROOK-WRIGHT HOME
34377 NORTH ALMOND ROAD
GURNEE, IL. 60031

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	1.00
Certified Aides	8.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	13.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	90.6%	8.6%	0.0%	0.8%	100.0%		0.0%
0	979,206	93,254	0	8,476	1,080,936	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CLINTON MANOR
111 EAST ILLINOIS STREET
NEW BADEN, IL. 62265

Reference Numbers Facility ID 6001887
Health Service Area 011 Planning Service Area 027

Administrator
Cheryl Smith

Contact Person and Telephone
MICHAEL BRAVE
618-588-2066

Date Completed
4/11/2013

Registered Agent Information
Herman Bodewes
One West Old State Capital Plaza, Suite 600 Meyer Bldg
Springfield, IL 62705

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	14
Mental Illness	3
Developmental Disability	2
Circulatory System	1
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	36

Total Residents Diagnosed as Mentally Ill 3

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	39	39	39	39	36	3	35	35
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	39	39	39	39	36	3	35	35

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	38
Total Admissions 2011	58
Total Discharges 2011	60
Residents on 12/31/2011	36
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1312	10.3%	9187	71.9%	0	0	3270	0	13769	96.7%	96.7%
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	1312	10.3%	9187	71.9%	0	0	3270	0	13769	96.7%	96.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	7	0	0	0	0	0	0	2	7	9
75 to 84	2	5	0	0	0	0	0	0	2	5	7
85+	3	14	0	0	0	0	0	0	3	14	17
TOTALS	9	27	0	0	0	0	0	0	9	27	36

CLINTON MANOR
111 EAST ILLINOIS STREET
NEW BADEN, IL. 62265

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	24	0	0	10	0	36
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	24	0	0	10	0	36

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	275	147
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	34	0	0	0	34
Race Unknown	0	0	0	0	0
Total	36	0	0	0	36

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	36	0	0	0	36
Ethnicity Unknown	0	0	0	0	0
Total	36	0	0	0	36

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.30
LPN's	9.60
Certified Aides	13.50
Other Health Staff	0.00
Non-Health Staff	25.00
Totals	53.40

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
14.4%	71.2%	0.0%	0.0%	14.4%	100.0%		0.0%
751,784	3,707,819	0	0	748,521	5,208,125	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CLINTON MANOR LIVING CENTER - DD
111 EAST ILLINOIS STREET
NEW BADEN, IL. 62265

Reference Numbers Facility ID 6016075
Health Service Area 011 Planning Service Area 027

Administrator
Cheryl Smith

Contact Person and Telephone
MICHAEL BRAVE
618-588-2066

Date Completed
4/10/2012

Registered Agent Information
Herman Bodewes
One West Old State Capital Plaza, Suite 600 Meyer Bldg
Springfield, IL 62705

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	47
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	47

Total Residents Diagnosed as Mentally Ill 24

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	51	51	51	51	47	4		51
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	51	51	51	51	47	4	0	51

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	50
Total Admissions 2011	86
Total Discharges 2011	89
Residents on 12/31/2011	47
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			18343	98.5%	0	0	0	0	18343	98.5%	98.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	18343	98.5%	0	0	0	0	18343	98.5%	98.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	13	0	0	6	13	19
45 to 59	0	0	0	0	7	9	0	0	7	9	16
60 to 64	0	0	0	0	0	3	0	0	0	3	3
65 to 74	0	0	0	0	4	3	0	0	4	3	7
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	18	29	0	0	18	29	47

CLINTON MANOR LIVING CENTER - DD
111 EAST ILLINOIS STREET
NEW BADEN, IL. 62265

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		47	0	0	0	0	47
Sheltered Care			0	0	0	0	0
TOTALS	0	47	0	0	0	0	47

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	1	0	1
Black	0	0	7	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	39	0	39
Race Unknown	0	0	0	0	0
Total	0	0	47	0	47

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	47	0	47
Ethnicity Unknown	0	0	0	0	0
Total	0	0	47	0	47

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.30
LPN's	9.60
Certified Aides	32.00
Other Health Staff	0.00
Non-Health Staff	25.00
Totals	71.90

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
14.4%	71.2%	0.0%	0.0%	14.4%	100.0%		0.0%
751,784	3,707,819	0	0	748,521	5,208,125	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

COBDEN REHAB AND NURSING CENTER
430 SOUTH FRONT STREET
COBDEN, IL. 62920

Reference Numbers Facility ID 6004469
Health Service Area 005 Planning Service Area 181

Administrator
Gayle L Yates

Contact Person and Telephone
GAYLE L YATES
618-893-4214

Date Completed
4/19/2013

Registered Agent Information
Lawrence Y Schwartz, Attorney at Law
8170 N McCormick Blvd Suite 219
SKOKIE, IL 60076

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	5
Mental Illness	42
Developmental Disability	0
Circulatory System	1
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	56
Total Residents Diagnosed as Mentally Ill	50

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	74	74	62	74	56	18	10	74
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	74	74	62	74	56	18	10	74

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	58
Total Admissions 2011	33
Total Discharges 2011	35
Residents on 12/31/2011	56
Identified Offenders	7

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	295	8.1%	16026	59.3%	2954	0	1486	0	20761	76.9%	76.9%
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	295	8.1%	16026	59.3%	2954	0	1486	0	20761	76.9%	76.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	6	6	0	0	0	0	0	0	6	6	12
60 to 64	6	4	0	0	0	0	0	0	6	4	10
65 to 74	10	5	0	0	0	0	0	0	10	5	15
75 to 84	7	6	0	0	0	0	0	0	7	6	13
85+	3	3	0	0	0	0	0	0	3	3	6
TOTALS	32	24	0	0	0	0	0	0	32	24	56

COBDEN REHAB AND NURSING CENTER
430 SOUTH FRONT STREET
COBDEN, IL. 62920

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 181

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	43	7	0	5	0	56
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	43	7	0	5	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	120	110
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	50	0	0	0	50
Race Unknown	0	0	0	0	0
Total	56	0	0	0	56

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	56	0	0	0	56
Ethnicity Unknown	0	0	0	0	0
Total	56	0	0	0	56

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	6.00
Certified Aides	18.00
Other Health Staff	0.00
Non-Health Staff	22.00
Totals	50.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
4.4%	70.6%	20.1%	0.0%	4.9%	100.0%		0.0%
136,342	2,191,084	623,244	0	151,931	3,102,601	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

COLEMAN HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6016612
Health Service Area 006 Planning Service Area 601

Administrator
Emily Donohue Tazic

Contact Person and Telephone
MARY PAT O'BRIEN
773-273-4169

Date Completed
3/29/2013

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.
Chicago, IL 60660

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

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

Total Residents Diagnosed as Mentally Ill 6

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	12	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	12	0	0	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	12
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	12
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4380	#Div/0!	0	0	0	0	4380	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4380	0.0%	0	0	0	0	4380	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	2	0	0	0	2	2
45 to 59	0	0	0	0	0	9	0	0	0	9	9
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	12	0	0	0	12	12

COLEMAN HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	218	218
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.42
Physicians	0.06
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.22
Certified Aides	9.20
Other Health Staff	3.11
Non-Health Staff	0.17
Totals	13.43

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	86.1%	13.6%	0.0%	0.3%	100.0%		0.0%
0	663,146	105,079	0	2,098	770,324	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

COLLINS SQUARE
145 SOUTH CROSSWELL AVENUE
BRADLEY, IL. 60915

Reference Numbers Facility ID 6001911
Health Service Area 009 Planning Service Area 091

Administrator
Jennifer Allsopp

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 62401

Date Completed
4/4/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16
Total Residents Diagnosed as Mentally Ill	10

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5796	99.2%	0	0	0	0	5796	99.2%	99.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5796	99.2%	0	0	0	0	5796	99.2%	99.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	3	0	0	3	3	6
45 to 59	0	0	0	0	4	4	0	0	4	4	8
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

COLLINS SQUARE
145 SOUTH CROSSWELL AVENUE
BRADLEY, IL. 60915

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	128
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	5	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	82.9%	2.1%	0.0%	14.9%	100.0%		0.0%
0	614,617	15,928	0	110,432	740,977	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

COLLINSVILLE REHAB & HEALTH CARE CTR.
614 NORTH SUMMIT
COLLINSVILLE, IL. 62234

Reference Numbers Facility ID 6007496
Health Service Area 011 Planning Service Area 119

Administrator
Tara Holmes

Contact Person and Telephone
Marikay Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
4/15/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	4
Mental Illness	4
Developmental Disability	0
Circulatory System	14
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	13
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	53
Total Residents Diagnosed as Mentally Ill	35

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	98	55	55	53	53	45	94	94
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	98	55	55	53	53	45	94	94

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	50
Total Admissions 2011	76
Total Discharges 2011	73
Residents on 12/31/2011	53
Identified Offenders	5

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1096	3.2%	12726	37.1%	2098	96	2228	0	18244	51.0%	90.9%
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	1096	3.2%	12726	37.1%	2098	96	2228	0	18244	51.0%	90.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	1	0	0	0	0	0	0	2	1	3
45 to 59	5	6	0	0	0	0	0	0	5	6	11
60 to 64	5	2	0	0	0	0	0	0	5	2	7
65 to 74	3	11	0	0	0	0	0	0	3	11	14
75 to 84	3	2	0	0	0	0	0	0	3	2	5
85+	2	11	0	0	0	0	0	0	2	11	13
TOTALS	20	33	0	0	0	0	0	0	20	33	53

COLLINSVILLE REHAB & HEALTH CARE CTR.
614 NORTH SUMMIT
COLLINSVILLE, IL. 62234

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	40	5	0	5	0	53
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	40	5	0	5	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	147
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	1	0	0	0	1
White	42	0	0	0	42
Race Unknown	0	0	0	0	0
Total	53	0	0	0	53

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	53	0	0	0	53
Ethnicity Unknown	0	0	0	0	0
Total	53	0	0	0	53

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	11.00
Certified Aides	25.00
Other Health Staff	1.00
Non-Health Staff	18.00
Totals	63.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
6.9%	78.8%	0.0%	0.0%	14.4%	100.0%		0.7%
157,069	1,803,091	0	0	328,725	2,288,885	15,610	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Bed Change 1/17/2012 Facility discontinued 2 Nursing Care beds; facility now has 98 Nursing Care beds.

COLONIAL APARTMENTS
920 WEST FOURTH
CENTRALIA, IL. 62801

Reference Numbers Facility ID 6001937
Health Service Area 011 Planning Service Area 027

Administrator
Julie Clark

Contact Person and Telephone
CRISTY BIXLER
618.533.1199

Date Completed
4/11/2013

Registered Agent Information
Bill Crain
623 E. Broadway
Centralia, IL 62801

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 10

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5431	93.0%	0	0	0	0	5431	93.0%	93.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5431	93.0%	0	0	0	0	5431	93.0%	93.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	2	0	0	3	2	5
45 to 59	0	0	0	0	3	3	0	0	3	3	6
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	7	0	0	8	7	15

COLONIAL APARTMENTS
920 WEST FOURTH
CENTRALIA, IL. 62801

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	114	114
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	12.00
Other Health Staff	1.00
Non-Health Staff	2.00
Totals	15.25

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	82.7%	0.0%	0.0%	17.3%	100.0%		0.0%
0	510,733	0	0	107,009	617,742	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

COLONIAL HEALTHCARE AND REHABILIT CENTR
515 BUREAU VALLEY PARKWAY
PRINCETON, IL. 61356

Reference Numbers Facility ID 6001945
Health Service Area 002 Planning Service Area 011

Administrator
LouAnne Kenwick

Contact Person and Telephone
LOU ANNE KENWICK
815-875-3347

Date Completed
4/19/2013

Registered Agent Information
Stanley Klem
4600 West Youhy Ave, STE 200
Lincolnwood, IL 60712

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	3
Mental Illness	8
Developmental Disability	0
Circulatory System	17
Respiratory System	4
Digestive System	3
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	19
Injuries and Poisonings	2
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	72
Total Residents Diagnosed as Mentally Ill	35

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	88	88	88	88	72	16	88	88
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	88	88	88	88	72	16	88	88

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	86
Total Admissions 2011	172
Total Discharges 2011	186
Residents on 12/31/2011	72
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3857	12.0%	15181	47.3%	0	423	10496	0	29957	93.3%	93.3%
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	3857	12.0%	15181	47.3%	0	423	10496	0	29957	93.3%	93.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	10	0	0	0	0	0	0	2	10	12
75 to 84	6	18	0	0	0	0	0	0	6	18	24
85+	11	25	0	0	0	0	0	0	11	25	36
TOTALS	19	53	0	0	0	0	0	0	19	53	72

COLONIAL HEALTHCARE AND REHABILIT CENTR
515 BUREAU VALLEY PARKWAY
PRINCETON, IL. 61356

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 011

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	41	0	0	25	0	72
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	41	0	0	25	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	162
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	71	0	0	0	71
Race Unknown	0	0	0	0	0
Total	72	0	0	0	72

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	72	0	0	0	72
Ethnicity Unknown	0	0	0	0	0
Total	72	0	0	0	72

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	8.00
Certified Aides	23.00
Other Health Staff	0.00
Non-Health Staff	32.00
Totals	75.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
31.4%	35.6%	0.0%	3.2%	29.8%	100.0%		0.0%
1,905,943	2,162,753	0	195,003	1,810,739	6,074,438	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

COLONIAL MANOR
620 WARRINGTON
DANVILLE, IL. 61832

Reference Numbers Facility ID 6001952
Health Service Area 004 Planning Service Area 183

Administrator
Mark Black

Contact Person and Telephone
Rabecca Howard

Registered Agent Information

Date Completed
4/8/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	8
Mental Illness	17
Developmental Disability	0
Circulatory System	15
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	2
TOTALS	63

Total Residents Diagnosed as Mentally Ill 17

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	83	83	80	0	63	20	83	83
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	83	83	80	0	63	20	83	83

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	69
Total Admissions 2011	260
Total Discharges 2011	266
Residents on 12/31/2011	63
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5265	17.4%	9792	32.3%	0	0	10636	0	25693	84.8%	84.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5265	17.4%	9792	32.3%	0	0	10636	0	25693	84.8%	84.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	0	4	0	0	0	0	0	0	0	4	4
75 to 84	6	11	0	0	0	0	0	0	6	11	17
85+	4	36	0	0	0	0	0	0	4	36	40
TOTALS	10	53	0	0	0	0	0	0	10	53	63

COLONIAL MANOR
620 WARRINGTON
DANVILLE, IL. 61832

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 183

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	25	0	0	21	0	63
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	25	0	0	21	0	63

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	61	0	0	0	61
Race Unknown	0	0	0	0	0
Total	63	0	0	0	63

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	63	0	0	0	63
Ethnicity Unknown	0	0	0	0	0
Total	63	0	0	0	63

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	5.00
Certified Aides	18.00
Other Health Staff	3.00
Non-Health Staff	23.00
Totals	58.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
39.3%	18.8%	0.0%	0.0%	41.8%	100.0%		0.0%
2,395,386	1,147,116	0	0	2,547,977	6,090,479	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

COLUMBIA REHAB & NURSING CENTER
253 BRADINGTON DRIVE
COLUMBIA, IL. 62236

Reference Numbers Facility ID 6013106
Health Service Area 011 Planning Service Area 133

Administrator
Gina Higgins

Contact Person and Telephone
Gina Higgins
618-281-6800

Registered Agent Information
Lawrence Y. Schwartz
8170 N. McCormick Blvd
SKOKIE, IL 60066

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	16
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	0
Circulatory System	21
Respiratory System	12
Digestive System	12
Genitourinary System Disorders	10
Skin Disorders	8
Musculo-skeletal Disorders	11
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	112

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	119	118	118	118	112	7	44	80
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	119	118	118	118	112	7	44	80

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	111
Total Admissions 2011	164
Total Discharges 2011	163
Residents on 12/31/2011	112
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	17151	106.8%	3500	12.0%	1277	41	18972	0	40941	94.3%	95.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	17151	106.8%	3500	12.0%	1277	41	18972	0	40941	94.3%	95.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	0	6	0	0	0	0	0	0	0	6	6
75 to 84	11	20	0	0	0	0	0	0	11	20	31
85+	15	56	0	0	0	0	0	0	15	56	71
TOTALS	29	83	0	0	0	0	0	0	29	83	112

COLUMBIA REHAB & NURSING CENTER
253 BRADINGTON DRIVE
COLUMBIA, IL. 62236

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 133

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	44	5	1	50	0	112
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	44	5	1	50	0	112

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	112	0	0	0	112
Race Unknown	0	0	0	0	0
Total	112	0	0	0	112

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	111	0	0	0	111
Ethnicity Unknown	0	0	0	0	0
Total	112	0	0	0	112

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	6.00
Certified Aides	30.00
Other Health Staff	5.00
Non-Health Staff	26.00
Totals	73.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
25.0%	28.8%	0.0%	0.4%	45.8%	100.0%		0.0%
1,790,471	2,061,618	0	27,601	3,280,236	7,159,926	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

COLUMBUS MANOR RESIDENTIAL
5107- WEST JACKSON BLVD
CHICAGO, IL. 60644

Reference Numbers Facility ID 6001994
Health Service Area 006 Planning Service Area 602

Administrator
PATRICK O'BRIEN

Contact Person and Telephone
PATRICK O'BRIEN
773-378-5490

Registered Agent Information
PATRICK J. O'BRIEN
5107 W.JACKSON BLVD
Chicago, IL 60644

Date Completed
5/1/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	105
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	105
Total Residents Diagnosed as Mentally Ill	105

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	189	189	114	189	105	84	0	189
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	189	189	114	189	105	84	0	189

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	103
Total Admissions 2011	55
Total Discharges 2011	53
Residents on 12/31/2011	105
Identified Offenders	23

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	38325	55.6%	0	0	0	0	38325	55.6%	55.6%
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	0	0.0%	38325	55.6%	0	0	0	0	38325	55.6%	55.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	14	4	0	0	0	0	0	0	14	4	18
45 to 59	40	15	0	0	0	0	0	0	40	15	55
60 to 64	8	6	0	0	0	0	0	0	8	6	14
65 to 74	7	5	0	0	0	0	0	0	7	5	12
75 to 84	4	2	0	0	0	0	0	0	4	2	6
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	73	32	0	0	0	0	0	0	73	32	105

COLUMBUS MANOR RESIDENTIAL
5107- WEST JACKSON BLVD
CHICAGO, IL. 60644

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	105	0	0	0	0	105
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	105	0	0	0	0	105

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	76	0	0	0	76
Hawaiian/Pacific Isl.	0	0	0	0	0
White	27	0	0	0	27
Race Unknown	0	0	0	0	0
Total	105	0	0	0	105

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	103	0	0	0	103
Ethnicity Unknown	0	0	0	0	0
Total	105	0	0	0	105

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	10.00
Certified Aides	17.00
Other Health Staff	25.00
Non-Health Staff	0.00
Totals	55.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	99.8%	0.0%	0.0%	0.2%	100.0%		0.0%
0	4,100,000	0	0	10,000	4,110,000	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

COLUMBUS PARK N & REHAB CENTER
901 SOUTH AUSTIN
CHICAGO, IL. 60644

Reference Numbers Facility ID 6002067
Health Service Area 006 Planning Service Area 602

Administrator
Patrick Baalke

Contact Person and Telephone
PATRICK BAALKE
773-287-5959

Registered Agent Information
Tom Winter
6840 N. Lincoln Ave.
Lincolnwood, IL 60712

Date Completed
4/9/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	14
Endocrine/Metabolic	30
Blood Disorders	4
*Nervous System Non Alzheimer	24
Alzheimer Disease	26
Mental Illness	50
Developmental Disability	0
Circulatory System	7
Respiratory System	11
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	13
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	184

Total Residents Diagnosed as Mentally Ill 50

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	216	216	216	216	184	32	108	216
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	216	216	216	216	184	32	108	216

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	190
Total Admissions 2011	126
Total Discharges 2011	132
Residents on 12/31/2011	184
Identified Offenders	34

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3294	8.4%	70268	89.1%	0	0	366	0	73928	93.8%	93.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3294	8.4%	70268	89.1%	0	0	366	0	73928	93.8%	93.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	13	6	0	0	0	0	0	0	13	6	19
45 to 59	31	31	0	0	0	0	0	0	31	31	62
60 to 64	21	9	0	0	0	0	0	0	21	9	30
65 to 74	23	19	0	0	0	0	0	0	23	19	42
75 to 84	15	7	0	0	0	0	0	0	15	7	22
85+	1	8	0	0	0	0	0	0	1	8	9
TOTALS	104	80	0	0	0	0	0	0	104	80	184

COLUMBUS PARK N & REHAB CENTER
901 SOUTH AUSTIN
CHICAGO, IL. 60644

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	174	0	0	0	0	184
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	174	0	0	0	0	184

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	131	0	0	0	131
Hawaiian/Pacific Isl.	0	0	0	0	0
White	51	0	0	0	51
Race Unknown	0	0	0	0	0
Total	184	0	0	0	184

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	177	0	0	0	177
Ethnicity Unknown	0	0	0	0	0
Total	184	0	0	0	184

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	25.00
Certified Aides	60.00
Other Health Staff	14.00
Non-Health Staff	53.00
Totals	166.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
13.3%	77.3%	0.2%	0.8%	8.4%	100.0%		0.0%
1,306,624	7,620,635	24,203	81,358	826,629	9,859,449	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

COMMUNITY CARE CENTER
4314 SOUTH WABASH AVENUE
CHICAGO, IL. 60653

Reference Numbers Facility ID 6002026
Health Service Area 006 Planning Service Area 603

Administrator
Caroline K. Hamilton

Contact Person and Telephone
Caroline K. Hamilton
773-538-8300

Registered Agent Information

Date Completed
5/28/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	2
*Nervous System Non Alzheimer	21
Alzheimer Disease	1
Mental Illness	53
Developmental Disability	1
Circulatory System	41
Respiratory System	16
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	154

Total Residents Diagnosed as Mentally Ill 53

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	204	204	196	169	169	35	56	204
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	204	204	196	169	169	35	56	204

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	152
Total Admissions 2011	208
Total Discharges 2011	191
Residents on 12/31/2011	169
Identified Offenders	35

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	33206	44.6%	0	0	468	0	33674	45.2%	45.2%
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%	33206	44.6%	0	0	468	0	33674	45.2%	45.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	3	0	0	0	0	0	0	4	3	7
45 to 59	53	18	0	0	0	0	0	0	53	18	71
60 to 64	26	8	0	0	0	0	0	0	26	8	34
65 to 74	15	12	0	0	0	0	0	0	15	12	27
75 to 84	10	10	0	0	0	0	0	0	10	10	20
85+	1	9	0	0	0	0	0	0	1	9	10
TOTALS	109	60	0	0	0	0	0	0	109	60	169

COMMUNITY CARE CENTER
4314 SOUTH WABASH AVENUE
CHICAGO, IL. 60653

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	167	0	0	2	0	169
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	167	0	0	2	0	169

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	120
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	159	0	0	0	159
Hawaiian/Pacific Isl.	0	0	0	0	0
White	9	0	0	0	9
Race Unknown	1	0	0	0	1
Total	169	0	0	0	169

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	168	0	0	0	168
Ethnicity Unknown	0	0	0	0	0
Total	169	0	0	0	169

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	10.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	15.00
Certified Aides	46.00
Other Health Staff	6.00
Non-Health Staff	48.00
Totals	134.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	99.1%	0.0%	0.0%	0.9%	100.0%		0.0%
0	3,997,756	0	0	36,530	4,034,286	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW	6/27/2012	Change of ownership occurred.
Name Change	6/27/2012	Formerly 'Community Care'.

COMMUNITY NSG & REHAB CENTER
1136 NORTH MILL STREET
NAPERVILLE, IL. 60563

Reference Numbers Facility ID 6006175
Health Service Area 007 Planning Service Area 703

Administrator
Larry Banks

Contact Person and Telephone
STEVE JEREMIAS
6303553300

Date Completed
4/15/2013

Registered Agent Information
Abraham J. Stern
191 N. Wacker Drive, Suite 1800
Chicago, IL 60606

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	6
Blood Disorders	7
*Nervous System Non Alzheimer	0
Alzheimer Disease	21
Mental Illness	0
Developmental Disability	0
Circulatory System	24
Respiratory System	31
Digestive System	10
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	23
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	125

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	153	150	127	150	125	28	153	153
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	153	150	127	150	125	28	153	153

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	109
Total Admissions 2011	281
Total Discharges 2011	265
Residents on 12/31/2011	125
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9542	17.1%	26834	48.1%	0	2098	4304	0	42778	76.6%	78.1%
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	9542	17.1%	26834	48.1%	0	2098	4304	0	42778	76.6%	78.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	4	4	0	0	0	0	0	0	4	4	8
60 to 64	2	5	0	0	0	0	0	0	2	5	7
65 to 74	7	18	0	0	0	0	0	0	7	18	25
75 to 84	14	31	0	0	0	0	0	0	14	31	45
85+	7	32	0	0	0	0	0	0	7	32	39
TOTALS	34	91	0	0	0	0	0	0	34	91	125

COMMUNITY NSG & REHAB CENTER
1136 NORTH MILL STREET
NAPERVILLE, IL. 60563

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	31	78	0	4	12	0	125
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	31	78	0	4	12	0	125

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	236	223
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawaiian/Pacific Isl.	0	0	0	0	0
White	107	0	0	0	107
Race Unknown	1	0	0	0	1
Total	125	0	0	0	125

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	120	0	0	0	120
Ethnicity Unknown	1	0	0	0	1
Total	125	0	0	0	125

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	15.00
Certified Aides	47.00
Other Health Staff	4.00
Non-Health Staff	57.00
Totals	136.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
47.0%	37.4%	0.0%	7.4%	8.2%	100.0%		0.0%
5,410,607	4,302,670	0	850,038	940,883	11,504,198	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CONCORD NURSING & REHAB CENTER
9401 SOUTH RIDGELAND AVENUE
OAK LAWN, IL. 60453

Reference Numbers Facility ID 6002059
Health Service Area 007 Planning Service Area 705

Administrator
Maggie Olson

Contact Person and Telephone
Maggie Olson
708 599-6700

Registered Agent Information
Fred Frankel
8131 N Monticello
SKOKIE, IL 60076

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	8
Mental Illness	3
Developmental Disability	2
Circulatory System	60
Respiratory System	4
Digestive System	5
Genitourinary System Disorders	4
Skin Disorders	3
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	118

Total Residents Diagnosed as Mentally Ill 43

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	134	134	125	134	118	16	134	134
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	134	134	125	134	118	16	134	134

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	121
Total Admissions 2011	131
Total Discharges 2011	134
Residents on 12/31/2011	118
Identified Offenders	4

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3650	7.5%	30660	62.7%	6205	0	2555	0	43070	88.1%	88.1%
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	3650	7.5%	30660	62.7%	6205	0	2555	0	43070	88.1%	88.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	10	6	0	0	0	0	0	0	10	6	16
60 to 64	3	4	0	0	0	0	0	0	3	4	7
65 to 74	13	5	0	0	0	0	0	0	13	5	18
75 to 84	9	18	0	0	0	0	0	0	9	18	27
85+	13	37	0	0	0	0	0	0	13	37	50
TOTALS	48	70	0	0	0	0	0	0	48	70	118

CONCORD NURSING & REHAB CENTER
9401 SOUTH RIDGELAND AVENUE
OAK LAWN, IL. 60453

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	84	17	0	7	0	118
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	84	17	0	7	0	118

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	53	0	0	0	53
Hawaiian/Pacific Isl.	0	0	0	0	0
White	64	0	0	0	64
Race Unknown	0	0	0	0	0
Total	118	0	0	0	118

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	113	0	0	0	113
Ethnicity Unknown	0	0	0	0	0
Total	118	0	0	0	118

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	15.00
Certified Aides	41.00
Other Health Staff	21.00
Non-Health Staff	31.00
Totals	117.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
5.6%	81.7%	2.4%	5.0%	5.3%	100.0%		0.0%
468,812	6,809,250	197,415	414,748	439,536	8,329,761	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CONCORDIA VILLAGE
4101 WEST ILES AVENUE
SPRINGFIELD, IL. 62711

Reference Numbers Facility ID 6016711
Health Service Area 003 Planning Service Area 167

Administrator
Maryann Walker

Contact Person and Telephone
Maryann Walker
(217) 993-7069

Registered Agent Information

Date Completed
4/15/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	28
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	13
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	63
Total Residents Diagnosed as Mentally Ill	2

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	64	64	64	64	63	1	64	6
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	64	64	64	64	63	1	64	6

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	0
Total Admissions 2011	156
Total Discharges 2011	93
Residents on 12/31/2011	63
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3297	14.1%	118	5.4%	0	0	11845	0	15260	65.3%	65.3%
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	3297	14.1%	118	5.4%	0	0	11845	0	15260	65.3%	65.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	3	16	0	0	0	0	0	0	3	16	19
85+	10	32	0	0	0	0	0	0	10	32	42
TOTALS	14	49	0	0	0	0	0	0	14	49	63

CONCORDIA VILLAGE
4101 WEST ILES AVENUE
SPRINGFIELD, IL. 62711

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	1	0	0	47	0	63
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	1	0	0	47	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	267	213
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	63	0	0	0	63
Race Unknown	0	0	0	0	0
Total	63	0	0	0	63

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	63	0	0	0	63
Ethnicity Unknown	0	0	0	0	0
Total	63	0	0	0	63

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	12.00
Certified Aides	35.00
Other Health Staff	0.00
Non-Health Staff	14.00
Totals	70.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
36.4%	0.3%	0.0%	0.0%	63.3%	100.0%		0.0%
1,675,117	14,220	0	0	2,914,002	4,603,339	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CONNELLY HOME
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6016364
Health Service Area 006 Planning Service Area 601

Administrator
Sharon Keane

Contact Person and Telephone
MARY PAT O'BRIEN
773-273-4169

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.
Chicago, IL 60660

Date Completed
3/29/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 3

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5406	92.6%	0	0	365	0	5771	98.8%	98.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5406	92.6%	0	0	365	0	5771	98.8%	98.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	10	6	0	0	10	6	16
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	10	6	0	0	10	6	16

CONNELLY HOME
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	1	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	1	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	218	218
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.50
Physicians	0.06
Director of Nursing	0.25
Registered Nurses	2.53
LPN's	1.16
Certified Aides	16.86
Other Health Staff	4.90
Non-Health Staff	7.94
Totals	34.20

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	88.2%	4.1%	0.0%	7.7%	100.0%		0.0%
0	909,675	42,457	0	79,412	1,031,545	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CONRAD HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6016620
Health Service Area 006 Planning Service Area 601

Administrator
Emily Donohue Tazic

Contact Person and Telephone
MARY PAT O'BRIEN
773-273-4169

Date Completed
3/29/2013

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.
Chicago, IL 60660

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

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

Total Residents Diagnosed as Mentally Ill 5

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	12	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	12	0	0	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	12
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	12
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4380	#Div/0!	0	0	0	0	4380	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4380	0.0%	0	0	0	0	4380	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	0	0	0	5	0	5
45 to 59	0	0	0	0	7	0	0	0	7	0	7
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	12	0	0	0	12	0	12

CONRAD HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	218	218
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.42
Physicians	0.06
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.22
Certified Aides	9.20
Other Health Staff	3.11
Non-Health Staff	0.17
Totals	13.43

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	86.1%	13.6%	0.0%	0.3%	100.0%		0.0%
0	653,899	103,614	0	2,069	759,582	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CONTINENTAL NURSING & REHAB CENTER
5336 NORTH WESTERN AVENUE
CHICAGO, IL. 60625

Reference Numbers Facility ID 6002075
Health Service Area 006 Planning Service Area 601

Administrator
Carrie Groulx

Contact Person and Telephone
Carrie Groulx
773-271-5600

Registered Agent Information
David Gross
240 Fencl Lane
Hillside, IL 60162

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	22
Blood Disorders	3
*Nervous System Non Alzheimer	8
Alzheimer Disease	3
Mental Illness	59
Developmental Disability	0
Circulatory System	2
Respiratory System	9
Digestive System	6
Genitourinary System Disorders	21
Skin Disorders	3
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	144

Total Residents Diagnosed as Mentally Ill 81

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	208	164	154	164	144	64	208	208
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	208	164	154	164	144	64	208	208

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	157
Total Admissions 2011	235
Total Discharges 2011	248
Residents on 12/31/2011	144
Identified Offenders	25

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5512	7.3%	47450	62.5%	0	321	936	0	54219	71.4%	90.6%
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	5512	7.3%	47450	62.5%	0	321	936	0	54219	71.4%	90.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	8	8	0	0	0	0	0	0	8	8	16
45 to 59	35	17	0	0	0	0	0	0	35	17	52
60 to 64	13	8	0	0	0	0	0	0	13	8	21
65 to 74	17	14	0	0	0	0	0	0	17	14	31
75 to 84	8	8	0	0	0	0	0	0	8	8	16
85+	3	5	0	0	0	0	0	0	3	5	8
TOTALS	84	60	0	0	0	0	0	0	84	60	144

CONTINENTAL NURSING & REHAB CENTER
5336 NORTH WESTERN AVENUE
CHICAGO, IL. 60625

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	126	0	1	1	0	144
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	126	0	1	1	0	144

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	61	0	0	0	61
Hawaiian/Pacific Isl.	0	0	0	0	0
White	61	0	0	0	61
Race Unknown	20	0	0	0	20
Total	144	0	0	0	144

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	20	0	0	0	20
Non-Hispanic	124	0	0	0	124
Ethnicity Unknown	0	0	0	0	0
Total	144	0	0	0	144

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	15.00
Certified Aides	50.00
Other Health Staff	9.00
Non-Health Staff	37.00
Totals	131.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
25.4%	72.8%	0.0%	0.7%	1.0%	100.0%		0.0%
2,594,060	7,430,255	0	74,260	101,413	10,199,988	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CORNERSTONE HOME
1009 SOUTH IRVING
MONTICELLO, IL. 61856

Reference Numbers Facility ID 6011506
Health Service Area 004 Planning Service Area 147

Administrator
Sherry Newton

Contact Person and Telephone
Sherry Newton
217 398 0754 ext 13

Registered Agent Information
Dave Krchak
30 E Main St
Champaign, IL 61821

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	12
Total Residents Diagnosed as Mentally Ill	12

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	12	4		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	12	4	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	4
Residents on 12/31/2011	12
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5351	91.6%	0	0	0	0	5351	91.6%	91.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5351	91.6%	0	0	0	0	5351	91.6%	91.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	5	0	0	1	5	6
45 to 59	0	0	0	0	5	1	0	0	5	1	6
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	6	6	0	0	6	6	12

CORNERSTONE HOME
1009 SOUTH IRVING
MONTICELLO, IL. 61856

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 147

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	11.50
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	11.75

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	85.8%	14.2%	0.0%	0.0%	100.0%		0.0%
0	532,315	87,817	0	0	620,133	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CORNERSTONE REHAB & HEALTHCARE
5533 NORTH GALENA ROAD
PEORIA HEIGHTS, IL. 61616

Reference Numbers Facility ID 6003420
Health Service Area 002 Planning Service Area 143

Administrator
Brent Morgan

Contact Person and Telephone
Marikay Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	14
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	8
Mental Illness	1
Developmental Disability	0
Circulatory System	4
Respiratory System	9
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	64

Total Residents Diagnosed as Mentally Ill 1

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	94	94	85	94	61	33	94	94
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	4	3	3	3	3	1		
TOTAL BEDS	98	97	88	97	64	34	94	94

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	76
Total Admissions 2011	204
Total Discharges 2011	216
Residents on 12/31/2011	64
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3585	10.4%	12269	35.8%	0	1339	8933	0	26126	76.1%	76.1%
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					324	0	714	0	1038	71.1%	94.8%
TOTALS	3585	10.4%	12269	35.8%	324	1339	9647	0	27164	75.9%	76.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	0	2	0	0	0	0	1	0	1	2	3
75 to 84	5	15	0	0	0	0	0	0	5	15	20
85+	8	28	0	0	0	0	0	2	8	30	38
TOTALS	13	48	0	0	0	0	1	2	14	50	64

CORNERSTONE REHAB & HEALTHCARE
5533 NORTH GALENA ROAD
PEORIA HEIGHTS, IL. 61616

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	28	0	4	24	0	61
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			1	0	2	0	3
TOTALS	5	28	1	4	26	0	64

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	208	187
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	59	0	0	3	62
Race Unknown	0	0	0	0	0
Total	61	0	0	3	64

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	61	0	0	3	64
Total	61	0	0	3	64

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	6.00
Certified Aides	27.00
Other Health Staff	2.00
Non-Health Staff	21.00
Totals	65.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

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

*Charity Care Expense does not include expenses which may be considered a community benefit.

COTILLION RIDGE NURSING CENTER
600 EAST ROBINWOOD DRIVE
ROBINSON, IL. 62454

Reference Numbers Facility ID 6002125
Health Service Area 005 Planning Service Area 033

Administrator
Roxann Summers

Contact Person and Telephone
Rabecca Howard
309-828-4361

Registered Agent Information

Date Completed
4/8/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	12
Endocrine/Metabolic	15
Blood Disorders	2
*Nervous System Non Alzheimer	4
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	5
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	65

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	73	73	73	73	65	8	59	73
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	73	73	73	73	65	8	59	73

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	64
Total Admissions 2011	65
Total Discharges 2011	64
Residents on 12/31/2011	65
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2817	13.1%	14454	54.2%	0	0	6867	0	24138	90.6%	90.6%
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	2817	13.1%	14454	54.2%	0	0	6867	0	24138	90.6%	90.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	3	1	0	0	0	0	0	0	3	1	4
75 to 84	3	15	0	0	0	0	0	0	3	15	18
85+	6	34	0	0	0	0	0	0	6	34	40
TOTALS	13	52	0	0	0	0	0	0	13	52	65

COTILLION RIDGE NURSING CENTER
600 EAST ROBINWOOD DRIVE
ROBINSON, IL. 62454

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 033

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	38	0	0	20	0	65
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	38	0	0	20	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	161	151
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	65	0	0	0	65
Race Unknown	0	0	0	0	0
Total	65	0	0	0	65

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	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

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	2.00
Certified Aides	24.00
Other Health Staff	7.00
Non-Health Staff	28.00
Totals	73.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
36.0%	35.4%	0.0%	0.0%	28.7%	100.0%		0.0%
1,504,623	1,480,275	0	0	1,198,667	4,183,565	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

COULTERVILLE CARE CENTER
13138 STATE ROUTE 13
COULTERVILLE, IL. 62237

Reference Numbers Facility ID 6015200
Health Service Area 005 Planning Service Area 157

Administrator
Andrea L McFadden

Contact Person and Telephone
SHEILA WEIS
618-758-2256 ext 106

Date Completed
4/12/2013

Registered Agent Information
Alan Farris
221 South Market PO Box 314
Sparta, IL 62286

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	17
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	12
Injuries and Poisonings	2
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	66
Total Residents Diagnosed as Mentally Ill	2

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	75	75	75	75	73	2	75	75
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	75	75	75	75	73	2	75	75

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	69
Total Admissions 2011	82
Total Discharges 2011	78
Residents on 12/31/2011	73
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4576	16.7%	11496	42.0%	0	0	9015	0	25087	91.6%	91.6%
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	4576	16.7%	11496	42.0%	0	0	9015	0	25087	91.6%	91.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	6	0	0	0	0	0	0	2	6	8
75 to 84	6	16	0	0	0	0	0	0	6	16	22
85+	6	37	0	0	0	0	0	0	6	37	43
TOTALS	14	59	0	0	0	0	0	0	14	59	73

COULTERVILLE CARE CENTER
13138 STATE ROUTE 13
COULTERVILLE, IL. 62237

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 157

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	31	0	0	29	0	73
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	31	0	0	29	0	73

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	69	0	0	0	69
Race Unknown	0	0	0	0	0
Total	73	0	0	0	73

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	73	0	0	0	73
Ethnicity Unknown	0	0	0	0	0
Total	73	0	0	0	73

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	9.00
Certified Aides	24.00
Other Health Staff	25.00
Non-Health Staff	0.00
Totals	63.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
49.2%	23.7%	0.0%	0.0%	27.1%	100.0%		0.1%
2,389,051	1,151,157	0	0	1,316,508	4,856,716	3,025	

*Charity Care Expense does not include expenses which may be considered a community benefit.

COUNTRY CLUB TERRACE
4900 WEST 183RD STREET
COUNTRY CLUB HILLS, IL. 60478

Reference Numbers Facility ID 6012868
Health Service Area 007 Planning Service Area 705

Administrator
Kathleen Prunty

Contact Person and Telephone
Roy A. George
708-514-5449

Registered Agent Information

Date Completed
3/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5779	99.0%	0	0	0	0	5779	99.0%	99.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5779	99.0%	0	0	0	0	5779	99.0%	99.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	1	0	0	3	1	4
45 to 59	0	0	0	0	5	7	0	0	5	7	12
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

COUNTRY CLUB TERRACE
4900 WEST 183RD STREET
COUNTRY CLUB HILLS, IL. 60478

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	1	0	1
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	1.00
Certified Aides	11.00
Other Health Staff	1.00
Non-Health Staff	1.00
Totals	16.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	78.5%	17.3%	0.0%	4.2%	100.0%		0.0%
0	700,055	154,533	0	37,243	891,831	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

COUNTRY HEALTH
2304 CR 3000 N
GIFFORD, IL. 61847

Reference Numbers Facility ID 6002141
Health Service Area 004 Planning Service Area 019

Administrator
Christopher Kasper

Contact Person and Telephone
Rabecca Howard
309-828-4361

Date Completed
4/10/2013

Registered Agent Information
Craig Ater
115 W. Jefferson, Suite 401
Bloomington, IL 61701

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	22
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	8
Injuries and Poisonings	1
Other Medical Conditions	29
Non-Medical Conditions	0
TOTALS	84

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	89	89	89	89	84	5	84	89
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	89	89	89	89	84	5	84	89

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	64
Total Admissions 2011	181
Total Discharges 2011	161
Residents on 12/31/2011	84
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4333	14.1%	11082	34.1%	0	0	13801	0	29216	89.9%	89.9%
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	4333	14.1%	11082	34.1%	0	0	13801	0	29216	89.9%	89.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	7	20	0	0	0	0	0	0	7	20	27
85+	11	42	0	0	0	0	0	0	11	42	53
TOTALS	20	64	0	0	0	0	0	0	20	64	84

COUNTRY HEALTH
2304 CR 3000 N
GIFFORD, IL. 61847

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 019

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	32	0	3	40	0	84
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	32	0	3	40	0	84

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	197	177
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	84	0	0	0	84
Race Unknown	0	0	0	0	0
Total	84	0	0	0	84

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	83	0	0	0	83
Ethnicity Unknown	0	0	0	0	0
Total	84	0	0	0	84

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	12.00
Certified Aides	34.00
Other Health Staff	13.00
Non-Health Staff	19.00
Totals	90.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
34.4%	20.7%	0.0%	0.0%	44.9%	100.0%		0.0%
2,099,330	1,261,685	0	0	2,734,954	6,095,969	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

COUNTRYSIDE CARE CENTRE
2330 WEST GALENA BOULEVARD
AURORA, IL. 60506

Reference Numbers Facility ID 6002174
Health Service Area 008 Planning Service Area 089

Administrator
Kim Kohls

Contact Person and Telephone
KIM KOHLS
630-896-4686

Date Completed
4/2/2013

Registered Agent Information
Illinois Corporation Service
801 Adlai Stevenson Drive
Springfield, IL 62703

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	30
Blood Disorders	0
*Nervous System Non Alzheimer	19
Alzheimer Disease	55
Mental Illness	0
Developmental Disability	0
Circulatory System	29
Respiratory System	30
Digestive System	3
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	186

Total Residents Diagnosed as Mentally Ill 12

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	203	203	201	203	186	17	127	203
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	203	203	201	203	186	17	127	203

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	182
Total Admissions 2011	360
Total Discharges 2011	356
Residents on 12/31/2011	186
Identified Offenders	4

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6774	14.6%	56394	76.1%	0	1749	4593	0	69510	93.8%	93.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	6774	14.6%	56394	76.1%	0	1749	4593	0	69510	93.8%	93.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	5	3	0	0	0	0	0	0	5	3	8
60 to 64	5	6	0	0	0	0	0	0	5	6	11
65 to 74	11	22	0	0	0	0	0	0	11	22	33
75 to 84	21	37	0	0	0	0	0	0	21	37	58
85+	15	61	0	0	0	0	0	0	15	61	76
TOTALS	57	129	0	0	0	0	0	0	57	129	186

COUNTRYSIDE CARE CENTRE
2330 WEST GALENA BOULEVARD
AURORA, IL. 60506

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	28	143	0	2	13	0	186
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	28	143	0	2	13	0	186

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	230	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawaiian/Pacific Isl.	0	0	0	0	0
White	168	0	0	0	168
Race Unknown	1	0	0	0	1
Total	186	0	0	0	186

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	176	0	0	0	176
Ethnicity Unknown	0	0	0	0	0
Total	186	0	0	0	186

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	28.00
LPN's	20.00
Certified Aides	72.00
Other Health Staff	25.00
Non-Health Staff	50.00
Totals	197.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
29.9%	59.3%	0.0%	5.4%	5.3%	100.0%		0.0%
4,526,342	8,984,131	0	824,836	808,255	15,143,564	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW 1/10/2012 Change of Ownership occurred.

COUNTRYSIDE NURSING & REHAB CTR
1635 EAST 154TH STREET
DOLTON, IL. 60419

Reference Numbers Facility ID 6002190
Health Service Area 007 Planning Service Area 705

Administrator
Callie Graham

Contact Person and Telephone
Eli Ray
708-841-9550

Registered Agent Information **Date Completed** 4/10/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	7
Blood Disorders	2
*Nervous System Non Alzheimer	28
Alzheimer Disease	3
Mental Illness	77
Developmental Disability	4
Circulatory System	14
Respiratory System	6
Digestive System	5
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	162
Total Residents Diagnosed as Mentally Ill	147

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	197	197	179	197	162	35	100	197
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	197	197	179	197	162	35	100	197

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	176
Total Admissions 2011	118
Total Discharges 2011	132
Residents on 12/31/2011	162
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3837	10.5%	58545	81.4%	1043	0	246	0	63671	88.5%	88.5%
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	3837	10.5%	58545	81.4%	1043	0	246	0	63671	88.5%	88.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	5	1	0	0	0	0	0	0	5	1	6
45 to 59	50	28	0	0	0	0	0	0	50	28	78
60 to 64	20	5	0	0	0	0	0	0	20	5	25
65 to 74	22	12	0	0	0	0	0	0	22	12	34
75 to 84	4	7	0	0	0	0	0	0	4	7	11
85+	3	5	0	0	0	0	0	0	3	5	8
TOTALS	104	58	0	0	0	0	0	0	104	58	162

COUNTRYSIDE NURSING & REHAB CTR
1635 EAST 154TH STREET
DOLTON, IL. 60419

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	148	3	0	1	0	162
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	148	3	0	1	0	162

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	112	0	0	0	112
Hawaiian/Pacific Isl.	0	0	0	0	0
White	50	0	0	0	50
Race Unknown	0	0	0	0	0
Total	162	0	0	0	162

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	159	0	0	0	159
Ethnicity Unknown	0	0	0	0	0
Total	162	0	0	0	162

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	7.00
LPN's	17.00
Certified Aides	36.00
Other Health Staff	8.00
Non-Health Staff	59.00
Totals	131.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
19.6%	78.9%	1.2%	0.0%	0.2%	100.0%		0.0%
1,814,494	7,291,111	110,003	0	20,385	9,235,994	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

COUNTRYVIEW CARE CTR OF MACOMB
400 WEST GRANT STREET
MACOMB, IL. 61455

Reference Numbers Facility ID 6005631
Health Service Area 002 Planning Service Area 109

Administrator
Rachel Kehr

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/15/2013

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	14
Alzheimer Disease	1
Mental Illness	16
Developmental Disability	1
Circulatory System	9
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	45
Total Residents Diagnosed as Mentally Ill	42

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	62	56	53	56	45	17	0	62
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	62	56	53	56	45	17	0	62

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	39
Total Admissions 2011	49
Total Discharges 2011	43
Residents on 12/31/2011	45
Identified Offenders	3

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1015	0.0%	10969	48.5%	2249	4	2375	0	16612	73.4%	81.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1015	0.0%	10969	48.5%	2249	4	2375	0	16612	73.4%	81.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	3	0	0	0	0	0	0	0	3	3
45 to 59	3	4	0	0	0	0	0	0	3	4	7
60 to 64	1	4	0	0	0	0	0	0	1	4	5
65 to 74	8	6	0	0	0	0	0	0	8	6	14
75 to 84	4	5	0	0	0	0	0	0	4	5	9
85+	1	6	0	0	0	0	0	0	1	6	7
TOTALS	17	28	0	0	0	0	0	0	17	28	45

COUNTRYVIEW CARE CTR OF MACOMB
400 WEST GRANT STREET
MACOMB, IL. 61455

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 109

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	35	0	0	8	0	45
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	35	0	0	8	0	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	120
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	38	0	0	0	38
Race Unknown	0	0	0	0	0
Total	45	0	0	0	45

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	45	0	0	0	45
Ethnicity Unknown	0	0	0	0	0
Total	45	0	0	0	45

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	4.00
Certified Aides	13.00
Other Health Staff	0.00
Non-Health Staff	15.00
Totals	38.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
7.0%	80.5%	0.0%	0.0%	12.5%	100.0%		0.2%
158,673	1,834,241	0	0	285,900	2,278,814	4,004	

*Charity Care Expense does not include expenses which may be considered a community benefit.

COUNTRYVIEW HOME
503 SOUTH BOURNE STREET
TOLONO, IL. 61880

Reference Numbers Facility ID 6012223
Health Service Area 004 Planning Service Area 019

Administrator
Sherry Newton

Contact Person and Telephone
Sherry Newton
217 398 0754 ext 13

Registered Agent Information
Dave Krchak
30 E Main St
Champaign, IL 61821

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 8

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	1
Total Discharges 2011	2
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5550	95.0%	0	0	0	0	5550	95.0%	95.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5550	95.0%	0	0	0	0	5550	95.0%	95.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	3	0	0	4	3	7
45 to 59	0	0	0	0	3	1	0	0	3	1	4
60 to 64	0	0	0	0	0	2	0	0	0	2	2
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	0	1	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	7	8	0	0	7	8	15

COUNTRYVIEW HOME
503 SOUTH BOURNE STREET
TOLONO, IL. 61880

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 019

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	13.50
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	13.75

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	84.9%	15.1%	0.0%	0.0%	100.0%		0.0%
0	541,614	95,960	0	0	637,575	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

COUNTRYVIEW TERRACE
P.O. BOX 116
LOUISVILLE, IL. 62858

Reference Numbers Facility ID 6002158
Health Service Area 005 Planning Service Area 025

Administrator
Pat Hassebrock

Contact Person and Telephone
Marikay Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	10
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	10
Total Residents Diagnosed as Mentally Ill	10

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	12	16	10	6		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	12	16	10	6	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	12
Total Admissions 2011	1
Total Discharges 2011	3
Residents on 12/31/2011	10
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			3828	65.5%	0	0	0	0	3828	65.5%	65.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	3828	65.5%	0	0	0	0	3828	65.5%	65.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

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

COUNTRYVIEW TERRACE
P.O. BOX 116
LOUISVILLE, IL. 62858

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 025

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		10	0	0	0	0	10
Sheltered Care			0	0	0	0	0
TOTALS	0	10	0	0	0	0	10

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	97
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	10	0	10
Race Unknown	0	0	0	0	0
Total	0	0	10	0	10

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	10	0	10
Ethnicity Unknown	0	0	0	0	0
Total	0	0	10	0	10

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	1.00

NET REVENUE BY PAYOR SOURCE (Fiscal 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	372,381	0	0	0	372,381	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

COURTYARD HEALTHCARE CENTER
3601 SOUTH HARLEM AVENUE
BERWYN, IL. 60402

Reference Numbers Facility ID 6003008
Health Service Area 007 Planning Service Area 704

Administrator
Jenny Brya

Contact Person and Telephone
Jenny Brya
708-749-4160

Date Completed
4/19/2013

Registered Agent Information
Law Offices of Stephen N. Sher, PC
5750 Old Orchard, Suite 420
SKOKIE, IL 60077

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	21
Alzheimer Disease	11
Mental Illness	14
Developmental Disability	0
Circulatory System	30
Respiratory System	8
Digestive System	1
Genitourinary System Disorders	11
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	6
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	125

Total Residents Diagnosed as Mentally Ill 77

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	145	145	132	145	125	20	118	145
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	145	145	132	145	125	20	118	145

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	132
Total Admissions 2011	185
Total Discharges 2011	192
Residents on 12/31/2011	125
Identified Offenders	8

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7435	17.3%	35947	67.9%	0	636	1295	0	45313	85.6%	85.6%
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	7435	17.3%	35947	67.9%	0	636	1295	0	45313	85.6%	85.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	1	0	0	0	0	0	0	2	1	3
45 to 59	14	14	0	0	0	0	0	0	14	14	28
60 to 64	10	5	0	0	0	0	0	0	10	5	15
65 to 74	14	10	0	0	0	0	0	0	14	10	24
75 to 84	15	20	0	0	0	0	0	0	15	20	35
85+	8	12	0	0	0	0	0	0	8	12	20
TOTALS	63	62	0	0	0	0	0	0	63	62	125

COURTYARD HEALTHCARE CENTER
3601 SOUTH HARLEM AVENUE
BERWYN, IL. 60402

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	103	0	5	3	0	125
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	103	0	5	3	0	125

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	206	183
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	41	0	0	0	41
Hawaiian/Pacific Isl.	0	0	0	0	0
White	84	0	0	0	84
Race Unknown	0	0	0	0	0
Total	125	0	0	0	125

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	20	0	0	0	20
Non-Hispanic	105	0	0	0	105
Ethnicity Unknown	0	0	0	0	0
Total	125	0	0	0	125

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	14.00
Certified Aides	40.00
Other Health Staff	3.00
Non-Health Staff	25.00
Totals	92.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
46.9%	50.0%	0.0%	0.8%	2.3%	100.0%		0.0%
4,621,000	4,926,214	0	76,427	228,854	9,852,495	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

COVENANT HEALTH CARE CENTER
831 N. BATAVIA AVENUE
BATAVIA, IL. 60510

Reference Numbers Facility ID 6002208
Health Service Area 008 Planning Service Area 089

Administrator
Marya Jordan

Contact Person and Telephone
ANNA-LISA WHITSON
630-879-4106

Date Completed
4/19/2013

Registered Agent Information
Illinois Corp Service Company
801 Adlai Stevenson Drive
Springfield, IL 62703

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	4
Mental Illness	3
Developmental Disability	0
Circulatory System	6
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	57
Injuries and Poisonings	2
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	82
Total Residents Diagnosed as Mentally Ill	3

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	99	95	88	88	82	17	99	99
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	95	88	88	82	17	99	99

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	89
Total Admissions 2011	235
Total Discharges 2011	242
Residents on 12/31/2011	82
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4875	13.5%	9588	26.5%	0	102	15975	0	30540	84.5%	88.1%
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	4875	13.5%	9588	26.5%	0	102	15975	0	30540	84.5%	88.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	3	0	0	0	0	0	0	0	3	3
75 to 84	3	8	0	0	0	0	0	0	3	8	11
85+	13	55	0	0	0	0	0	0	13	55	68
TOTALS	16	66	0	0	0	0	0	0	16	66	82

COVENANT HEALTH CARE CENTER
831 N. BATAVIA AVENUE
BATAVIA, IL. 60510

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	24	0	0	46	0	82
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	24	0	0	46	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	362	279
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	82	0	0	0	82
Race Unknown	0	0	0	0	0
Total	82	0	0	0	82

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	82	0	0	0	82
Ethnicity Unknown	0	0	0	0	0
Total	82	0	0	0	82

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	3.00
Certified Aides	34.00
Other Health Staff	2.00
Non-Health Staff	39.00
Totals	99.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
22.9%	8.8%	0.0%	0.7%	67.6%	100.0%		0.0%
2,038,579	781,569	0	66,295	6,014,504	8,900,947	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

COVENANT HEALTH CARE CENTER
2155 PFINGSTEN ROAD
NORTHBROOK, IL. 60062

Reference Numbers Facility ID 6001093
Health Service Area 007 Planning Service Area 702

Administrator
Jonathan Kaspar

Contact Person and Telephone
JONATHAN KASPAR
847 480 6350

Registered Agent Information
none

Date Completed
5/9/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	7
Mental Illness	33
Developmental Disability	0
Circulatory System	11
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	21
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	82
Total Residents Diagnosed as Mentally Ill	33

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	102	93	91	93	82	20	102	102
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	102	93	91	93	82	20	102	102

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	77
Total Admissions 2011	226
Total Discharges 2011	221
Residents on 12/31/2011	82
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4721	12.7%	5089	13.7%	0	113	17223	0	27146	72.9%	80.0%
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	4721	12.7%	5089	13.7%	0	113	17223	0	27146	72.9%	80.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	3	0	0	0	0	0	0	0	3	3
75 to 84	10	3	0	0	0	0	0	0	10	3	13
85+	14	52	0	0	0	0	0	0	14	52	66
TOTALS	24	58	0	0	0	0	0	0	24	58	82

COVENANT HEALTH CARE CENTER
2155 PFINGSTEN ROAD
NORTHBROOK, IL. 60062

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	11	0	0	57	0	82
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	11	0	0	57	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	481	263
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	82	0	0	0	82
Race Unknown	0	0	0	0	0
Total	82	0	0	0	82

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	81	0	0	0	81
Ethnicity Unknown	0	0	0	0	0
Total	82	0	0	0	82

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.25
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	5.00
Certified Aides	38.00
Other Health Staff	6.00
Non-Health Staff	30.00
Totals	94.25

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
27.9%	10.7%	0.0%	0.6%	60.8%	100.0%		0.1%
2,186,804	836,733	0	45,156	4,763,334	7,832,027	8,359	

*Charity Care Expense does not include expenses which may be considered a community benefit.

COVENTRY LIVING CENTER
612 WEST ST. MARY'S STREET
STERLING, IL. 61081

Reference Numbers Facility ID 6011373
Health Service Area 001 Planning Service Area 195

Administrator
Donna Scuffham RN LNHA

Contact Person and Telephone
Donna Scuffham RN LNHA
815-626-9020

Registered Agent Information **Date Completed** 4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	3
Mental Illness	11
Developmental Disability	0
Circulatory System	17
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	1
Other Medical Conditions	27
Non-Medical Conditions	0
TOTALS	89

Total Residents Diagnosed as Mentally Ill 11

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	124	124	97	124	88	36	74	96
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	6	6	4	6	1	5		
TOTAL BEDS	130	130	101	130	89	41	74	96

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	84
Total Admissions 2011	212
Total Discharges 2011	207
Residents on 12/31/2011	89
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8392	31.1%	15924	45.4%	0	94	5418	0	29828	65.9%	65.9%
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	1327	0	1327	60.6%	60.6%
TOTALS	8392	31.1%	15924	45.4%	0	94	6745	0	31155	65.7%	65.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	8	0	0	0	0	0	0	2	8	10
75 to 84	4	30	0	0	0	0	0	0	4	30	34
85+	8	32	0	0	0	0	0	1	8	33	41
TOTALS	17	71	0	0	0	0	0	1	17	72	89

COVENTRY LIVING CENTER
612 WEST ST. MARY'S STREET
STERLING, IL. 61081

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	46	0	0	21	0	88
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	1	0	1
TOTALS	21	46	0	0	22	0	89

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	163
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	126

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	82	0	0	1	83
Race Unknown	3	0	0	0	3
Total	88	0	0	1	89

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	85	0	0	1	86
Ethnicity Unknown	0	0	0	0	0
Total	88	0	0	1	89

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	17.00
Certified Aides	52.00
Other Health Staff	1.00
Non-Health Staff	43.00
Totals	123.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
60.2%	25.8%	0.0%	0.0%	14.0%	100.0%		0.0%
3,976,138	1,705,620	0	0	921,587	6,603,345	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CRAWFORD COUNTY CONV CENTER
902 WEST MEFFORD STREET
ROBINSON, IL. 62454

Reference Numbers Facility ID 6002232
Health Service Area 005 Planning Service Area 033

Administrator
DWIGHT L. MILLER

Contact Person and Telephone
MARY A. MILLER
618 546-5638

Registered Agent Information

Date Completed
4/9/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	20

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	54	54	25	54	20	34	0	54
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	54	54	25	54	20	34	0	54

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	24
Total Admissions 2011	5
Total Discharges 2011	9
Residents on 12/31/2011	20
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	6842	34.7%	0	0	1016	0	7858	39.9%	39.9%
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	0	0.0%	6842	34.7%	0	0	1016	0	7858	39.9%	39.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	3	2	0	0	0	0	0	0	3	2	5
75 to 84	1	3	0	0	0	0	0	0	1	3	4
85+	3	4	0	0	0	0	0	0	3	4	7
TOTALS	9	11	0	0	0	0	0	0	9	11	20

CRAWFORD COUNTY CONV CENTER
902 WEST MEFFORD STREET
ROBINSON, IL. 62454

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 033

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	18	0	0	2	0	20
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	18	0	0	2	0	20

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	20	0	0	0	20
Race Unknown	0	0	0	0	0
Total	20	0	0	0	20

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	20	0	0	0	20
Ethnicity Unknown	0	0	0	0	0
Total	20	0	0	0	20

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	0.50
Certified Aides	14.50
Other Health Staff	0.00
Non-Health Staff	10.00
Totals	31.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	60.8%	19.3%	0.0%	19.9%	100.0%		0.0%
0	608,900	193,202	0	199,443	1,001,545	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CRAWFORD MEMORIAL HOSPITAL SNF UNIT
1000 N ALLEN
ROBINSON, IL. 62454

Reference Numbers Facility ID 6011209
Health Service Area 005 Planning Service Area 033

Administrator
Sandra Burtron

Contact Person and Telephone
Amber Parker, LTC Director
618-546-2526

Registered Agent Information

Date Completed
4/16/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	19

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	38	32	27	32	19	19	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	38	32	27	32	19	19	0	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	46
Total Discharges 2011	42
Residents on 12/31/2011	19
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	620	0.0%	0	0.0%	0	0	6690	0	7310	52.7%	62.6%
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	620	0.0%	0	0.0%	0	0	6690	0	7310	52.7%	62.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	1	4	0	0	0	0	0	0	1	4	5
85+	3	11	0	0	0	0	0	0	3	11	14
TOTALS	4	15	0	0	0	0	0	0	4	15	19

CRAWFORD MEMORIAL HOSPITAL SNF UNIT
1000 N ALLEN
ROBINSON, IL. 62454

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 033

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	0	0	0	14	0	19
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	0	0	0	14	0	19

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	19	0	0	0	19
Race Unknown	0	0	0	0	0
Total	19	0	0	0	19

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	19	0	0	0	19
Ethnicity Unknown	0	0	0	0	0
Total	19	0	0	0	19

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	2.70
LPN's	0.90
Certified Aides	9.00
Other Health Staff	0.50
Non-Health Staff	4.50
Totals	18.60

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		0.0%
0	0	0	0	1,105,208	1,105,208	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CRESTWOOD TERRACE NURSING CENTER
13301 SOUTH CENTRAL AVENUE
CRESTWOOD, IL. 60445

Reference Numbers Facility ID 6002273
Health Service Area 007 Planning Service Area 705

Administrator
Amy Sparks

Contact Person and Telephone
AMY SPARKS
1-708-597-5251

Date Completed
4/9/2013

Registered Agent Information
Michael Weis
1S443 Summit Ave, Suite 204
Oak Brook Terrace, IL 60181

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	11
Mental Illness	51
Developmental Disability	0
Circulatory System	19
Respiratory System	9
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	115

Total Residents Diagnosed as Mentally Ill 99

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	126	126	126	126	115	11	0	126
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	126	126	126	126	115	11	0	126

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	124
Total Admissions 2011	55
Total Discharges 2011	64
Residents on 12/31/2011	115
Identified Offenders	22

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	22126	48.1%	0	0	86	0	22212	48.3%	48.3%
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%	22126	48.1%	0	0	86	0	22212	48.3%	48.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	11	7	0	0	0	0	0	0	11	7	18
45 to 59	25	19	0	0	0	0	0	0	25	19	44
60 to 64	15	7	0	0	0	0	0	0	15	7	22
65 to 74	8	7	0	0	0	0	0	0	8	7	15
75 to 84	5	6	0	0	0	0	0	0	5	6	11
85+	1	4	0	0	0	0	0	0	1	4	5
TOTALS	65	50	0	0	0	0	0	0	65	50	115

CRESTWOOD TERRACE NURSING CENTER
13301 SOUTH CENTRAL AVENUE
CRESTWOOD, IL. 60445

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	115	0	0	0	0	115
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
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	124	124
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	48	0	0	0	48
Hawaiian/Pacific Isl.	0	0	0	0	0
White	67	0	0	0	67
Race Unknown	0	0	0	0	0
Total	115	0	0	0	115

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	112	0	0	0	112
Ethnicity Unknown	0	0	0	0	0
Total	115	0	0	0	115

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	8.00
Certified Aides	30.00
Other Health Staff	5.00
Non-Health Staff	33.00
Totals	79.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	99.6%	0.0%	0.0%	0.4%	100.0%		0.0%
0	2,583,003	0	0	10,532	2,593,535	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	6/27/2012	Formerly 'Crestwood Terrace'.
CHOW	6/27/2012	Change of ownership occurred.

CROSSROADS CARE CENTER WOODSTOCK
309 MCHENRY AVENUE
WOODSTOCK, IL. 60098

Reference Numbers Facility ID 6010136
Health Service Area 008 Planning Service Area 111

Administrator
Lynette Rugg

Contact Person and Telephone
Lynette M Rugg
815-338-1700

Registered Agent Information

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	7
Blood Disorders	1
*Nervous System Non Alzheimer	13
Alzheimer Disease	0
Mental Illness	2
Developmental Disability	0
Circulatory System	12
Respiratory System	7
Digestive System	8
Genitourinary System Disorders	17
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	4
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	89

Total Residents Diagnosed as Mentally Ill 6

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	115	107	90	107	89	26	29	115
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	115	107	90	107	89	26	29	115

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	89
Total Admissions 2011	325
Total Discharges 2011	325
Residents on 12/31/2011	89
Identified Offenders	4

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4284	40.5%	23781	56.7%	0	309	2200	0	30574	72.8%	78.3%
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	4284	40.5%	23781	56.7%	0	309	2200	0	30574	72.8%	78.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	7	0	0	0	0	0	0	2	7	9
60 to 64	10	9	0	0	0	0	0	0	10	9	19
65 to 74	11	17	0	0	0	0	0	0	11	17	28
75 to 84	6	10	0	0	0	0	0	0	6	10	16
85+	8	9	0	0	0	0	0	0	8	9	17
TOTALS	37	52	0	0	0	0	0	0	37	52	89

CROSSROADS CARE CENTER WOODSTOCK
309 MCHENRY AVENUE
WOODSTOCK, IL. 60098

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	64	0	0	8	0	89
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	64	0	0	8	0	89

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	86	0	0	0	86
Race Unknown	0	0	0	0	0
Total	89	0	0	0	89

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	86	0	0	0	86
Total	89	0	0	0	89

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	10.00
Certified Aides	32.00
Other Health Staff	7.00
Non-Health Staff	32.00
Totals	91.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
31.6%	39.6%	0.0%	8.2%	20.6%	100.0%		0.0%
1,732,755	2,168,499	0	449,101	1,129,758	5,480,113	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW	1/1/2012	Change of ownership occurred.
Name Change	6/1/2012	Formerly Woodstock Residence.

CRYSTAL PINES REHAB & HCC
335 NORTH ILLINOIS AVENUE
CRYSTAL LAKE, IL. 60014

Reference Numbers Facility ID 6002299
Health Service Area 008 Planning Service Area 111

Administrator
JOHN BERNADYN

Contact Person and Telephone
JOHN BERNADYN
8154597791

Date Completed
5/1/2013

Registered Agent Information
DAN MAHER
926 SOUTH 7TH STREET
Springfield, IL 62703

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	2
*Nervous System Non Alzheimer	14
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	23
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	4
Other Medical Conditions	0
Non-Medical Conditions	43
TOTALS	105

Total Residents Diagnosed as Mentally Ill 32

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	114	109	109	109	105	9	112	104
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	114	109	109	109	105	9	112	104

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	104
Total Admissions 2011	106
Total Discharges 2011	105
Residents on 12/31/2011	105
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5035	12.3%	23350	61.5%	0	685	5709	0	34779	83.6%	87.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5035	12.3%	23350	61.5%	0	685	5709	0	34779	83.6%	87.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	2	0	0	0	0	0	0	1	2	3
60 to 64	4	3	0	0	0	0	0	0	4	3	7
65 to 74	6	10	0	0	0	0	0	0	6	10	16
75 to 84	7	22	0	0	0	0	0	0	7	22	29
85+	7	43	0	0	0	0	0	0	7	43	50
TOTALS	25	80	0	0	0	0	0	0	25	80	105

CRYSTAL PINES REHAB & HCC
335 NORTH ILLINOIS AVENUE
CRYSTAL LAKE, IL. 60014

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	64	0	3	14	0	105
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	64	0	3	14	0	105

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	211
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	102	0	0	0	102
Race Unknown	0	0	0	0	0
Total	105	0	0	0	105

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	103	0	0	0	103
Ethnicity Unknown	0	0	0	0	0
Total	105	0	0	0	105

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	7.00
Certified Aides	51.00
Other Health Staff	0.00
Non-Health Staff	24.00
Totals	99.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
38.6%	39.5%	0.0%	4.4%	17.6%	100.0%		0.0%
2,649,900	2,709,760	0	299,345	1,204,599	6,863,604	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CUMBERLAND REHAB & HEALTH CARE
300 NORTH MARIETTA STREET
GREENUP, IL. 62428

Reference Numbers Facility ID 6002307
Health Service Area 004 Planning Service Area 029

Administrator
Katie Hanner

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
3/28/2013

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	15
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	36
Total Residents Diagnosed as Mentally Ill	22

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	54	51	51	51	36	18	54	54
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	54	51	51	51	36	18	54	54

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	37
Total Admissions 2011	59
Total Discharges 2011	60
Residents on 12/31/2011	36
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2547	12.9%	7233	36.7%	316	22	3659	0	13777	69.9%	74.0%
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	2547	12.9%	7233	36.7%	316	22	3659	0	13777	69.9%	74.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	2	6	0	0	0	0	0	0	2	6	8
85+	6	18	0	0	0	0	0	0	6	18	24
TOTALS	9	27	0	0	0	0	0	0	9	27	36

CUMBERLAND REHAB & HEALTH CARE
300 NORTH MARIETTA STREET
GREENUP, IL. 62428

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 029

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	18	0	0	12	0	36
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	18	0	0	12	0	36

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	118
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	36	0	0	0	36
Race Unknown	0	0	0	0	0
Total	36	0	0	0	36

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	36	0	0	0	36
Ethnicity Unknown	0	0	0	0	0
Total	36	0	0	0	36

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	3.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	5.00
Totals	23.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
27.9%	49.0%	0.0%	0.0%	23.1%	100.0%		0.0%
506,744	888,200	0	0	419,147	1,814,091	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

CURTISS COURT
2883 SOUTH TAYLOR AVENUE
SPRINGFIELD, IL. 62703

Reference Numbers Facility ID 6013197
Health Service Area 003 Planning Service Area 167

Administrator
Russ Bogdanovich

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/5/2013

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 62401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	14
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	14	2	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	2
Residents on 12/31/2011	14
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1248	21.4%	0	0	0	0	1248	21.4%	21.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1248	21.4%	0	0	0	0	1248	21.4%	21.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	4	0	0	2	4	6
45 to 59	0	0	0	0	2	6	0	0	2	6	8
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	4	10	0	0	4	10	14

CURTISS COURT
2883 SOUTH TAYLOR AVENUE
SPRINGFIELD, IL. 62703

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	126
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	14	0	14
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	83.7%	0.0%	0.0%	16.3%	100.0%		0.0%
0	586,219	0	0	114,182	700,401	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

DAMMERT GERIATRIC CENTER
726 COMMUNITY DRIVE
BELLEVILLE, IL. 62223

Reference Numbers Facility ID 6002349
Health Service Area 011 Planning Service Area 163

Administrator
Barbara Prosser

Contact Person and Telephone
CATHY KEHOE
618-394-6419

Date Completed
4/16/2013

Registered Agent Information
Fr. Thomas O'Valle
National Shrine of Our lady of the Snows
Belleville, IL 62223

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	1
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	5
Blood Disorders	6
*Nervous System Non Alzheimer	8
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	16
Respiratory System	10
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	81

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	57	57	57	57	52	5	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	38	38	31	38	29	9		
TOTAL BEDS	95	95	88	95	81	14	0	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	81
Total Admissions 2011	76
Total Discharges 2011	76
Residents on 12/31/2011	81
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	20128	0	20128	96.7%	96.7%
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	10489	0	10489	75.6%	75.6%
TOTALS	0	0.0%	0	0.0%	0	0	30617	0	30617	88.3%	88.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	1	0	1	0	1
65 to 74	0	0	0	0	0	0	1	0	1	0	1
75 to 84	1	9	0	0	0	0	1	7	2	16	18
85+	12	30	0	0	0	0	2	17	14	47	61
TOTALS	13	39	0	0	0	0	5	24	18	63	81

DAMMERT GERIATRIC CENTER
726 COMMUNITY DRIVE
BELLEVILLE, IL. 62223

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	52	0	52
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	28	1	29
TOTALS	0	0	0	0	80	1	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	92	92

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	51	0	0	29	80
Race Unknown	0	0	0	0	0
Total	52	0	0	29	81

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	52	0	0	29	81
Ethnicity Unknown	0	0	0	0	0
Total	52	0	0	29	81

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	7.00
Certified Aides	24.00
Other Health Staff	2.00
Non-Health Staff	8.00
Totals	53.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		0.2%
0	0	0	0	4,763,086	4,763,086	10,257	

*Charity Care Expense does not include expenses which may be considered a community benefit.

DANFORTH HOUSE
4540 SOUTH MICHIGAN
CHICAGO, IL. 60653

Reference Numbers Facility ID 6002356
Health Service Area 006 Planning Service Area 603

Administrator
Linda Darling

Contact Person and Telephone
LINDA DARLING
773-918-6209

Date Completed
3/25/2013

Registered Agent Information
Adrienne Golembiewski
1359 West Washington
Chicago, IL 60607

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	14
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	14	15	14	1		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	14	15	14	1	0	15

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	1
Total Discharges 2011	2
Residents on 12/31/2011	14
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5110	93.3%	0	0	0	0	5110	93.3%	93.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5110	93.3%	0	0	0	0	5110	93.3%	93.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	2	0	0	1	2	3
45 to 59	0	0	0	0	2	8	0	0	2	8	10
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	3	11	0	0	3	11	14

DANFORTH HOUSE
4540 SOUTH MICHIGAN
CHICAGO, IL. 60653

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	13	0	13
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	1	0	1
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	3.00
LPN's	0.00
Certified Aides	7.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	13.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	559,478	0	0	0	559,478	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

DANVILLE CARE
1701 NORTH BOWMAN AVE
DANVILLE, IL. 61832

Reference Numbers Facility ID 6002364
Health Service Area 004 Planning Service Area 183

Administrator
Kim Colbrook

Contact Person and Telephone
Kim Colbrook
217-443-2955

Registered Agent Information **Date Completed** 4/15/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	6
Mental Illness	36
Developmental Disability	0
Circulatory System	27
Respiratory System	12
Digestive System	0
Genitourinary System Disorders	9
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	100

Total Residents Diagnosed as Mentally Ill 36

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	200	159	114	159	100	100	118	200
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	200	159	114	159	100	100	118	200

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	99
Total Admissions 2011	109
Total Discharges 2011	108
Residents on 12/31/2011	100
Identified Offenders	13

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3203	7.4%	30903	42.3%	1128	38	1641	0	36913	50.6%	63.6%
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	3203	7.4%	30903	42.3%	1128	38	1641	0	36913	50.6%	63.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	8	5	0	0	0	0	0	0	8	5	13
45 to 59	13	8	0	0	0	0	0	0	13	8	21
60 to 64	5	9	0	0	0	0	0	0	5	9	14
65 to 74	11	12	0	0	0	0	0	0	11	12	23
75 to 84	9	6	0	0	0	0	0	0	9	6	15
85+	2	12	0	0	0	0	0	0	2	12	14
TOTALS	48	52	0	0	0	0	0	0	48	52	100

DANVILLE CARE
1701 NORTH BOWMAN AVE
DANVILLE, IL. 61832

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 183

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	83	2	0	2	0	100
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	83	2	0	2	0	100

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	127	148
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	11	0	0	0	11
Hawaiian/Pacific Isl.	0	0	0	0	0
White	65	0	0	0	65
Race Unknown	22	0	0	0	22
Total	100	0	0	0	100

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	78	0	0	0	78
Ethnicity Unknown	22	0	0	0	22
Total	100	0	0	0	100

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	10.00
Certified Aides	40.00
Other Health Staff	2.00
Non-Health Staff	38.00
Totals	100.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
23.4%	70.3%	3.0%	0.1%	3.1%	100.0%		0.0%
1,555,174	4,663,016	200,299	7,600	208,444	6,634,533	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

DAVIES SQUARE
1817 CRESENT DRIVE
PEKIN, IL. 61554

Reference Numbers Facility ID 6002398
Health Service Area 002 Planning Service Area 179

Administrator
Adam Tabor

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/5/2013

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 62401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 6

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5840	######	0	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	######	0	0	0	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	3	0	0	5	3	8
45 to 59	0	0	0	0	3	3	0	0	3	3	6
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	2	0	0	0	2	2
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

DAVIES SQUARE
1817 CRESENT DRIVE
PEKIN, IL. 61554

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	110
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	16	0	16
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	9.00
Certified Aides	1.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	79.7%	1.5%	0.0%	18.7%	100.0%		0.0%
0	516,152	9,951	0	121,149	647,254	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

DAVIS HOUSE
4237 SOUTH INDIANA AVENUE
CHICAGO, IL. 60653

Reference Numbers Facility ID 6002406
Health Service Area 006 Planning Service Area 603

Administrator
Linda Darling

Contact Person and Telephone
LINDA DARLING
773-918-6209

Registered Agent Information
Adrienne Golembiewski
1359 West Washington
Chicago, IL 60607

Date Completed
3/25/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	14

Total Residents Diagnosed as Mentally Ill 3

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	15	15	14	1		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	15	15	14	1	0	15

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	0
Total Discharges 2011	1
Residents on 12/31/2011	14
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5110	93.3%	0	0	0	0	5110	93.3%	93.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5110	93.3%	0	0	0	0	5110	93.3%	93.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	4	0	0	3	4	7
45 to 59	0	0	0	0	2	3	0	0	2	3	5
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	6	8	0	0	6	8	14

DAVIS HOUSE
4237 SOUTH INDIANA AVENUE
CHICAGO, IL. 60653

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	125	125
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	13	0	13
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	0	0	1	0	1
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	3.00
LPN's	0.00
Certified Aides	8.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	14.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	515,631	0	0	0	515,631	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

DAYSTAR CARE CENTER
2001 CEDAR
CAIRO, IL. 62914

Reference Numbers Facility ID 6010342
Health Service Area 005 Planning Service Area 003

Administrator
Angie Simmons

Contact Person and Telephone
ANGIE SIMMONS
618-734-1700

Registered Agent Information

Date Completed
4/23/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	8
Mental Illness	5
Developmental Disability	1
Circulatory System	15
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	3
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	54
Total Residents Diagnosed as Mentally Ill	19

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	83	83	60	83	54	29	83	83
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	83	83	60	83	54	29	83	83

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	55
Total Admissions 2011	29
Total Discharges 2011	30
Residents on 12/31/2011	54
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1489	4.9%	16678	55.1%	233	0	1527	0	19927	65.8%	65.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1489	4.9%	16678	55.1%	233	0	1527	0	19927	65.8%	65.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	2	0	0	0	0	0	0	1	2	3
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	10	8	0	0	0	0	0	0	10	8	18
75 to 84	2	10	0	0	0	0	0	0	2	10	12
85+	4	13	0	0	0	0	0	0	4	13	17
TOTALS	20	34	0	0	0	0	0	0	20	34	54

DAYSTAR CARE CENTER
2001 CEDAR
CAIRO, IL. 62914

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 003

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	42	0	0	7	0	54
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	42	0	0	7	0	54

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	110
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	28	0	0	0	28
Hawaiian/Pacific Isl.	0	0	0	0	0
White	26	0	0	0	26
Race Unknown	0	0	0	0	0
Total	54	0	0	0	54

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	54	0	0	0	54
Ethnicity Unknown	0	0	0	0	0
Total	54	0	0	0	54

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	6.00
Certified Aides	30.00
Other Health Staff	2.00
Non-Health Staff	24.00
Totals	67.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
62.3%	32.4%	0.0%	0.0%	5.3%	100.0%		0.0%
1,800,950	937,270	0	0	151,842	2,890,062	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

DEARBORN COURT
520 S. DEARBORN STREET
KANKAKEE, IL. 60901

Reference Numbers Facility ID 6013726
Health Service Area 009 Planning Service Area 091

Administrator
Jennifer Allsopp

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 62401

Date Completed
4/5/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	6
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	6
Total Admissions 2011	2
Total Discharges 2011	2
Residents on 12/31/2011	6
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			2196	######	0	0	0	0	2196	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2196	######	0	0	0	0	2196	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	2	0	0	0	2	2
45 to 59	0	0	0	0	0	2	0	0	0	2	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	2	0	0	0	2	0	2
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	2	4	0	0	2	4	6

DEARBORN COURT
520 S. DEARBORN STREET
KANKAKEE, IL. 60901

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	196
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	5	0	5
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	6	0	6
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	7.00
Other Health Staff	0.33
Non-Health Staff	0.00
Totals	8.17

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	87.1%	3.3%	0.0%	9.6%	100.0%		0.0%
0	366,344	13,937	0	40,256	420,538	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

DECATUR MANOR HEALTHCARE
1016 WEST PERSHING ROAD
DECATUR, IL. 62526

Reference Numbers Facility ID 6007363
Health Service Area 004 Planning Service Area 115

Administrator
Ruth Huber

Contact Person and Telephone
Ruth Huber
2178750833

Date Completed
4/16/2013

Registered Agent Information
Thomas Winter
6840 N Lincoln
Lincolnwood, IL 62526

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	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
Total Residents Diagnosed as Mentally Ill	133

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	147	147	147	147	133	14	0	127
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	147	147	147	147	133	14	0	127

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	126
Total Admissions 2011	82
Total Discharges 2011	75
Residents on 12/31/2011	133
Identified Offenders	35

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	47500	######	1070	0	734	0	49304	91.9%	91.9%
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	0	0.0%	47500	######	1070	0	734	0	49304	91.9%	91.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	20	14	0	0	0	0	0	0	20	14	34
45 to 59	41	26	0	0	0	0	0	0	41	26	67
60 to 64	11	9	0	0	0	0	0	0	11	9	20
65 to 74	7	4	0	0	0	0	0	0	7	4	11
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	80	53	0	0	0	0	0	0	80	53	133

DECATUR MANOR HEALTHCARE
1016 WEST PERSHING ROAD
DECATUR, IL. 62526

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	125	0	0	8	0	133
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	125	0	0	8	0	133

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	110	110
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	22	0	0	0	22
Hawaiian/Pacific Isl.	0	0	0	0	0
White	110	0	0	0	110
Race Unknown	0	0	0	0	0
Total	133	0	0	0	133

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	133	0	0	0	133
Ethnicity Unknown	0	0	0	0	0
Total	133	0	0	0	133

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	7.00
Certified Aides	23.00
Other Health Staff	14.00
Non-Health Staff	35.00
Totals	83.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	72.3%	4.5%	0.0%	23.3%	100.0%		0.0%
0	3,684,145	229,197	0	1,185,542	5,098,884	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

DECATUR REHAB & HEALTHCARE CENTER
136 SOUTH DIPPER LANE
DECATUR, IL. 62522

Reference Numbers Facility ID 6003081
Health Service Area 004 Planning Service Area 115

Administrator
Christopher S. White

Contact Person and Telephone
Marikay Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
3/28/2012

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	19
Mental Illness	2
Developmental Disability	2
Circulatory System	4
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	37
Total Residents Diagnosed as Mentally Ill	20

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	58	48	41	48	37	21	0	58
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	58	48	41	48	37	21	0	58

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	39
Total Admissions 2011	32
Total Discharges 2011	34
Residents on 12/31/2011	37
Identified Offenders	8

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	11575	54.7%	1450	0	429	0	13454	63.6%	76.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	11575	54.7%	1450	0	429	0	13454	63.6%	76.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	1	0	0	0	0	0	0	2	1	3
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	6	3	0	0	0	0	0	0	6	3	9
75 to 84	8	5	0	0	0	0	0	0	8	5	13
85+	2	6	0	0	0	0	0	0	2	6	8
TOTALS	20	17	0	0	0	0	0	0	20	17	37

DECATUR REHAB & HEALTHCARE CENTER
136 SOUTH DIPPER LANE
DECATUR, IL. 62522

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	34	2	0	1	0	37
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	34	2	0	1	0	37

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	27	0	0	0	27
Race Unknown	1	0	0	0	1
Total	37	0	0	0	37

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	36	0	0	0	36
Ethnicity Unknown	0	0	0	0	0
Total	37	0	0	0	37

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	4.00
Certified Aides	18.00
Other Health Staff	0.00
Non-Health Staff	16.00
Totals	43.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	93.6%	2.5%	0.0%	3.9%	100.0%		0.0%
0	1,441,764	38,901	0	59,555	1,540,220	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

DEKALB COUNTY REHAB & NURSING
2600 N. ANNIE GLIDDEN ROAD
DEKALB, IL. 60115

Reference Numbers Facility ID 6015630
Health Service Area 001 Planning Service Area 037

Administrator
Catherine Anderson

Contact Person and Telephone
CATHERINE ANDERSON
815-758-2477

Registered Agent Information

Date Completed
4/12/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	3
Mental Illness	17
Developmental Disability	0
Circulatory System	17
Respiratory System	9
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	5
Musculo-skeletal Disorders	6
Injuries and Poisonings	4
Other Medical Conditions	50
Non-Medical Conditions	35
TOTALS	170

Total Residents Diagnosed as Mentally Ill 68

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	190	190	179	190	170	20	190	190
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	190	190	179	190	170	20	190	190

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	176
Total Admissions 2011	243
Total Discharges 2011	249
Residents on 12/31/2011	170
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9311	13.4%	38066	54.9%	0	0	15334	0	62711	90.4%	90.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	9311	13.4%	38066	54.9%	0	0	15334	0	62711	90.4%	90.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	1	0	0	0	0	0	0	3	1	4
45 to 59	0	5	0	0	0	0	0	0	0	5	5
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	5	10	0	0	0	0	0	0	5	10	15
75 to 84	17	35	0	0	0	0	0	0	17	35	52
85+	16	78	0	0	0	0	0	0	16	78	94
TOTALS	41	129	0	0	0	0	0	0	41	129	170

DEKALB COUNTY REHAB & NURSING
2600 N. ANNIE GLIDDEN ROAD
DEKALB, IL. 60115

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 037

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	29	89	0	0	52	0	170
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	29	89	0	0	52	0	170

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	200
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	167	0	0	0	167
Race Unknown	0	0	0	0	0
Total	170	0	0	0	170

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	170	0	0	0	170
Ethnicity Unknown	0	0	0	0	0
Total	170	0	0	0	170

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	26.00
LPN's	6.00
Certified Aides	74.00
Other Health Staff	5.00
Non-Health Staff	67.00
Totals	180.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
27.8%	27.2%	0.0%	5.6%	39.5%	100.0%		0.0%
3,474,035	3,398,557	0	694,159	4,937,702	12,504,455	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

DIAMONDVIEW
338 COUNTRY CLUB ROAD
CENTRALIA, IL. 62801

Reference Numbers Facility ID 6013494
Health Service Area 005 Planning Service Area 121

Administrator
Julie Clark

Contact Person and Telephone
JENNIFER PONTIOUS
618-532-9630

Date Completed
4/22/2013

Registered Agent Information
Bill Crain
623 East Broadway
Centralia, IL 62801

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 8

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	3
Total Discharges 2011	3
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5328	91.2%	0	0	0	0	5328	91.2%	91.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5328	91.2%	0	0	0	0	5328	91.2%	91.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	5	0	0	1	5	6
45 to 59	0	0	0	0	3	2	0	0	3	2	5
60 to 64	0	0	0	0	0	2	0	0	0	2	2
65 to 74	0	0	0	0	0	2	0	0	0	2	2
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	4	11	0	0	4	11	15

DIAMONDVIEW
338 COUNTRY CLUB ROAD
CENTRALIA, IL. 62801

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 121

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	122	122
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	12.00
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	13.25

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	87.1%	0.0%	0.0%	12.9%	100.0%		0.0%
0	565,331	0	0	83,604	648,935	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

DIVISION STREET HOME
317 WEST DIVISION STREET
AMBOY, IL. 61310

Reference Numbers Facility ID 6013643
Health Service Area 001 Planning Service Area 103

Administrator
Ron Heiderscheit

Contact Person and Telephone
RON HEIDERSCHEIT
815-288-6691 ext. 269

Registered Agent Information
Jeff Stauter
500 Anchor Road
Dixon, IL 61021

Date Completed
4/13/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	6
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	6
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	6
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			2010	91.8%	0	0	0	0	2010	91.8%	91.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2010	91.8%	0	0	0	0	2010	91.8%	91.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	2	0	0	0	2	2
45 to 59	0	0	0	0	1	2	0	0	1	2	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	2	4	0	0	2	4	6

DIVISION STREET HOME
317 WEST DIVISION STREET
AMBOY, IL. 61310

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 103

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	191	182
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	2	0	2
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	6	0	6
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	5.50
Other Health Staff	0.50
Non-Health Staff	1.00
Totals	7.75

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	11.5%	88.5%	0.0%	0.0%	100.0%		0.0%
0	45,762	352,900	0	0	398,662	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

DIXON REHABILITATION & HEALTHCARE CENTE
800 DIVISION STREET
DIXON, IL. 61021

Reference Numbers Facility ID 6005276
Health Service Area 001 Planning Service Area 103

Administrator
JOHN BERNADYN

Contact Person and Telephone
SCOTT MCBRIDE
8152843393

Date Completed
4/3/2013

Registered Agent Information
DIXON MANOR LLC
800 DIVISION ST
Dixon, IL 61021

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	12
Endocrine/Metabolic	14
Blood Disorders	3
*Nervous System Non Alzheimer	6
Alzheimer Disease	19
Mental Illness	1
Developmental Disability	3
Circulatory System	14
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	81

Total Residents Diagnosed as Mentally Ill 8

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	97	91	83	89	81	16	97	97
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	97	91	83	89	81	16	97	97

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	83
Total Admissions 2011	90
Total Discharges 2011	92
Residents on 12/31/2011	81
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3758	10.6%	20211	57.1%	0	198	5432	0	29599	83.6%	89.1%
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	3758	10.6%	20211	57.1%	0	198	5432	0	29599	83.6%	89.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	2	0	0	0	0	0	0	0	2	2
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	12	7	0	0	0	0	0	0	12	7	19
75 to 84	11	22	0	0	0	0	0	0	11	22	33
85+	3	20	0	0	0	0	0	0	3	20	23
TOTALS	28	53	0	0	0	0	0	0	28	53	81

DIXON REHABILITATION & HEALTHCARE CENTE
800 DIVISION STREET
DIXON, IL. 61021

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 103

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	51	0	1	12	0	81
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	51	0	1	12	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	149
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	79	0	0	0	79
Race Unknown	0	0	0	0	0
Total	81	0	0	0	81

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	80	0	0	0	80
Ethnicity Unknown	0	0	0	0	0
Total	81	0	0	0	81

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	10.00
Certified Aides	32.00
Other Health Staff	3.00
Non-Health Staff	13.00
Totals	66.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
32.8%	44.4%	0.0%	1.6%	21.3%	100.0%		0.0%
1,685,155	2,283,617	0	80,396	1,093,368	5,142,536	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW 1/9/2012 Change of Ownership occurred.

DOBSON PLAZA
120 DODGE AVENUE
EVANSTON, IL. 60202

Reference Numbers Facility ID 6002521
Health Service Area 007 Planning Service Area 702

Administrator
CHARLOTTE KOHN

Contact Person and Telephone
NANCY TAYLOR
847-869-7744

Registered Agent Information

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	14
Blood Disorders	4
*Nervous System Non Alzheimer	2
Alzheimer Disease	26
Mental Illness	0
Developmental Disability	0
Circulatory System	17
Respiratory System	20
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	90

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	97	97	96	97	90	7	97	97
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	97	97	96	97	90	7	97	97

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	96
Total Admissions 2011	113
Total Discharges 2011	119
Residents on 12/31/2011	90
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2887	8.2%	21665	61.2%	0	41	8979	0	33572	94.8%	94.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2887	8.2%	21665	61.2%	0	41	8979	0	33572	94.8%	94.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	5	17	0	0	0	0	0	0	5	17	22
85+	12	53	0	0	0	0	0	0	12	53	65
TOTALS	18	72	0	0	0	0	0	0	18	72	90

DOBSON PLAZA
120 DODGE AVENUE
EVANSTON, IL. 60202

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	56	0	0	23	0	90
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	56	0	0	23	0	90

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	245	210
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	86	0	0	0	86
Race Unknown	0	0	0	0	0
Total	90	0	0	0	90

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	89	0	0	0	89
Ethnicity Unknown	0	0	0	0	0
Total	90	0	0	0	90

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	23.00
LPN's	5.00
Certified Aides	32.00
Other Health Staff	10.00
Non-Health Staff	11.00
Totals	84.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
23.0%	38.0%	0.1%	1.4%	37.4%	100.0%		0.0%
1,434,667	2,372,198	8,405	89,676	2,337,497	6,242,443	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

DOCTORS NURSING & REHAB CENTER
1201 HAWTHORNE ROAD
SALEM, IL. 62881

Reference Numbers Facility ID 6002539
Health Service Area 005 Planning Service Area 121

Administrator
Kyle C. Moore

Contact Person and Telephone
MARILYN J. EAKER
618-548-4884

Registered Agent Information

Date Completed
4/15/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	24
Digestive System	5
Genitourinary System Disorders	1
Skin Disorders	3
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	72

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	109	99	109	72	48	120	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	109	99	109	72	48	120	120

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	93
Total Admissions 2011	237
Total Discharges 2011	258
Residents on 12/31/2011	72
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6898	15.7%	18713	42.7%	0	107	5791	0	31509	71.9%	79.2%
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	6898	15.7%	18713	42.7%	0	107	5791	0	31509	71.9%	79.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	3	0	0	0	0	0	0	4	3	7
45 to 59	5	2	0	0	0	0	0	0	5	2	7
60 to 64	2	5	0	0	0	0	0	0	2	5	7
65 to 74	3	6	0	0	0	0	0	0	3	6	9
75 to 84	8	12	0	0	0	0	0	0	8	12	20
85+	7	15	0	0	0	0	0	0	7	15	22
TOTALS	29	43	0	0	0	0	0	0	29	43	72

DOCTORS NURSING & REHAB CENTER
1201 HAWTHORNE ROAD
SALEM, IL. 62881

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 121

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	40	0	1	12	0	72
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	40	0	1	12	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	154	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	71	0	0	0	71
Race Unknown	0	0	0	0	0
Total	72	0	0	0	72

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	72	0	0	0	72
Ethnicity Unknown	0	0	0	0	0
Total	72	0	0	0	72

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	14.00
Certified Aides	36.00
Other Health Staff	7.00
Non-Health Staff	0.00
Totals	68.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
44.8%	41.5%	2.7%	0.1%	11.0%	100.0%		0.0%
3,404,447	3,153,760	206,130	9,242	834,045	7,607,624	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

DOLTON COURT
644 SHERIDAN ROAD
DOLTON, IL. 60419

Reference Numbers Facility ID 6014013
Health Service Area 007 Planning Service Area 705

Administrator
Roberta Camacho

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/5/2013

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 62401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	3
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	3
Total Residents Diagnosed as Mentally Ill	2

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	3	4	3	1		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	3	4	3	1	0	4

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	2
Total Admissions 2011	1
Total Discharges 2011	0
Residents on 12/31/2011	3
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1095	75.0%	0	0	0	0	1095	75.0%	75.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1095	75.0%	0	0	0	0	1095	75.0%	75.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	2	0	0	1	2	3
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	1	2	0	0	1	2	3

DOLTON COURT
644 SHERIDAN ROAD
DOLTON, IL. 60419

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		3	0	0	0	0	3
Sheltered Care			0	0	0	0	0
TOTALS	0	3	0	0	0	0	3

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	248
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	1	0	1
Race Unknown	0	0	0	0	0
Total	0	0	3	0	3

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	2	0	2
Ethnicity Unknown	0	0	0	0	0
Total	0	0	3	0	3

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	6.50
Other Health Staff	0.25
Non-Health Staff	0.00
Totals	7.59

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	89.6%	0.9%	0.0%	9.5%	100.0%		0.0%
0	220,945	2,201	0	23,529	246,676	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

DOLTON NURSING & REHABILITATION
14325 SOUTH BLACKSTONE
DOLTON, IL. 60419

Reference Numbers Facility ID 6002547
Health Service Area 007 Planning Service Area 705

Administrator
Shalom Lichtman

Contact Person and Telephone
Shalom Lichtman
708-849-5000

Date Completed
4/8/2013

Registered Agent Information
Frederick Frankel
8131 N Monticello
SKOKIE, IL 60076

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	10
*Nervous System Non Alzheimer	0
Alzheimer Disease	30
Mental Illness	0
Developmental Disability	0
Circulatory System	30
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	71

Total Residents Diagnosed as Mentally Ill 3

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	80	80	75	80	71	9	80	80
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	80	80	75	80	71	9	80	80

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	66
Total Admissions 2011	81
Total Discharges 2011	76
Residents on 12/31/2011	71
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2959	10.1%	19695	67.4%	0	7	2069	0	24730	84.7%	84.7%
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	2959	10.1%	19695	67.4%	0	7	2069	0	24730	84.7%	84.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	8	2	0	0	0	0	0	0	8	2	10
60 to 64	4	4	0	0	0	0	0	0	4	4	8
65 to 74	2	5	0	0	0	0	0	0	2	5	7
75 to 84	6	18	0	0	0	0	0	0	6	18	24
85+	1	21	0	0	0	0	0	0	1	21	22
TOTALS	21	50	0	0	0	0	0	0	21	50	71

DOLTON NURSING & REHABILITATION
14325 SOUTH BLACKSTONE
DOLTON, IL. 60419

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	57	0	0	4	0	71
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	57	0	0	4	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	210
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	55	0	0	0	55
Hawaiian/Pacific Isl.	0	0	0	0	0
White	16	0	0	0	16
Race Unknown	0	0	0	0	0
Total	71	0	0	0	71

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	69	0	0	0	69
Ethnicity Unknown	0	0	0	0	0
Total	71	0	0	0	71

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	10.00
Certified Aides	27.00
Other Health Staff	1.50
Non-Health Staff	16.00
Totals	58.50

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
10.3%	78.4%	0.0%	6.2%	5.2%	100.0%		0.0%
411,130	3,141,740	0	248,123	207,288	4,008,281	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

DOUGLAS NURSING & REHAB CENTER
3516 POWELL LANE
MATTOON, IL. 61938

Reference Numbers Facility ID 6002570
Health Service Area 004 Planning Service Area 029

Administrator
Cindy Lewton

Contact Person and Telephone
CINDY LEWTON
217-234-6401

Date Completed
4/4/2013

Registered Agent Information
Robert G. Hedges
1625 South 6th Street
Springfield, IL 62703

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	2
Mental Illness	3
Developmental Disability	0
Circulatory System	13
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	2
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	30

Total Residents Diagnosed as Mentally Ill 13

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	79	79	43	79	30	49	79	79
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	79	79	43	79	30	49	79	79

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	43
Total Admissions 2011	113
Total Discharges 2011	126
Residents on 12/31/2011	30
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2257	7.8%	9582	33.2%	0	45	2388	0	14272	49.5%	49.5%
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	2257	7.8%	9582	33.2%	0	45	2388	0	14272	49.5%	49.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	2	5	0	0	0	0	0	0	2	5	7
75 to 84	2	4	0	0	0	0	0	0	2	4	6
85+	1	11	0	0	0	0	0	0	1	11	12
TOTALS	8	22	0	0	0	0	0	0	8	22	30

DOUGLAS NURSING & REHAB CENTER
3516 POWELL LANE
MATTOON, IL. 61938

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 029

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	25	0	0	5	0	30
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	25	0	0	5	0	30

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	30	0	0	0	30
Race Unknown	0	0	0	0	0
Total	30	0	0	0	30

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	30	0	0	0	30
Ethnicity Unknown	0	0	0	0	0
Total	30	0	0	0	30

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	5.00
Certified Aides	20.00
Other Health Staff	3.00
Non-Health Staff	13.00
Totals	46.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
44.9%	42.4%	0.0%	0.8%	11.8%	100.0%		0.0%
1,371,809	1,296,591	0	24,504	361,685	3,054,589	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change 12/11/2012 Formerly Douglas Rehabilitation & Care Center.

DOUGLAS TERRACE
324 EAST DOUGLAS AVENUE
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6012389
Health Service Area 003 Planning Service Area 137

Administrator
Suzanne McMillan

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 62401

Date Completed
4/5/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 6

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5664	97.0%	0	0	0	0	5664	97.0%	97.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5664	97.0%	0	0	0	0	5664	97.0%	97.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	8	4	0	0	8	4	12
45 to 59	0	0	0	0	1	1	0	0	1	1	2
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	1	0	0	0	1	1
TOTALS	0	0	0	0	10	6	0	0	10	6	16

DOUGLAS TERRACE
324 EAST DOUGLAS AVENUE
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 137

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	113
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	86.7%	0.9%	0.0%	12.4%	100.0%		0.0%
0	554,919	5,978	0	79,097	639,996	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

DUPAGE CONVALESCENT CENTER
400 NORTH COUNTY FARM ROAD
WHEATON, IL. 60187

Reference Numbers Facility ID 6002612
Health Service Area 007 Planning Service Area 703

Administrator
Jennifer Ulmer

Contact Person and Telephone
BARBARA HYDE
630-784-4201

Date Completed
4/18/2013

Registered Agent Information
Daniel J. Cronin, County Board Chairma
421 North County Farm Road
Wheaton, IL 60187

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	60
Alzheimer Disease	55
Mental Illness	28
Developmental Disability	1
Circulatory System	51
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	31
Injuries and Poisonings	10
Other Medical Conditions	65
Non-Medical Conditions	0
TOTALS	326
Total Residents Diagnosed as Mentally Ill	226

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	368	368	335	368	326	42	368	368
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	368	368	335	368	326	42	368	368

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	328
Total Admissions 2011	294
Total Discharges 2011	296
Residents on 12/31/2011	326
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8396	6.3%	89632	66.7%	0	967	18838	0	117833	87.7%	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	8396	6.3%	89632	66.7%	0	967	18838	0	117833	87.7%	87.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	11	5	0	0	0	0	0	0	11	5	16
45 to 59	24	16	0	0	0	0	0	0	24	16	40
60 to 64	6	8	0	0	0	0	0	0	6	8	14
65 to 74	19	24	0	0	0	0	0	0	19	24	43
75 to 84	33	47	0	0	0	0	0	0	33	47	80
85+	29	104	0	0	0	0	0	0	29	104	133
TOTALS	122	204	0	0	0	0	0	0	122	204	326

DUPAGE CONVALESCENT CENTER
400 NORTH COUNTY FARM ROAD
WHEATON, IL. 60187

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	235	0	6	61	0	326
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	235	0	6	61	0	326

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	250
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	10	0	0	0	10
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	306	0	0	0	306
Race Unknown	0	0	0	0	0
Total	326	0	0	0	326

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	316	0	0	0	316
Ethnicity Unknown	0	0	0	0	0
Total	326	0	0	0	326

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	62.90
LPN's	15.30
Certified Aides	157.10
Other Health Staff	34.80
Non-Health Staff	160.60
Totals	433.70

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
20.7%	55.0%	0.0%	0.0%	24.3%	100.0%		0.0%
5,826,152	15,448,550	0	0	6,827,632	28,102,334	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Bed Change 2/9/2012 Discontinued 140 Nursing Care beds. Facility now has 368 Nursing Care beds.

DYBALL SUNSHINE HOUSE
1062 County Hwy 1 P.O. BOX 176
FAIRFIELD, IL. 62837

Reference Numbers Facility ID 6002620
Health Service Area 005 Planning Service Area 191

Administrator
BRIDGET P. 'PAT' MCDONAGH

Contact Person and Telephone
BRIDGET P. 'PAT' MCDONAGH
618 842-4833

Registered Agent Information

Date Completed
4/4/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	14
Total Residents Diagnosed as Mentally Ill	2

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	14	2	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	14
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	14
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5023	86.0%	0	0	0	0	5023	86.0%	86.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5023	86.0%	0	0	0	0	5023	86.0%	86.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	0	0	0	2	0	2
45 to 59	0	0	0	0	1	5	0	0	1	5	6
60 to 64	0	0	0	0	1	2	0	0	1	2	3
65 to 74	0	0	0	0	1	1	0	0	1	1	2
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	6	8	0	0	6	8	14

DYBALL SUNSHINE HOUSE
1062 County Hwy 1 P.O. BOX 176
FAIRFIELD, IL. 62837

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 191

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	111	111
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.25
Registered Nurses	0.00
LPN's	0.00
Certified Aides	15.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	15.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	82.8%	0.0%	0.0%	17.2%	100.0%		0.0%
0	462,066	0	0	95,814	557,880	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

EAGLE COURT
1890 EAST EAGLE STREET
KANKAKEE, IL. 60901

Reference Numbers Facility ID 6013882
Health Service Area 009 Planning Service Area 091

Administrator
Jennifer Allsopp

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 62401

Date Completed
4/5/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	6
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	6
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	6
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			2196	######	0	0	0	0	2196	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2196	######	0	0	0	0	2196	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	4	2	0	0	4	2	6
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	4	2	0	0	4	2	6

EAGLE COURT
1890 EAST EAGLE STREET
KANKAKEE, IL. 60901

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	183
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	5	0	5
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	4	0	4
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	7.00
Other Health Staff	0.33
Non-Health Staff	0.00
Totals	8.17

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	87.9%	1.9%	0.0%	10.2%	100.0%		0.0%
0	359,653	7,964	0	41,728	409,345	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

EAST BANK CENTER, LLC.
6131 PARK RIDGE ROAD
LOVES PARK, IL. 61111

Reference Numbers Facility ID 6003222
Health Service Area 001 Planning Service Area 201

Administrator
Renee Woods

Contact Person and Telephone
RENEE WOODS
8156336810

Registered Agent Information
Michael Hovde
107 53rd Street
Bloomingdale, IL 60108

Date Completed
4/8/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	10
Injuries and Poisonings	7
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	35

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	54	42	42	42	35	19	54	10
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	54	42	42	42	35	19	54	10

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	35
Total Admissions 2011	559
Total Discharges 2011	559
Residents on 12/31/2011	35
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7965	40.4%	18	0.5%	0	3701	333	0	12017	61.0%	78.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	7965	40.4%	18	0.5%	0	3701	333	0	12017	61.0%	78.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	2	2	0	0	0	0	0	0	2	2	4
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	3	3	0	0	0	0	0	0	3	3	6
75 to 84	5	5	0	0	0	0	0	0	5	5	10
85+	5	6	0	0	0	0	0	0	5	6	11
TOTALS	18	17	0	0	0	0	0	0	18	17	35

EAST BANK CENTER, LLC.
6131 PARK RIDGE ROAD
LOVES PARK, IL. 61111

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	30	0	0	5	0	0	35
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	30	0	0	5	0	0	35

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	350	300
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	33	0	0	0	33
Race Unknown	0	0	0	0	0
Total	35	0	0	0	35

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	35	0	0	0	35
Ethnicity Unknown	0	0	0	0	0
Total	35	0	0	0	35

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	5.00
Certified Aides	14.00
Other Health Staff	0.00
Non-Health Staff	18.00
Totals	51.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
65.0%	0.0%	0.0%	32.8%	2.1%	100.0%		0.0%
3,681,703	2,817	0	1,856,611	121,450	5,662,583	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

EAST MOLINE NURSING & REHAB
430 30TH AVENUE
EAST MOLINE, IL. 61244

Reference Numbers Facility ID 6002646
Health Service Area 010 Planning Service Area 161

Administrator
Moses Strauss

Contact Person and Telephone
Moses Strauss

Registered Agent Information
Abraham Gutnicki
8320 Skokie Blvd, Suite 100
SKOKIE, IL 60077

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	10
Blood Disorders	10
*Nervous System Non Alzheimer	3
Alzheimer Disease	10
Mental Illness	3
Developmental Disability	3
Circulatory System	10
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	10
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	66
Total Residents Diagnosed as Mentally Ill	3

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	120	79	66	66	54	72	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	79	66	66	54	72	120

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	65
Total Admissions 2011	130
Total Discharges 2011	129
Residents on 12/31/2011	66
Identified Offenders	4

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2844	10.8%	15513	35.4%	3000	559	1587	0	23503	53.7%	53.7%
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	2844	10.8%	15513	35.4%	3000	559	1587	0	23503	53.7%	53.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	5	0	0	0	0	0	0	3	5	8
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	3	14	0	0	0	0	0	0	3	14	17
75 to 84	11	14	0	0	0	0	0	0	11	14	25
85+	4	8	0	0	0	0	0	0	4	8	12
TOTALS	22	44	0	0	0	0	0	0	22	44	66

EAST MOLINE NURSING & REHAB
430 30TH AVENUE
EAST MOLINE, IL. 61244

Reference Numbers Facility ID **Health Service Area** 010 **Planning Service Area** 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	51	0	3	3	0	66
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	51	0	3	3	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	137
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	57	0	0	0	57
Race Unknown	0	0	0	0	0
Total	66	0	0	0	66

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	64	0	0	0	64
Ethnicity Unknown	0	0	0	0	0
Total	66	0	0	0	66

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	7.00
Certified Aides	19.00
Other Health Staff	18.00
Non-Health Staff	0.00
Totals	48.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
29.9%	52.0%	0.0%	7.6%	10.4%	100.0%		0.0%
867,696	1,508,665	0	219,821	302,946	2,899,129	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

EAST SIDE TERRACE
3850 EAST FULTON
DECATUR, IL. 62521

Reference Numbers Facility ID 6012926
Health Service Area 004 Planning Service Area 115

Administrator
PAM ROSENKRANZ

Contact Person and Telephone
Anna Brackenbush
217-710-3195

Date Completed
4/16/2013

Registered Agent Information
E. ROBERT ANDERSON
1204 N. MAIN ST
Paris, IL 61944

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 10

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	15	15	15	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	15	15	15	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	15
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5490	94.0%	0	0	0	0	5490	94.0%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5490	94.0%	0	0	0	0	5490	94.0%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	9	0	0	0	9	0	9
45 to 59	0	0	0	0	3	0	0	0	3	0	3
60 to 64	0	0	0	0	2	0	0	0	2	0	2
65 to 74	0	0	0	0	1	0	0	0	1	0	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	15	0	0	0	15	0	15

EAST SIDE TERRACE
3850 EAST FULTON
DECATUR, IL. 62521

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	117	117
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.11
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.16
LPN's	0.00
Certified Aides	6.51
Other Health Staff	1.00
Non-Health Staff	0.68
Totals	8.46

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	84.7%	0.0%	0.0%	15.3%	100.0%		0.0%
0	531,660	0	0	96,375	628,035	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

EASTERN STAR HOME
9890 STAR LANE PO BOX 317
MACON, IL. 62544

Reference Numbers Facility ID 6002653
Health Service Area 004 Planning Service Area 115

Administrator
Carla J. Beck

Contact Person and Telephone
CARLA J. BECK
217-764-3348

Date Completed
3/21/2013

Registered Agent Information
Damon Stotts
9894 Star Lane, P.O. Box 317
Macon, IL 62544

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	24
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	44	44	19	44	19	25	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	20	20	5	20	5	15		
TOTAL BEDS	64	64	24	64	24	40	0	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	23
Total Admissions 2011	8
Total Discharges 2011	7
Residents on 12/31/2011	24
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	6935	0	6935	43.2%	43.2%
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	1825	0	1825	25.0%	25.0%
TOTALS	0	0.0%	0	0.0%	0	0	8760	0	8760	37.5%	37.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	3	0	0	0	0	0	0	0	3	3
75 to 84	0	3	0	0	0	0	0	2	0	5	5
85+	0	13	0	0	0	0	0	3	0	16	16
TOTALS	0	19	0	0	0	0	0	5	0	24	24

EASTERN STAR HOME
9890 STAR LANE PO BOX 317
MACON, IL. 62544

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	19	0	19
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	5	0	5
TOTALS	0	0	0	0	24	0	24

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	100	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	19	0	0	5	24
Race Unknown	0	0	0	0	0
Total	19	0	0	5	24

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	19	0	0	5	24
Ethnicity Unknown	0	0	0	0	0
Total	19	0	0	5	24

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	9.00
Certified Aides	16.00
Other Health Staff	0.00
Non-Health Staff	13.00
Totals	43.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		0.0%
0	0	0	0	283,646	283,646	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

EASTSIDE HEALTH & REHAB CENTER
1400 EAST WASHINGTON
PITTSFIELD, IL. 62363

Reference Numbers Facility ID 6007025
Health Service Area 003 Planning Service Area 013

Administrator
Jerri S. Springer

Contact Person and Telephone
Marikay Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Drive
Peoria, IL 61614

Date Completed
3/28/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	5
Mental Illness	13
Developmental Disability	0
Circulatory System	11
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	4
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	56
Total Residents Diagnosed as Mentally Ill	16

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	92	92	67	83	56	36	92	92
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	92	92	67	83	56	36	92	92

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	64
Total Admissions 2011	122
Total Discharges 2011	130
Residents on 12/31/2011	56
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2664	7.9%	14408	42.9%	154	373	4903	0	22502	67.0%	67.0%
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	2664	7.9%	14408	42.9%	154	373	4903	0	22502	67.0%	67.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	3	0	0	0	0	0	0	0	3	3
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	3	4	0	0	0	0	0	0	3	4	7
75 to 84	2	18	0	0	0	0	0	0	2	18	20
85+	5	20	0	0	0	0	0	0	5	20	25
TOTALS	10	46	0	0	0	0	0	0	10	46	56

EASTSIDE HEALTH & REHAB CENTER
1400 EAST WASHINGTON
PITTSFIELD, IL. 62363

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 013

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	34	1	1	12	0	56
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	34	1	1	12	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	163	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	56	0	0	0	56
Race Unknown	0	0	0	0	0
Total	56	0	0	0	56

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	56	0	0	0	56
Ethnicity Unknown	0	0	0	0	0
Total	56	0	0	0	56

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	10.00
Certified Aides	22.00
Other Health Staff	0.00
Non-Health Staff	14.00
Totals	51.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
20.0%	57.8%	0.0%	0.0%	22.2%	100.0%		0.1%
623,532	1,800,293	0	0	691,455	3,115,280	1,591	

*Charity Care Expense does not include expenses which may be considered a community benefit.

EASTVIEW TERRACE
EAST VIEW PLACE
SULLIVAN, IL. 61951

Reference Numbers Facility ID 6009237
Health Service Area 004 Planning Service Area 139

Administrator
Adam Pullen

Contact Person and Telephone
Marikay Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
3/28/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	17
Mental Illness	0
Developmental Disability	3
Circulatory System	7
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	36

Total Residents Diagnosed as Mentally Ill 27

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	63	59	45	57	36	27	63	63
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	63	59	45	57	36	27	63	63

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	43
Total Admissions 2011	20
Total Discharges 2011	27
Residents on 12/31/2011	36
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	712	3.1%	9871	42.9%	0	0	3200	0	13783	59.9%	64.0%
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	712	3.1%	9871	42.9%	0	0	3200	0	13783	59.9%	64.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	0	5	0	0	0	0	0	0	0	5	5
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	4	10	0	0	0	0	0	0	4	10	14
85+	2	8	0	0	0	0	0	0	2	8	10
TOTALS	9	27	0	0	0	0	0	0	9	27	36

EASTVIEW TERRACE
EAST VIEW PLACE
SULLIVAN, IL. 61951

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 139

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	28	0	0	8	0	36
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	28	0	0	8	0	36

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	143	123
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	34	0	0	0	34
Race Unknown	0	0	0	0	0
Total	36	0	0	0	36

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	36	0	0	0	36
Ethnicity Unknown	0	0	0	0	0
Total	36	0	0	0	36

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	8.00
Certified Aides	14.00
Other Health Staff	0.00
Non-Health Staff	18.00
Totals	43.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
7.8%	70.5%	0.0%	0.0%	21.7%	100.0%		0.2%
137,108	1,243,923	0	0	382,444	1,763,475	2,809	

*Charity Care Expense does not include expenses which may be considered a community benefit.

EDEN VILLAGE CARE CENTER
400 SOUTH STATION ROAD
GLEN CARBON, IL. 62034

Reference Numbers Facility ID 6002679
Health Service Area 011 Planning Service Area 119

Administrator
BETH BREIHAN

Contact Person and Telephone
BETH BREIHAN
618-288-5014

Date Completed
4/19/2013

Registered Agent Information
ELIZABETH BREIHAN
400 SOUTH STATION ROAD
Glen Carbon, IL 62034

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	35
Mental Illness	8
Developmental Disability	1
Circulatory System	6
Respiratory System	14
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	14
Injuries and Poisonings	10
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	101

Total Residents Diagnosed as Mentally Ill 8

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	128	128	107	128	102	26	128	105
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	128	128	107	128	102	26	128	105

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	91
Total Admissions 2011	247
Total Discharges 2011	236
Residents on 12/31/2011	102
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3859	8.3%	10696	27.9%	0	1966	18498	0	35019	75.0%	75.0%
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	3859	8.3%	10696	27.9%	0	1966	18498	0	35019	75.0%	75.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	4	0	0	0	0	0	0	3	4	7
75 to 84	8	26	0	0	0	0	0	0	8	26	34
85+	10	50	0	0	0	0	0	0	10	50	60
TOTALS	22	80	0	0	0	0	0	0	22	80	102

EDEN VILLAGE CARE CENTER
400 SOUTH STATION ROAD
GLEN CARBON, IL. 62034

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	30	0	5	58	0	102
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	30	0	5	58	0	102

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	254	183
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	101	0	0	0	101
Race Unknown	0	0	0	0	0
Total	102	0	0	0	102

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	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

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	13.00
Certified Aides	44.00
Other Health Staff	16.00
Non-Health Staff	47.00
Totals	127.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
15.6%	9.7%	0.0%	5.1%	69.6%	100.0%		0.7%
1,763,640	1,101,669	0	579,226	7,886,647	11,331,182	81,593	

*Charity Care Expense does not include expenses which may be considered a community benefit.

EDWARDSVILLE NSG & REHAB CTR.
401 ST. MARY'S DRIVE
EDWARDSVILLE, IL. 62025

Reference Numbers Facility ID 6002729
Health Service Area 011 Planning Service Area 119

Administrator
Brian L. Koontz

Contact Person and Telephone
BRIAN KOONTZ
618-692-1330

Date Completed
4/19/2013

Registered Agent Information
Lawrence Schwartz
7366 North Lincoln Ave.
Lincolnwood, IL 60712

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	7
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	13
Digestive System	3
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	23
Injuries and Poisonings	6
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	92

Total Residents Diagnosed as Mentally Ill 34

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	120	106	116	92	28	32	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	106	116	92	28	32	120

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	91
Total Admissions 2011	148
Total Discharges 2011	147
Residents on 12/31/2011	92
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2943	25.2%	23963	54.7%	0	2332	4061	0	33299	76.0%	76.0%
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	2943	25.2%	23963	54.7%	0	2332	4061	0	33299	76.0%	76.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	6	0	0	0	0	0	0	0	6	6
60 to 64	1	4	0	0	0	0	0	0	1	4	5
65 to 74	3	13	0	0	0	0	0	0	3	13	16
75 to 84	9	19	0	0	0	0	0	0	9	19	28
85+	8	29	0	0	0	0	0	0	8	29	37
TOTALS	21	71	0	0	0	0	0	0	21	71	92

EDWARDSVILLE NSG & REHAB CTR.
401 ST. MARY'S DRIVE
EDWARDSVILLE, IL. 62025

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	71	0	6	10	0	92
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	71	0	6	10	0	92

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	162	142
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pacific Isl.	0	0	0	0	0
White	80	0	0	0	80
Race Unknown	0	0	0	0	0
Total	92	0	0	0	92

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	92	0	0	0	92
Ethnicity Unknown	0	0	0	0	0
Total	92	0	0	0	92

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	15.00
Certified Aides	38.00
Other Health Staff	4.00
Non-Health Staff	39.00
Totals	107.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
17.6%	43.5%	0.0%	11.1%	27.9%	100.0%		0.0%
946,616	2,341,606	0	595,244	1,503,004	5,386,470	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

EDWARDSVILLE TERRACE
808 SOUTHWEST PLACE
EDWARDSVILLE, IL. 62025

Reference Numbers Facility ID 6013783
Health Service Area 011 Planning Service Area 119

Administrator
Angela Wiley

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/5/2013

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 62401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 5

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5110	87.5%	0	0	365	0	5475	93.8%	93.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5110	87.5%	0	0	365	0	5475	93.8%	93.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	5	0	0	6	5	11
45 to 59	0	0	0	0	0	1	0	0	0	1	1
60 to 64	0	0	0	0	2	0	0	0	2	0	2
65 to 74	0	0	0	0	1	0	0	0	1	0	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	9	6	0	0	9	6	15

EDWARDSVILLE TERRACE
808 SOUTHWEST PLACE
EDWARDSVILLE, IL. 62025

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	1	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	1	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	130
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	82.9%	1.4%	0.0%	15.7%	100.0%		0.0%
0	597,130	10,155	0	113,071	720,357	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

EFFINGHAM REHAB & HEALTH CARE CTR
1610 NORTH LAKEWOOD DRIVE
EFFINGHAM, IL. 62401

Reference Numbers Facility ID 6009559
Health Service Area 005 Planning Service Area 049

Administrator
Shirley Acree

Contact Person and Telephone
Marikay Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	1
Developmental Disability	0
Circulatory System	6
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	0
Injuries and Poisonings	2
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	38

Total Residents Diagnosed as Mentally Ill 34

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	62	61	50	56	38	24	16	62
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	62	61	50	56	38	24	16	62

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	45
Total Admissions 2011	59
Total Discharges 2011	66
Residents on 12/31/2011	38
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1577	27.0%	10762	47.6%	107	416	2960	0	15822	69.9%	71.1%
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	1577	27.0%	10762	47.6%	107	416	2960	0	15822	69.9%	71.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	6	0	0	0	0	0	0	3	6	9
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	3	3	0	0	0	0	0	0	3	3	6
75 to 84	0	7	0	0	0	0	0	0	0	7	7
85+	6	6	0	0	0	0	0	0	6	6	12
TOTALS	14	24	0	0	0	0	0	0	14	24	38

EFFINGHAM REHAB & HEALTH CARE CTR
1610 NORTH LAKEWOOD DRIVE
EFFINGHAM, IL. 62401

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 049

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	26	0	0	9	0	38
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	26	0	0	9	0	38

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	122	115
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	37	0	0	0	37
Race Unknown	0	0	0	0	0
Total	38	0	0	0	38

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	38	0	0	0	38
Ethnicity Unknown	0	0	0	0	0
Total	38	0	0	0	38

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	3.00
Certified Aides	18.00
Other Health Staff	0.00
Non-Health Staff	22.00
Totals	50.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
17.4%	65.1%	0.0%	0.0%	17.5%	100.0%		0.9%
343,156	1,283,888	0	0	345,409	1,972,453	17,239	

*Charity Care Expense does not include expenses which may be considered a community benefit.

EFFINGHAM TERRACE
1101 SOUTH 3RD STREET
EFFINGHAM, IL. 62401

Reference Numbers Facility ID 6002737
Health Service Area 005 Planning Service Area 049

Administrator
Kathryn Bruce

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/5/2013

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 62401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	14
Total Residents Diagnosed as Mentally Ill	7

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	14	2	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	14
Total Admissions 2011	2
Total Discharges 2011	2
Residents on 12/31/2011	14
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5324	91.2%	0	0	122	0	5446	93.3%	93.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5324	91.2%	0	0	122	0	5446	93.3%	93.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	7	0	0	2	7	9
45 to 59	0	0	0	0	3	2	0	0	3	2	5
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	5	9	0	0	5	9	14

EFFINGHAM TERRACE
1101 SOUTH 3RD STREET
EFFINGHAM, IL. 62401

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 049

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		13	0	0	1	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	13	0	0	1	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	107
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	14	0	14
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	79.5%	0.3%	0.0%	20.1%	100.0%		0.0%
0	455,179	1,982	0	115,182	572,344	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

EISENHOWER TERRACE
#2 EISENHOWER DRIVE
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6013692
Health Service Area 003 Planning Service Area 137

Administrator
Suzanne McMillan

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/5/2013

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 62401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 11

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	1
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5794	99.2%	0	0	31	0	5825	99.7%	99.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5794	99.2%	0	0	31	0	5825	99.7%	99.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	2	0	0	3	2	5
45 to 59	0	0	0	0	5	3	0	0	5	3	8
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	1	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	9	6	0	0	9	6	15

EISENHOWER TERRACE
#2 EISENHOWER DRIVE
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 137

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	125
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	82.9%	0.6%	0.0%	16.5%	100.0%		0.0%
0	608,937	4,412	0	121,499	734,849	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

EL PASO HEALTHCARE CENTER
850 EAST SECOND STREET
EL PASO, IL. 61738

Reference Numbers Facility ID 6002745
Health Service Area 002 Planning Service Area 203

Administrator
Lance Tossell

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
3/28/2013

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	115
Developmental Disability	0
Circulatory System	0
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	117
Total Residents Diagnosed as Mentally Ill	117

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	123	123	123	123	117	6	0	123
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	123	123	123	123	117	6	0	123

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	109
Total Admissions 2011	110
Total Discharges 2011	102
Residents on 12/31/2011	117
Identified Offenders	16

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1568	0.0%	35308	78.6%	4544	76	794	0	42290	94.2%	94.2%
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	1568	0.0%	35308	78.6%	4544	76	794	0	42290	94.2%	94.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	17	7	0	0	0	0	0	0	17	7	24
45 to 59	18	25	0	0	0	0	0	0	18	25	43
60 to 64	12	11	0	0	0	0	0	0	12	11	23
65 to 74	11	5	0	0	0	0	0	0	11	5	16
75 to 84	5	6	0	0	0	0	0	0	5	6	11
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	63	54	0	0	0	0	0	0	63	54	117

EL PASO HEALTHCARE CENTER
850 EAST SECOND STREET
EL PASO, IL. 61738

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 203

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	98	12	0	3	0	117
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	98	12	0	3	0	117

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	107	0	0	0	107
Race Unknown	0	0	0	0	0
Total	117	0	0	0	117

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	116	0	0	0	116
Ethnicity Unknown	0	0	0	0	0
Total	117	0	0	0	117

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	9.00
Certified Aides	22.00
Other Health Staff	3.00
Non-Health Staff	39.00
Totals	79.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
5.4%	85.8%	5.3%	0.0%	3.4%	100.0%		0.1%
236,392	3,756,290	232,640	0	150,775	4,376,097	5,303	

*Charity Care Expense does not include expenses which may be considered a community benefit.

EL VALOR RESIDENCE
1931 WEST 19TH STREET
CHICAGO, IL. 60608

Reference Numbers Facility ID 6002752
Health Service Area 006 Planning Service Area 602

Administrator
Carlos A. Rodriguez

Contact Person and Telephone
CARLOS A. RODRIGUEZ

Registered Agent Information

Date Completed
5/31/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	11
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	11

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	11	1		12
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	11	1	0	12

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	12
Total Admissions 2011	1
Total Discharges 2011	2
Residents on 12/31/2011	11
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4197	95.8%	0	0	0	0	4197	95.8%	95.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4197	95.8%	0	0	0	0	4197	95.8%	95.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	1	0	0	4	1	5
45 to 59	0	0	0	0	3	2	0	0	3	2	5
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	1	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	7	4	0	0	7	4	11

EL VALOR RESIDENCE
1931 WEST 19TH STREET
CHICAGO, IL. 60608

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		11	0	0	0	0	11
Sheltered Care			0	0	0	0	0
TOTALS	0	11	0	0	0	0	11

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	5	0	5
Race Unknown	0	0	6	0	6
Total	0	0	11	0	11

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	6	0	6
Non-Hispanic	0	0	5	0	5
Ethnicity Unknown	0	0	0	0	0
Total	0	0	11	0	11

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.50
LPN's	0.00
Certified Aides	6.50
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	8.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	495,305	0	0	0	495,305	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ELIZABETH NURSING HOME
540 PLEASANT STREET
ELIZABETH, IL. 61028

Reference Numbers Facility ID 6002810
Health Service Area 001 Planning Service Area 085

Administrator
Karen Wilson

Contact Person and Telephone
KAREN WILSON
Karen Wilson

Registered Agent Information

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System Non Alzheimer	0
Alzheimer Disease	11
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	32

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	49	49	36	49	32	17	0	49
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	49	49	36	49	32	17	0	49

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	33
Total Admissions 2011	23
Total Discharges 2011	24
Residents on 12/31/2011	32
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	4518	25.3%	0	0	7658	0	12176	68.1%	68.1%
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	0	0.0%	4518	25.3%	0	0	7658	0	12176	68.1%	68.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	4	3	0	0	0	0	0	0	4	3	7
85+	5	19	0	0	0	0	0	0	5	19	24
TOTALS	10	22	0	0	0	0	0	0	10	22	32

ELIZABETH NURSING HOME
540 PLEASANT STREET
ELIZABETH, IL. 61028

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 085

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	13	0	0	19	0	32
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	13	0	0	19	0	32

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	173	163
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	32	0	0	0	32
Race Unknown	0	0	0	0	0
Total	32	0	0	0	32

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	32	0	0	0	32
Ethnicity Unknown	0	0	0	0	0
Total	32	0	0	0	32

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	2.00
Certified Aides	12.00
Other Health Staff	0.00
Non-Health Staff	10.00
Totals	29.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	17.8%	0.0%	0.0%	82.2%	100.0%		0.0%
0	313,028	0	0	1,440,995	1,754,024	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ELLNER TERRACE
801 MARKET STREET
EVANSVILLE, IL. 62242

Reference Numbers Facility ID 6010409
Health Service Area 005 Planning Service Area 157

Administrator
John Mirecki

Contact Person and Telephone
john Mirecki
708-283-1530

Registered Agent Information
John Mirecki
3615 Park Dr. Suite 100
Olympia Fields, IL 60461

Date Completed
4/16/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 9

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5480	93.8%	0	0	0	0	5480	93.8%	93.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5480	93.8%	0	0	0	0	5480	93.8%	93.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	2	0	0	2	2	4
45 to 59	0	0	0	0	1	3	0	0	1	3	4
60 to 64	0	0	0	0	2	2	0	0	2	2	4
65 to 74	0	0	0	0	2	1	0	0	2	1	3
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	7	8	0	0	7	8	15

ELLNER TERRACE
801 MARKET STREET
EVANSVILLE, IL. 62242

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 157

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	121	111
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	10.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	570,756	0	0	0	570,756	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ELMBROOK NURSING
127 WEST DIVERSEY AVENUE
ELMHURST, IL. 60126

Reference Numbers Facility ID 6010144
Health Service Area 007 Planning Service Area 703

Administrator
MARK MURPHEY

Contact Person and Telephone
SUNNY JOSEPH
6305305225

Registered Agent Information

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	8
Blood Disorders	7
*Nervous System Non Alzheimer	5
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	31
Digestive System	2
Genitourinary System Disorders	16
Skin Disorders	5
Musculo-skeletal Disorders	15
Injuries and Poisonings	3
Other Medical Conditions	35
Non-Medical Conditions	0
TOTALS	152

Total Residents Diagnosed as Mentally Ill 36

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	180	180	168	180	152	28	117	180
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	180	180	168	180	152	28	117	180

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	157
Total Admissions 2011	170
Total Discharges 2011	175
Residents on 12/31/2011	152
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12775	29.9%	40515	61.7%	730	183	4563	0	58766	89.4%	89.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	12775	29.9%	40515	61.7%	730	183	4563	0	58766	89.4%	89.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	5	6	0	0	0	0	0	0	5	6	11
65 to 74	12	18	0	0	0	0	0	0	12	18	30
75 to 84	14	36	0	0	0	0	0	0	14	36	50
85+	14	44	0	0	0	0	0	0	14	44	58
TOTALS	47	105	0	0	0	0	0	0	47	105	152

ELMBROOK NURSING
127 WEST DIVERSEY AVENUE
ELMHURST, IL. 60126

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	36	97	7	0	12	0	152
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	36	97	7	0	12	0	152

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	242	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	142	0	0	0	142
Race Unknown	0	0	0	0	0
Total	152	0	0	0	152

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	19	0	0	0	19
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	133	0	0	0	133
Total	152	0	0	0	152

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	22.00
Certified Aides	66.00
Other Health Staff	23.00
Non-Health Staff	22.00
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
48.8%	43.1%	0.0%	1.9%	6.2%	100.0%		0.0%
7,075,809	6,255,735	0	276,399	906,193	14,514,136	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ELMHURST EXTENDED CARE CENTER
200 EAST LAKE STREET
ELMHURST, IL. 60126

Reference Numbers Facility ID 6002828
Health Service Area 007 Planning Service Area 703

Administrator
John Massard

Contact Person and Telephone
Love Dave
(630) 516-5000

Date Completed
4/19/2013

Registered Agent Information
Keith Goldberg, Attorney at Law
1701 E. Lake Ave. #255
Glenview, IL 60025

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	9
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	25
Non-Medical Conditions	0
TOTALS	68

Total Residents Diagnosed as Mentally Ill 56

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	108	104	87	76	68	40	39	22
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	108	104	87	76	68	40	39	22

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	77
Total Admissions 2011	262
Total Discharges 2011	271
Residents on 12/31/2011	68
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6254	43.9%	4126	51.4%	0	570	17680	0	28630	72.6%	75.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	6254	43.9%	4126	51.4%	0	570	17680	0	28630	72.6%	75.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	4	10	0	0	0	0	0	0	4	10	14
85+	9	42	0	0	0	0	0	0	9	42	51
TOTALS	14	54	0	0	0	0	0	0	14	54	68

ELMHURST EXTENDED CARE CENTER
200 EAST LAKE STREET
ELMHURST, IL. 60126

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	12	0	1	43	0	68
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	12	0	1	43	0	68

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	195
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	68	0	0	0	68
Race Unknown	0	0	0	0	0
Total	68	0	0	0	68

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	67	0	0	0	67
Ethnicity Unknown	0	0	0	0	0
Total	68	0	0	0	68

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	8.00
Certified Aides	33.00
Other Health Staff	7.00
Non-Health Staff	28.00
Totals	86.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
39.1%	8.6%	0.0%	3.3%	49.0%	100.0%		0.0%
2,834,533	625,711	0	237,413	3,552,035	7,249,692	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ELMWOOD CARE
7733 GRAND AVENUE
ELMWOOD PARK, IL. 60707

Reference Numbers Facility ID 6008270
Health Service Area 007 Planning Service Area 704

Administrator
Colleen Rodney

Contact Person and Telephone
COLLEEN RODNEY
708-452-9200

Date Completed
4/10/2013

Registered Agent Information
Elmwood-Grand LLC
6840 Lincoln Avenue
Lincolnwood, IL 60712

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	35
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	48
Mental Illness	33
Developmental Disability	4
Circulatory System	8
Respiratory System	58
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	195

Total Residents Diagnosed as Mentally Ill 33

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	245	245	211	245	195	50	245	245
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	245	245	211	245	195	50	245	245

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	205
Total Admissions 2011	199
Total Discharges 2011	209
Residents on 12/31/2011	195
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5498	6.1%	62040	69.4%	2136	550	3028	0	73252	81.9%	81.9%
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	5498	6.1%	62040	69.4%	2136	550	3028	0	73252	81.9%	81.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	9	2	0	0	0	0	0	0	9	2	11
45 to 59	24	19	0	0	0	0	0	0	24	19	43
60 to 64	15	15	0	0	0	0	0	0	15	15	30
65 to 74	27	25	0	0	0	0	0	0	27	25	52
75 to 84	16	20	0	0	0	0	0	0	16	20	36
85+	6	17	0	0	0	0	0	0	6	17	23
TOTALS	97	98	0	0	0	0	0	0	97	98	195

ELMWOOD CARE
7733 GRAND AVENUE
ELMWOOD PARK, IL. 60707

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	163	5	1	7	0	195
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	163	5	1	7	0	195

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	6	0	0	0	6
American Indian	0	0	0	0	0
Black	66	0	0	0	66
Hawaiian/Pacific Isl.	0	0	0	0	0
White	123	0	0	0	123
Race Unknown	0	0	0	0	0
Total	195	0	0	0	195

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	24	0	0	0	24
Non-Hispanic	171	0	0	0	171
Ethnicity Unknown	0	0	0	0	0
Total	195	0	0	0	195

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	24.00
Certified Aides	57.00
Other Health Staff	17.00
Non-Health Staff	57.00
Totals	173.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
20.7%	63.8%	2.5%	1.9%	11.0%	100.0%		0.0%
3,568,620	10,983,309	436,897	322,644	1,894,433	17,205,903	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ELMWOOD NRSG. & REHAB CENTER
152 WILMA DRIVE
MARYVILLE, IL. 62062

Reference Numbers Facility ID 6005961
Health Service Area 011 Planning Service Area 119

Administrator
Sherri Rudd

Contact Person and Telephone
SHERRI RUDD
Administrator

Registered Agent Information
Lawrence Schwartz
8170 N McCormick Blvd Suite 219
SKOKIE, IL 60076

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	2
Circulatory System	0
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	29
Non-Medical Conditions	0
TOTALS	47

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	104	104	72	104	47	57	13	104
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	104	104	72	104	47	57	13	104

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	66
Total Admissions 2011	63
Total Discharges 2011	82
Residents on 12/31/2011	47
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1660	35.0%	17073	45.0%	1138	436	2109	0	22416	59.1%	59.1%
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	1660	35.0%	17073	45.0%	1138	436	2109	0	22416	59.1%	59.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	5	2	0	0	0	0	0	0	5	2	7
60 to 64	3	0	0	0	0	0	0	0	3	0	3
65 to 74	6	6	0	0	0	0	0	0	6	6	12
75 to 84	9	4	0	0	0	0	0	0	9	4	13
85+	6	6	0	0	0	0	0	0	6	6	12
TOTALS	29	18	0	0	0	0	0	0	29	18	47

ELMWOOD NRSG. & REHAB CENTER
152 WILMA DRIVE
MARYVILLE, IL. 62062

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	38	1	0	6	0	47
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	38	1	0	6	0	47

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	112
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	44	0	0	0	44
Race Unknown	0	0	0	0	0
Total	47	0	0	0	47

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	47	0	0	0	47
Ethnicity Unknown	0	0	0	0	0
Total	47	0	0	0	47

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	4.00
Certified Aides	16.00
Other Health Staff	0.00
Non-Health Staff	39.00
Totals	65.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
15.2%	69.5%	2.9%	4.7%	7.7%	100.0%		0.0%
468,757	2,149,005	91,138	145,859	239,311	3,094,070	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ELMWOOD TERRACE HEALTHCARE CTR
1017 WEST GALENA BOULEVARD
AURORA, IL. 60506

Reference Numbers Facility ID 6002844
Health Service Area 008 Planning Service Area 089

Administrator
CATHY WOOD

Contact Person and Telephone
CATHY WOOD
630-897-3100

Registered Agent Information

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	1
Mental Illness	5
Developmental Disability	6
Circulatory System	19
Respiratory System	15
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	53

Total Residents Diagnosed as Mentally Ill 5

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	68	68	66	68	53	15	68	68
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	68	68	66	68	53	15	68	68

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	55
Total Admissions 2011	44
Total Discharges 2011	46
Residents on 12/31/2011	53
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3358	13.5%	18028	72.6%	0	0	565	0	21951	88.4%	88.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3358	13.5%	18028	72.6%	0	0	565	0	21951	88.4%	88.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	5	4	0	0	0	0	0	0	5	4	9
60 to 64	3	5	0	0	0	0	0	0	3	5	8
65 to 74	5	9	0	0	0	0	0	0	5	9	14
75 to 84	8	7	0	0	0	0	0	0	8	7	15
85+	2	5	0	0	0	0	0	0	2	5	7
TOTALS	23	30	0	0	0	0	0	0	23	30	53

ELMWOOD TERRACE HEALTHCARE CTR
1017 WEST GALENA BOULEVARD
AURORA, IL. 60506

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	40	0	0	0	0	53
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	40	0	0	0	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	360	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	36	0	0	0	36
Race Unknown	7	0	0	0	7
Total	53	0	0	0	53

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	46	0	0	0	46
Ethnicity Unknown	0	0	0	0	0
Total	53	0	0	0	53

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	3.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	10.00
Certified Aides	28.00
Other Health Staff	2.00
Non-Health Staff	16.00
Totals	68.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
31.0%	66.6%	0.0%	0.0%	2.4%	100.0%		0.0%
1,299,087	2,787,544	0	0	101,520	4,188,151	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ELSTON NURSING & REHAB CENTER
4340 N. KEYSTONE AVE.
CHICAGO, IL. 60641

Reference Numbers Facility ID 6002851
Health Service Area 006 Planning Service Area 601

Administrator
ANTOINETTE BEEDON

Contact Person and Telephone
ANTOINETTE BEEDON
773-545-8700

Registered Agent Information

Date Completed
5/31/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	59
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	8
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	2
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	103

Total Residents Diagnosed as Mentally Ill 65

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	117	117	109	117	103	14	32	117
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	117	117	109	117	103	14	32	117

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	107
Total Admissions 2011	97
Total Discharges 2011	101
Residents on 12/31/2011	103
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2486	21.3%	35144	82.3%	366	191	1332	0	39519	92.5%	92.5%
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	2486	21.3%	35144	82.3%	366	191	1332	0	39519	92.5%	92.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	1	0	0	0	0	0	0	2	1	3
45 to 59	12	7	0	0	0	0	0	0	12	7	19
60 to 64	3	4	0	0	0	0	0	0	3	4	7
65 to 74	12	9	0	0	0	0	0	0	12	9	21
75 to 84	10	22	0	0	0	0	0	0	10	22	32
85+	5	16	0	0	0	0	0	0	5	16	21
TOTALS	44	59	0	0	0	0	0	0	44	59	103

ELSTON NURSING & REHAB CENTER
4340 N. KEYSTONE AVE.
CHICAGO, IL. 60641

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	90	1	0	3	0	103
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	90	1	0	3	0	103

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	14	0	0	0	14
Hawaiian/Pacific Isl.	0	0	0	0	0
White	65	0	0	0	65
Race Unknown	24	0	0	0	24
Total	103	0	0	0	103

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	24	0	0	0	24
Non-Hispanic	79	0	0	0	79
Ethnicity Unknown	0	0	0	0	0
Total	103	0	0	0	103

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	7.00
Certified Aides	34.00
Other Health Staff	0.00
Non-Health Staff	27.00
Totals	84.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
15.1%	79.9%	1.0%	0.7%	3.4%	100.0%		0.0%
987,661	5,239,931	63,467	45,506	219,780	6,556,345	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

EMBASSY HEALTH CARE CENTER INC
555 W KAHLER ROAD
WILMINGTON, IL. 60481

Reference Numbers Facility ID 6008312
Health Service Area 009 Planning Service Area 197

Administrator
JODI JUDE

Contact Person and Telephone
JODI JUDE
815-476-2200

Registered Agent Information

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	39
Mental Illness	91
Developmental Disability	3
Circulatory System	10
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	159
Total Residents Diagnosed as Mentally Ill	156

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	171	171	171	171	161	10	80	169
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	171	171	171	171	161	10	80	169

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	162
Total Admissions 2011	203
Total Discharges 2011	204
Residents on 12/31/2011	161
Identified Offenders	27

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4039	13.8%	49732	80.6%	2054	0	3314	0	59139	94.8%	94.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4039	13.8%	49732	80.6%	2054	0	3314	0	59139	94.8%	94.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	12	10	0	0	0	0	0	0	12	10	22
45 to 59	47	18	0	0	0	0	0	0	47	18	65
60 to 64	18	6	0	0	0	0	0	0	18	6	24
65 to 74	12	9	0	0	0	0	0	0	12	9	21
75 to 84	10	8	0	0	0	0	0	0	10	8	18
85+	1	10	0	0	0	0	0	0	1	10	11
TOTALS	100	61	0	0	0	0	0	0	100	61	161

EMBASSY HEALTH CARE CENTER INC
555 W KAHLER ROAD
WILMINGTON, IL. 60481

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	141	0	0	10	0	161
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	141	0	0	10	0	161

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	24	0	0	0	24
Hawaiian/Pacific Isl.	0	0	0	0	0
White	125	0	0	0	125
Race Unknown	12	0	0	0	12
Total	161	0	0	0	161

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	12	0	0	0	12
Non-Hispanic	149	0	0	0	149
Ethnicity Unknown	0	0	0	0	0
Total	161	0	0	0	161

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	18.00
Certified Aides	41.00
Other Health Staff	8.00
Non-Health Staff	55.00
Totals	132.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
17.9%	59.1%	0.3%	0.0%	22.7%	100.0%		0.0%
1,349,000	4,455,341	19,706	0	1,708,917	7,532,966	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

EMERALD ESTATES
1577 EAST MYRTLE PO BOX 232
CANTON, IL. 61520

Reference Numbers Facility ID 6011787
Health Service Area 002 Planning Service Area 057

Administrator
Lora Dillman

Contact Person and Telephone
MARCIA ROSE
309-647-6604

Registered Agent Information

Date Completed
3/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	11
Total Admissions 2011	7
Total Discharges 2011	2
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4635	79.4%	0	0	0	0	4635	79.4%	79.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4635	79.4%	0	0	0	0	4635	79.4%	79.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	5	0	0	2	5	7
45 to 59	0	0	0	0	5	2	0	0	5	2	7
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

EMERALD ESTATES
1577 EAST MYRTLE PO BOX 232
CANTON, IL. 61520

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 057

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	107
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	16.00
Totals	17.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	507,670	0	0	0	507,670	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

EMERITUS AT PROSPECT HEIGHTS
700 EAST EUCLID AVENUE
PROSPECT HEIGHTS, IL. 60070

Reference Numbers Facility ID 6014328
Health Service Area 007 Planning Service Area 701

Administrator
Anne M. Berg

Contact Person and Telephone
ANNE M. BERG
847-797-2700

Registered Agent Information
Emericare Inc.
3131 Elliott Avenue Suite 500
Seattle, WA 98121

Date Completed
4/16/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	10
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	2
Mental Illness	1
Developmental Disability	0
Circulatory System	25
Respiratory System	21
Digestive System	3
Genitourinary System Disorders	17
Skin Disorders	3
Musculo-skeletal Disorders	19
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	112

Total Residents Diagnosed as Mentally Ill 1

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	30	27	27	27	19	11	30	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	128	128	76	128	76	52		
TOTAL BEDS	158	155	103	155	95	63	30	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	83
Total Admissions 2011	201
Total Discharges 2011	189
Residents on 12/31/2011	95
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3448	31.5%	0	0.0%	0	360	3382	0	7190	65.7%	73.0%
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	25550	0	25550	54.7%	54.7%
TOTALS	3448	31.5%	0	0.0%	0	360	28932	0	32740	56.8%	57.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	1	0	1	1
65 to 74	1	0	0	0	0	0	3	4	4	4	8
75 to 84	2	6	0	0	0	0	4	5	6	11	17
85+	0	10	0	0	0	0	11	48	11	58	69
TOTALS	3	16	0	0	0	0	18	58	21	74	95

EMERITUS AT PROSPECT HEIGHTS
700 EAST EUCLID AVENUE
PROSPECT HEIGHTS, IL. 60070

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	0	0	0	9	0	19
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	76	0	76
TOTALS	10	0	0	0	85	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	252	217
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	19	0	0	76	95
Race Unknown	0	0	0	0	0
Total	19	0	0	76	95

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	3	3
Non-Hispanic	19	0	0	73	92
Ethnicity Unknown	0	0	0	0	0
Total	19	0	0	76	95

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	6.00
Certified Aides	13.00
Other Health Staff	25.00
Non-Health Staff	39.00
Totals	102.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
31.6%	0.0%	0.0%	2.2%	66.2%	100.0%		0.0%
2,184,786	0	0	154,232	4,571,131	6,910,149	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

EMERITUS BURR RIDGE
6801 HIGHGROVE BOULEVARD
BURR RIDGE, IL. 60527

Reference Numbers Facility ID 6016216
Health Service Area 007 Planning Service Area 703

Administrator
Joan Barris

Contact Person and Telephone
JOAN BARRIS
630-734-4574

Registered Agent Information

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	28
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	20
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	13
TOTALS	91

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	30	30	30	30	22	8	30	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	120	120	84	120	69	51		
TOTAL BEDS	150	150	114	150	91	59	30	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	114
Total Admissions 2011	286
Total Discharges 2011	309
Residents on 12/31/2011	91
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6824	62.3%	0	0.0%	0	330	914	0	8068	73.7%	73.7%
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	27899	0	27899	63.7%	63.7%
TOTALS	6824	62.3%	0	0.0%	0	330	28813	0	35967	65.7%	65.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	1	1	1	1	2
75 to 84	1	8	0	0	0	0	8	10	9	18	27
85+	3	10	0	0	0	0	9	40	12	50	62
TOTALS	4	18	0	0	0	0	18	51	22	69	91

EMERITUS BURR RIDGE
6801 HIGHGROVE BOULEVARD
BURR RIDGE, IL. 60527

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	0	0	0	6	0	22
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	69	0	69
TOTALS	16	0	0	0	75	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	300	250
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	270	187

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	1	3
American Indian	0	0	0	0	0
Black	0	0	0	1	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	20	0	0	67	87
Race Unknown	0	0	0	0	0
Total	22	0	0	69	91

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	22	0	0	69	91
Ethnicity Unknown	0	0	0	0	0
Total	22	0	0	69	91

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	9.00
Certified Aides	22.00
Other Health Staff	35.00
Non-Health Staff	33.00
Totals	117.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
41.7%	0.0%	0.0%	1.5%	56.8%	100.0%		0.0%
3,667,935	0	0	134,624	4,995,865	8,798,424	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ENFIELD REHAB & HLTHCARE CTR
408 NORTH WILSON STREET
ENFIELD, IL. 62835

Reference Numbers Facility ID 6005425
Health Service Area 005 Planning Service Area 193

Administrator
Loretta Ellis

Contact Person and Telephone
Marikay Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
3/28/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	3
Mental Illness	9
Developmental Disability	0
Circulatory System	2
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	20

Total Residents Diagnosed as Mentally Ill 9

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	47	47	25	47	20	27	23	47
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	47	47	25	47	20	27	23	47

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	26
Total Admissions 2011	6
Total Discharges 2011	12
Residents on 12/31/2011	20
Identified Offenders	4

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	7993	46.6%	0	0	370	0	8363	48.7%	48.7%
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	0	0.0%	7993	46.6%	0	0	370	0	8363	48.7%	48.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	3	1	0	0	0	0	0	0	3	1	4
75 to 84	2	3	0	0	0	0	0	0	2	3	5
85+	4	4	0	0	0	0	0	0	4	4	8
TOTALS	11	9	0	0	0	0	0	0	11	9	20

ENFIELD REHAB & HLTHCARE CTR
408 NORTH WILSON STREET
ENFIELD, IL. 62835

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 193

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	19	0	0	1	0	20
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	19	0	0	1	0	20

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	117	104
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	20	0	0	0	20
Race Unknown	0	0	0	0	0
Total	20	0	0	0	20

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	20	0	0	0	20
Ethnicity Unknown	0	0	0	0	0
Total	20	0	0	0	20

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	2.00
Certified Aides	5.00
Other Health Staff	0.00
Non-Health Staff	7.00
Totals	16.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	95.4%	0.0%	0.0%	4.6%	100.0%		0.0%
0	882,157	0	0	42,926	925,083	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Bed Change 1/24/2012 Facility discontinued 2 Nursing Care beds; facility now has 47 Nursing Care beds.

EUNICE C. SMITH NURSING HOME
1251 COLLEGE AVENUE
ALTON, IL. 62002

Reference Numbers Facility ID 6002877
Health Service Area 011 Planning Service Area 119

Administrator
Mark Jeffries

Contact Person and Telephone
MARK JEFFRIES
618.463.7331

Date Completed
4/15/2013

Registered Agent Information
David Braasch
One Memorial Drive
Alton, IL 62002

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	54
Non-Medical Conditions	0
TOTALS	55

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	62	62	58	62	55	7	40	6
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	62	62	58	62	55	7	40	6

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	56
Total Admissions 2011	161
Total Discharges 2011	162
Residents on 12/31/2011	55
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4736	32.4%	1713	78.2%	0	0	13364	0	19813	87.6%	87.6%
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	4736	32.4%	1713	78.2%	0	0	13364	0	19813	87.6%	87.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	1	6	0	0	0	0	0	0	1	6	7
75 to 84	5	6	0	0	0	0	0	0	5	6	11
85+	9	26	0	0	0	0	0	0	9	26	35
TOTALS	17	38	0	0	0	0	0	0	17	38	55

EUNICE C. SMITH NURSING HOME
1251 COLLEGE AVENUE
ALTON, IL. 62002

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	4	0	0	31	0	55
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	4	0	0	31	0	55

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	192	179
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	50	0	0	0	50
Race Unknown	0	0	0	0	0
Total	55	0	0	0	55

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	55	0	0	0	55
Ethnicity Unknown	0	0	0	0	0
Total	55	0	0	0	55

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.62
LPN's	4.41
Certified Aides	23.90
Other Health Staff	4.60
Non-Health Staff	10.55
Totals	52.08

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
41.1%	4.4%	0.0%	0.0%	54.5%	100.0%		0.0%
1,983,106	211,659	0	0	2,626,160	4,820,925	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

EVANSTON NURSING & REHAB CENTER
1300 OAK AVENUE
EVANSTON, IL. 60201

Reference Numbers Facility ID 6006845
Health Service Area 007 Planning Service Area 702

Administrator
Etan Bleichman

Contact Person and Telephone
Etan Bleichman
847-869-1300

Date Completed
4/16/2013

Registered Agent Information
Fred Frankel
8131 N Monticello
SKOKIE, IL 60076

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	21
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	53
Total Residents Diagnosed as Mentally Ill	24

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	57	57	57	57	53	4	0	57
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	57	57	57	57	53	4	0	57

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	57
Total Admissions 2011	30
Total Discharges 2011	34
Residents on 12/31/2011	53
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2408	0.0%	16271	78.2%	0	740	429	0	19848	95.4%	95.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2408	0.0%	16271	78.2%	0	740	429	0	19848	95.4%	95.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	2	1	0	0	0	0	0	0	2	1	3
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	8	10	0	0	0	0	0	0	8	10	18
75 to 84	3	11	0	0	0	0	0	0	3	11	14
85+	3	10	0	0	0	0	0	0	3	10	13
TOTALS	20	33	0	0	0	0	0	0	20	33	53

EVANSTON NURSING & REHAB CENTER
1300 OAK AVENUE
EVANSTON, IL. 60201

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	39	0	2	1	0	53
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	39	0	2	1	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	21	0	0	0	21
Hawaiian/Pacific Isl.	0	0	0	0	0
White	32	0	0	0	32
Race Unknown	0	0	0	0	0
Total	53	0	0	0	53

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	51	0	0	0	51
Ethnicity Unknown	0	0	0	0	0
Total	53	0	0	0	53

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	5.00
Certified Aides	17.00
Other Health Staff	11.00
Non-Health Staff	6.00
Totals	48.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
8.0%	85.7%	0.0%	4.0%	2.2%	100.0%		0.0%
278,300	2,965,425	0	139,947	74,744	3,458,416	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

EVENGLOW LODGE
215 EAST WASHINGTON
PONTIAC, IL. 61764

Reference Numbers Facility ID 6002901
Health Service Area 004 Planning Service Area 105

Administrator
Mark W. Hovren

Contact Person and Telephone
KAREN ABELS
(815) 844-6131

Date Completed
4/12/2013

Registered Agent Information
John A. Taylor
109 N. Mill St.
Pontiac, IL 61764

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	8
Alzheimer Disease	8
Mental Illness	8
Developmental Disability	0
Circulatory System	37
Respiratory System	3
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	29
Injuries and Poisonings	10
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	130

Total Residents Diagnosed as Mentally Ill 31

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	73	73	69	73	61	12	37	26
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	141	69	69	69	69	72		
TOTAL BEDS	214	142	138	142	130	84	37	26

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	130
Total Admissions 2011	162
Total Discharges 2011	162
Residents on 12/31/2011	130
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2263	16.8%	7127	75.1%	0	669	12514	0	22573	84.7%	84.7%
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	21395	0	21395	41.6%	85.0%
TOTALS	2263	16.8%	7127	75.1%	0	669	33909	0	43968	56.3%	84.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	4	0	0	0	0	0	2	2	6	8
75 to 84	4	10	0	0	0	0	2	16	6	26	32
85+	10	30	0	0	0	0	10	39	20	69	89
TOTALS	17	44	0	0	0	0	12	57	29	101	130

EVENGLOW LODGE
215 EAST WASHINGTON
PONTIAC, IL. 61764

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 105

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	20	0	1	37	0	61
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	69	0	69
TOTALS	3	20	0	1	106	0	130

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	213	166
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	99	66

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	61	0	0	69	130
Race Unknown	0	0	0	0	0
Total	61	0	0	69	130

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	61	0	0	69	130
Ethnicity Unknown	0	0	0	0	0
Total	61	0	0	69	130

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.77
LPN's	10.56
Certified Aides	32.80
Other Health Staff	0.00
Non-Health Staff	50.80
Totals	103.93

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
18.2%	13.8%	0.0%	0.6%	67.5%	100.0%		0.0%
1,138,381	866,093	0	34,947	4,227,689	6,267,110	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

EVERGREEN HEALTH CARE CENTER
10124 SOUTH KEDZIE AVENUE
EVERGREEN PARK, IL. 60805

Reference Numbers Facility ID 6007322
Health Service Area 007 Planning Service Area 705

Administrator
Megan Mulherin

Contact Person and Telephone
MEGAN MULHERIN
708.907.7200

Registered Agent Information
Mike Filippo
6400 Schafer Court Suite 600
Rosemont, IL 60018

Date Completed
4/24/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	12
Endocrine/Metabolic	21
Blood Disorders	0
*Nervous System Non Alzheimer	26
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	17
Respiratory System	35
Digestive System	13
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	130

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	242	200	174	200	130	112	242	242
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	242	200	174	200	130	112	242	242

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	145
Total Admissions 2011	1,594
Total Discharges 2011	1,609
Residents on 12/31/2011	130
Identified Offenders	4

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	20794	23.5%	20997	23.8%	0	8754	3883	0	54428	61.6%	74.6%
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	20794	23.5%	20997	23.8%	0	8754	3883	0	54428	61.6%	74.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	1	0	0	0	0	0	0	2	1	3
45 to 59	8	10	0	0	0	0	0	0	8	10	18
60 to 64	4	4	0	0	0	0	0	0	4	4	8
65 to 74	5	9	0	0	0	0	0	0	5	9	14
75 to 84	16	32	0	0	0	0	0	0	16	32	48
85+	11	28	0	0	0	0	0	0	11	28	39
TOTALS	46	84	0	0	0	0	0	0	46	84	130

EVERGREEN HEALTH CARE CENTER
10124 SOUTH KEDZIE AVENUE
EVERGREEN PARK, IL. 60805

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	51	44	0	23	12	0	130
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	51	44	0	23	12	0	130

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	84	0	0	0	84
Hawaiian/Pacific Isl.	0	0	0	0	0
White	43	0	0	0	43
Race Unknown	3	0	0	0	3
Total	130	0	0	0	130

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	122	0	0	0	122
Ethnicity Unknown	3	0	0	0	3
Total	130	0	0	0	130

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	27.00
LPN's	33.00
Certified Aides	62.00
Other Health Staff	15.00
Non-Health Staff	22.00
Totals	161.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
57.7%	14.5%	0.0%	21.6%	6.3%	100.0%		0.0%
10,617,571	2,659,612	0	3,966,748	1,152,657	18,396,588	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

EVERGREEN NSG & REHAB CENTER
1115 NORTH WENTHE
EFFINGHAM, IL. 62401

Reference Numbers Facility ID 6002133
Health Service Area 005 Planning Service Area 049

Administrator
Lola White

Contact Person and Telephone
LOLA WHITE
217-347-7121

Registered Agent Information

Date Completed
4/2/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	15
Blood Disorders	2
*Nervous System Non Alzheimer	5
Alzheimer Disease	12
Mental Illness	2
Developmental Disability	1
Circulatory System	9
Respiratory System	5
Digestive System	5
Genitourinary System Disorders	9
Skin Disorders	5
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	82

Total Residents Diagnosed as Mentally Ill 2

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	97	97	97	82	38	120	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	97	97	97	82	38	120	120

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	82
Total Admissions 2011	242
Total Discharges 2011	242
Residents on 12/31/2011	82
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6832	15.6%	17647	40.3%	0	23	7162	0	31664	72.3%	89.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	6832	15.6%	17647	40.3%	0	23	7162	0	31664	72.3%	89.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	2	8	0	0	0	0	0	0	2	8	10
75 to 84	8	19	0	0	0	0	0	0	8	19	27
85+	10	28	0	0	0	0	0	0	10	28	38
TOTALS	24	58	0	0	0	0	0	0	24	58	82

EVERGREEN NSG & REHAB CENTER
1115 NORTH WENTHE
EFFINGHAM, IL. 62401

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 049

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	43	0	0	24	0	82
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	43	0	0	24	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	125
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	82	0	0	0	82
Race Unknown	0	0	0	0	0
Total	82	0	0	0	82

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	82	0	0	0	82
Ethnicity Unknown	0	0	0	0	0
Total	82	0	0	0	82

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	12.00
Certified Aides	60.00
Other Health Staff	4.00
Non-Health Staff	35.00
Totals	121.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
46.7%	37.3%	0.0%	0.1%	15.9%	100.0%		0.0%
3,055,665	2,436,457	0	5,518	1,041,585	6,539,225	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

EXCEPTIONAL CARE AND TRAINING
2601 WOODLAWN ROAD
STERLING, IL. 61081

Reference Numbers Facility ID 6002935
Health Service Area 001 Planning Service Area 195

Administrator
Melissa J. Francque

Contact Person and Telephone
WYNELL PRINCE EAKLE
815-625-5306

Registered Agent Information
CT Corporation System
208 S. LaSalle St., Suite814
Chicago, IL 60604

Date Completed
4/11/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	83
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	83
Total Residents Diagnosed as Mentally Ill	15

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	85	85	84	84	83	2		79
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	85	85	84	84	83	2	0	79

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	84
Total Admissions 2011	5
Total Discharges 2011	6
Residents on 12/31/2011	83
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			29954	######	0	0	178	0	30132	97.1%	97.1%
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%	29954	######	0	0	178	0	30132	97.1%	97.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	23	17	0	0	0	0	23	17	40
45 to 59	0	0	19	17	0	0	0	0	19	17	36
60 to 64	0	0	3	1	0	0	0	0	3	1	4
65 to 74	0	0	3	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	0	0	48	35	0	0	0	0	48	35	83

EXCEPTIONAL CARE AND TRAINING
2601 WOODLAWN ROAD
STERLING, IL. 61081

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	83	0	0	0	0	83
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	83	0	0	0	0	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	174
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	9	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	73	0	0	73
Race Unknown	0	1	0	0	1
Total	0	83	0	0	83

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	4	0	0	4
Non-Hispanic	0	78	0	0	78
Ethnicity Unknown	0	1	0	0	1
Total	0	83	0	0	83

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.09
LPN's	9.32
Certified Aides	60.29
Other Health Staff	0.20
Non-Health Staff	33.56
Totals	109.46

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	75.6%	23.0%	1.4%	0.0%	100.0%		0.1%
0	5,268,024	1,603,090	96,504	0	6,967,618	3,589	

*Charity Care Expense does not include expenses which may be considered a community benefit.

EXCEPTIONAL HEALTH CARE
5701 WEST 79TH STREET
BURBANK, IL. 60459

Reference Numbers Facility ID 6007207
Health Service Area 007 Planning Service Area 705

Administrator
AKEEM ABIOLA

Contact Person and Telephone
AKEEM ABIOLA
7084253400

Registered Agent Information
YAM MANAGEMENT
8131 N MONTICELLOAVE
SKOKIE, IL 60076

Date Completed
4/15/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	1
Medicare Recipient	1
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	8
*Nervous System Non Alzheimer	5
Alzheimer Disease	8
Mental Illness	4
Developmental Disability	4
Circulatory System	4
Respiratory System	5
Digestive System	5
Genitourinary System Disorders	2
Skin Disorders	3
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	55

Total Residents Diagnosed as Mentally Ill 5

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	56	56	56	56	55	1	56	56
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	56	56	56	56	55	1	56	56

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	55
Total Admissions 2011	201
Total Discharges 2011	201
Residents on 12/31/2011	55
Identified Offenders	3

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2926	14.3%	12562	61.5%	1589	749	1458	0	19284	94.3%	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	2926	14.3%	12562	61.5%	1589	749	1458	0	19284	94.3%	94.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	2	0	0	0	0	0	0	3	2	5
60 to 64	7	3	0	0	0	0	0	0	7	3	10
65 to 74	10	10	0	0	0	0	0	0	10	10	20
75 to 84	5	7	0	0	0	0	0	0	5	7	12
85+	5	3	0	0	0	0	0	0	5	3	8
TOTALS	30	25	0	0	0	0	0	0	30	25	55

EXCEPTIONAL HEALTH CARE
5701 WEST 79TH STREET
BURBANK, IL. 60459

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	28	5	0	5	0	55
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	28	5	0	5	0	55

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	22	0	0	0	22
Hawaiian/Pacific Isl.	0	0	0	0	0
White	33	0	0	0	33
Race Unknown	0	0	0	0	0
Total	55	0	0	0	55

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	47	0	0	0	47
Total	55	0	0	0	55

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	8.00
Certified Aides	18.00
Other Health Staff	7.00
Non-Health Staff	25.00
Totals	64.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
17.8%	70.8%	0.0%	1.7%	9.6%	100.0%		0.0%
563,515	2,245,260	0	55,188	305,726	3,169,689	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FAIR ACRES NURSING HOME
514 EAST JACKSON
DUQUOIN, IL. 62832

Reference Numbers Facility ID 6002943
Health Service Area 005 Planning Service Area 145

Administrator
Randee L. Slover

Contact Person and Telephone
STEPHANI MCCAUGHAN
618-549-8331

Date Completed
4/15/2013

Registered Agent Information
Roger W. Bagley
1001 E Main Bldg 4a
Carbondale, IL 62901

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	19
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	50

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	74	74	50	74	50	24	29	74
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	74	74	50	74	50	24	29	74

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	40
Total Admissions 2011	50
Total Discharges 2011	40
Residents on 12/31/2011	50
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1890	17.9%	10918	40.4%	0	0	4585	0	17393	64.4%	64.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1890	17.9%	10918	40.4%	0	0	4585	0	17393	64.4%	64.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	2	4	0	0	0	0	0	0	2	4	6
75 to 84	3	10	0	0	0	0	0	0	3	10	13
85+	4	23	0	0	0	0	0	0	4	23	27
TOTALS	11	39	0	0	0	0	0	0	11	39	50

FAIR ACRES NURSING HOME
514 EAST JACKSON
DUQUOIN, IL. 62832

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 145

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	30	0	0	14	0	50
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	30	0	0	14	0	50

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	188	126
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	50	0	0	0	50
Race Unknown	0	0	0	0	0
Total	50	0	0	0	50

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	50	0	0	0	50
Ethnicity Unknown	0	0	0	0	0
Total	50	0	0	0	50

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	5.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	11.00
Totals	29.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
17.8%	52.6%	0.0%	0.0%	29.6%	100.0%		0.0%
339,137	1,003,479	0	0	565,108	1,907,724	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FAIR HAVENS CHRISTIAN HOME
1790 SOUTH FAIRVIEW AVENUE
DECATUR, IL. 62521

Reference Numbers Facility ID 6002950
Health Service Area 004 Planning Service Area 115

Administrator
Doug Maris

Contact Person and Telephone
Susan McGhee
314-587-7900

Registered Agent Information
Timothy Phillippe
622 Emerson Rd, Suite 310
St Louis, MO 63141

Date Completed
4/15/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	3
Mental Illness	12
Developmental Disability	0
Circulatory System	42
Respiratory System	3
Digestive System	3
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	2
Other Medical Conditions	46
Non-Medical Conditions	0
TOTALS	139

Total Residents Diagnosed as Mentally Ill 12

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	154	154	151	154	143	11	154	154
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	154	154	151	154	143	11	154	154

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	147
Total Admissions 2011	215
Total Discharges 2011	220
Residents on 12/31/2011	142
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8862	15.8%	25615	45.6%	0	606	18186	0	53269	94.8%	94.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	8862	15.8%	25615	45.6%	0	606	18186	0	53269	94.8%	94.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	1	5	0	0	0	0	0	0	1	5	6
75 to 84	16	33	0	0	0	0	0	0	16	33	49
85+	15	69	0	0	0	0	0	0	15	69	84
TOTALS	34	109	0	0	0	0	0	0	34	109	143

FAIR HAVENS CHRISTIAN HOME
1790 SOUTH FAIRVIEW AVENUE
DECATUR, IL. 62521

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	77	0	1	45	0	143
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	77	0	1	45	0	143

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	199	173
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	4	0	0	0	4
White	130	0	0	0	130
Race Unknown	4	0	0	0	4
Total	143	0	0	0	143

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	143	0	0	0	143
Ethnicity Unknown	0	0	0	0	0
Total	143	0	0	0	143

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	20.00
Certified Aides	70.00
Other Health Staff	4.00
Non-Health Staff	46.00
Totals	153.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
37.0%	30.8%	0.0%	1.7%	30.5%	100.0%		0.0%
4,027,715	3,360,037	0	186,204	3,324,545	10,898,504	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FAIR OAKS
200 HEALTH CARE DRIVE
GREENVILLE, IL. 62246

Reference Numbers Facility ID 6002968
Health Service Area 005 Planning Service Area 005

Administrator
Kristina Albers

Contact Person and Telephone
KRIS ALBERS
(618) 664-1230

Date Completed
4/11/2013

Registered Agent Information
Jeff Mollett
200 Healthcare Drive
Greenville, IL 62246

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	6
Mental Illness	9
Developmental Disability	0
Circulatory System	26
Respiratory System	0
Digestive System	5
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	67

Total Residents Diagnosed as Mentally Ill 9

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	108	108	71	0	67	41	108	108
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	108	108	71	0	67	41	108	108

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	62
Total Admissions 2011	62
Total Discharges 2011	57
Residents on 12/31/2011	67
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1437	3.6%	13858	35.2%	0	0	8594	0	23889	60.6%	60.6%
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	1437	3.6%	13858	35.2%	0	0	8594	0	23889	60.6%	60.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	4	1	0	0	0	0	0	0	4	1	5
75 to 84	7	6	0	0	0	0	0	0	7	6	13
85+	9	39	0	0	0	0	0	0	9	39	48
TOTALS	21	46	0	0	0	0	0	0	21	46	67

FAIR OAKS
200 HEALTH CARE DRIVE
GREENVILLE, IL. 62246

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 005

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	37	0	0	25	0	67
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	37	0	0	25	0	67

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	156	126
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	64	0	0	0	64
Race Unknown	0	0	0	0	0
Total	67	0	0	0	67

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	67	0	0	0	67
Ethnicity Unknown	0	0	0	0	0
Total	67	0	0	0	67

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.04
LPN's	10.57
Certified Aides	29.67
Other Health Staff	0.95
Non-Health Staff	4.72
Totals	50.95

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
17.7%	48.3%	0.0%	0.0%	33.9%	100.0%		0.0%
578,525	1,576,330	0	0	1,106,283	3,261,138	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FAIR OAKS HEALTH CARE CENTER
471 W. TERRA COTTA AVENUE
CRYSTAL LAKE, IL. 60014

Reference Numbers Facility ID 6002976
Health Service Area 008 Planning Service Area 111

Administrator
Joyce Surdick

Contact Person and Telephone
JOYCE SURDICK
815-455-0550

Date Completed
4/10/2013

Registered Agent Information
Joyce Surdick
471 W. Terra Cotta Ave
Crystal Lake, IL 60014

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	12
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	4
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	38

Total Residents Diagnosed as Mentally Ill 1

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	46	46	46	46	38	8	40	8
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	46	46	46	46	38	8	40	8

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	41
Total Admissions 2011	82
Total Discharges 2011	85
Residents on 12/31/2011	38
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3844	26.3%	2101	72.0%	0	100	7334	0	13379	79.7%	79.7%
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	3844	26.3%	2101	72.0%	0	100	7334	0	13379	79.7%	79.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	4	1	0	0	0	0	0	0	4	1	5
75 to 84	5	6	0	0	0	0	0	0	5	6	11
85+	6	14	0	0	0	0	0	0	6	14	20
TOTALS	16	22	0	0	0	0	0	0	16	22	38

FAIR OAKS HEALTH CARE CENTER
471 W. TERRA COTTA AVENUE
CRYSTAL LAKE, IL. 60014

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	5	0	0	22	0	38
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	5	0	0	22	0	38

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	264	211
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	38	0	0	0	38
Race Unknown	0	0	0	0	0
Total	38	0	0	0	38

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	38	0	0	0	38
Ethnicity Unknown	0	0	0	0	0
Total	38	0	0	0	38

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	3.00
Certified Aides	16.00
Other Health Staff	0.00
Non-Health Staff	26.00
Totals	53.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
49.5%	6.7%	0.0%	0.0%	43.8%	100.0%		0.0%
1,867,229	254,530	0	0	1,653,807	3,775,566	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FAIR OAKS REHAB & HCC
1515 BLACKHAWK BOULEVARD
SOUTH BELOIT, IL. 61080

Reference Numbers Facility ID 6002984
Health Service Area 001 Planning Service Area 201

Administrator
Sheila Storey

Contact Person and Telephone
SHEILA STOREY
815-389-3911

Date Completed
4/17/2013

Registered Agent Information
Daniel Maher
412 E. Lqawrence
Springfield, IL 62703

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	19
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	73

Total Residents Diagnosed as Mentally Ill 35

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	78	78	76	78	73	5	78	78
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	78	78	76	78	73	5	78	78

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	65
Total Admissions 2011	197
Total Discharges 2011	189
Residents on 12/31/2011	73
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	545	1.9%	18718	65.7%	0	586	2820	0	22669	79.6%	79.6%
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	545	1.9%	18718	65.7%	0	586	2820	0	22669	79.6%	79.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	1	7	0	0	0	0	0	0	1	7	8
75 to 84	4	19	0	0	0	0	0	0	4	19	23
85+	3	36	0	0	0	0	0	0	3	36	39
TOTALS	9	64	0	0	0	0	0	0	9	64	73

FAIR OAKS REHAB & HCC
1515 BLACKHAWK BOULEVARD
SOUTH BELOIT, IL. 61080

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	61	0	0	6	0	73
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	61	0	0	6	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	315	177
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	72	0	0	0	72
Race Unknown	0	0	0	0	0
Total	73	0	0	0	73

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	73	0	0	0	73
Ethnicity Unknown	0	0	0	0	0
Total	73	0	0	0	73

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	9.00
Certified Aides	16.00
Other Health Staff	0.00
Non-Health Staff	9.00
Totals	40.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
34.0%	45.9%	0.0%	5.2%	14.8%	100.0%		0.0%
1,692,933	2,289,733	0	261,330	739,211	4,983,207	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FAIRFIELD MEMORIAL HOSPITAL
303 NORTH WEST 11TH ST
FAIRFIELD, IL. 62837

Reference Numbers Facility ID 6003016
Health Service Area 005 Planning Service Area 191

Administrator
Katherine J. Bunting

Contact Person and Telephone
Mary Knight
618-847-8243

Date Completed
4/3/2013

Registered Agent Information
Michael St. Ledger
303 NW 11th Street
Fairfield, IL 62837

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	18

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	30	30	22	30	18	12	30	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	30	30	22	30	18	12	30	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	20
Total Admissions 2011	114
Total Discharges 2011	116
Residents on 12/31/2011	18
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	84	0.8%	0	0.0%	0	0	3401	0	3485	31.8%	31.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	84	0.8%	0	0.0%	0	0	3401	0	3485	31.8%	31.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	6	5	0	0	0	0	0	0	6	5	11
85+	1	6	0	0	0	0	0	0	1	6	7
TOTALS	7	11	0	0	0	0	0	0	7	11	18

FAIRFIELD MEMORIAL HOSPITAL
303 NORTH WEST 11TH ST
FAIRFIELD, IL. 62837

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 191

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	0	0	0	13	0	18
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	0	0	0	13	0	18

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	138	130
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	18	0	0	0	18
Race Unknown	0	0	0	0	0
Total	18	0	0	0	18

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	18	0	0	0	18
Ethnicity Unknown	0	0	0	0	0
Total	18	0	0	0	18

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	1.00
Certified Aides	14.00
Other Health Staff	2.00
Non-Health Staff	0.00
Totals	26.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
38.3%	4.8%	0.0%	56.4%	0.5%	100.0%		2.7%
10,318,478	1,295,014	0	15,192,229	130,636	26,936,357	736,990	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FAIRHAVEN CHRISTIAN RETIREMENT
3470 NORTH ALPINE ROAD
ROCKFORD, IL. 61114

Reference Numbers Facility ID 6003024
Health Service Area 001 Planning Service Area 201

Administrator
TOM BLEED

Contact Person and Telephone
JEFF REIERSON
815-877-1441 X1305

Date Completed
4/13/2013

Registered Agent Information
Thomas T. Bleed
3470 N. Alpine Rd.
Rockford, IL 61114

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	9
Blood Disorders	2
*Nervous System Non Alzheimer	10
Alzheimer Disease	19
Mental Illness	39
Developmental Disability	0
Circulatory System	40
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	28
Injuries and Poisonings	2
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	161
Total Residents Diagnosed as Mentally Ill	44

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	96	91	90	91	89	7	0	96
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	125	125	74	125	72	53		
TOTAL BEDS	221	216	164	216	161	60	0	96

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	156
Total Admissions 2011	144
Total Discharges 2011	139
Residents on 12/31/2011	161
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	12078	34.5%	0	0	18826	0	30904	88.2%	93.0%
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	25511	0	25511	55.9%	55.9%
TOTALS	0	0.0%	12078	34.5%	0	0	44337	0	56415	69.9%	71.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	5	11	0	0	0	0	2	12	7	23	30
85+	16	57	0	0	0	0	16	42	32	99	131
TOTALS	21	68	0	0	0	0	18	54	39	122	161

FAIRHAVEN CHRISTIAN RETIREMENT
3470 NORTH ALPINE ROAD
ROCKFORD, IL. 61114

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	33	0	0	56	0	89
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	72	0	72
TOTALS	0	33	0	0	128	0	161

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	286	198
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	157	107

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	89	0	0	72	161
Race Unknown	0	0	0	0	0
Total	89	0	0	72	161

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	89	0	0	72	161
Ethnicity Unknown	0	0	0	0	0
Total	89	0	0	72	161

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.20
Director of Nursing	1.00
Registered Nurses	9.10
LPN's	11.00
Certified Aides	36.20
Other Health Staff	4.40
Non-Health Staff	58.50
Totals	121.40

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	10.7%	0.0%	0.0%	89.3%	100.0%		2.8%
0	1,125,546	0	0	9,426,736	10,552,282	293,144	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FAIRMONT CARE CENTRE
5061 NORTH PULASKI ROAD
CHICAGO, IL. 60630

Reference Numbers Facility ID 6001051
Health Service Area 006 Planning Service Area 601

Administrator
Joanne Ventrella

Contact Person and Telephone
JOANNE VENTRELLA
(773) 604-8112

Date Completed
4/9/2013

Registered Agent Information
Christopher Vicere
5061 N Pulaski Rd
Chicago, IL 60630

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	28
Blood Disorders	5
*Nervous System Non Alzheimer	14
Alzheimer Disease	22
Mental Illness	0
Developmental Disability	0
Circulatory System	51
Respiratory System	17
Digestive System	4
Genitourinary System Disorders	2
Skin Disorders	4
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	150

Total Residents Diagnosed as Mentally Ill 42

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	176	176	163	176	150	26	104	161
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	176	176	163	176	150	26	104	161

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	156
Total Admissions 2011	151
Total Discharges 2011	157
Residents on 12/31/2011	150
Identified Offenders	4

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5825	15.3%	46908	79.8%	0	504	2926	0	56163	87.4%	87.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5825	15.3%	46908	79.8%	0	504	2926	0	56163	87.4%	87.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	5	5	0	0	0	0	0	0	5	5	10
60 to 64	6	4	0	0	0	0	0	0	6	4	10
65 to 74	13	14	0	0	0	0	0	0	13	14	27
75 to 84	10	32	0	0	0	0	0	0	10	32	42
85+	16	45	0	0	0	0	0	0	16	45	61
TOTALS	50	100	0	0	0	0	0	0	50	100	150

FAIRMONT CARE CENTRE
5061 NORTH PULASKI ROAD
CHICAGO, IL. 60630

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	115	16	1	9	0	150
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	115	16	1	9	0	150

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	261	226
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	59	0	0	0	59
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	81	0	0	0	81
Race Unknown	0	0	0	0	0
Total	150	0	0	0	150

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	22	0	0	0	22
Non-Hispanic	128	0	0	0	128
Ethnicity Unknown	0	0	0	0	0
Total	150	0	0	0	150

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	35.00
LPN's	11.00
Certified Aides	52.00
Other Health Staff	31.00
Non-Health Staff	35.00
Totals	166.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
26.9%	65.2%	0.0%	1.4%	6.5%	100.0%		0.0%
3,025,978	7,332,104	0	159,178	735,720	11,252,980	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FAIRVIEW CARE CENTER OF JOLIET
222 NORTH HAMMES
JOLIET, IL. 60435

Reference Numbers Facility ID 6004766
Health Service Area 009 Planning Service Area 197

Administrator
Meir Meystel

Contact Person and Telephone
Meir Meystel
815-725-0443

Date Completed
4/10/2013

Registered Agent Information
Fred Frankel
8131 N Monticello Ave
SKOKIE, IL 60076

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	11
Blood Disorders	5
*Nervous System Non Alzheimer	4
Alzheimer Disease	22
Mental Illness	0
Developmental Disability	8
Circulatory System	19
Respiratory System	11
Digestive System	22
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	11
Other Medical Conditions	24
Non-Medical Conditions	0
TOTALS	147

Total Residents Diagnosed as Mentally Ill 12

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	203	179	155	179	147	56	203	203
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	203	179	155	179	147	56	203	203

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	121
Total Admissions 2011	138
Total Discharges 2011	112
Residents on 12/31/2011	147
Identified Offenders	3

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6802	9.2%	33917	45.8%	0	3075	2260	691	46745	63.1%	71.5%
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	6802	9.2%	33917	45.8%	0	3075	2260	691	46745	63.1%	71.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	12	15	0	0	0	0	0	0	12	15	27
60 to 64	16	12	0	0	0	0	0	0	16	12	28
65 to 74	14	8	0	0	0	0	0	0	14	8	22
75 to 84	17	19	0	0	0	0	0	0	17	19	36
85+	5	28	0	0	0	0	0	0	5	28	33
TOTALS	65	82	0	0	0	0	0	0	65	82	147

FAIRVIEW CARE CENTER OF JOLIET
222 NORTH HAMMES
JOLIET, IL. 60435

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	114	0	1	8	3	147
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	114	0	1	8	3	147

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	28	0	0	0	28
Hawaiian/Pacific Isl.	0	0	0	0	0
White	80	0	0	0	80
Race Unknown	37	0	0	0	37
Total	147	0	0	0	147

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	108	0	0	0	108
Ethnicity Unknown	28	0	0	0	28
Total	147	0	0	0	147

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	21.00
LPN's	24.00
Certified Aides	61.00
Other Health Staff	29.00
Non-Health Staff	34.00
Totals	172.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
16.4%	69.8%	0.0%	7.3%	6.5%	100.0%		0.0%
1,038,157	4,429,219	0	462,846	413,459	6,343,681	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FAIRVIEW HAVEN
605 NORTH 4TH STREET
FAIRBURY, IL. 61739

Reference Numbers Facility ID 6003040
Health Service Area 004 Planning Service Area 105

Administrator
Richard L. Plattner

Contact Person and Telephone
DAVE BLUNIER
815-692-2572

Date Completed
4/4/2013

Registered Agent Information
David A. Blunier
605 N Fourth St
Fairbury, IL 61739

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	11
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	26
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	53
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	63	63	63	63	53	10	15	57
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	63	63	63	63	53	10	15	57

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	63
Total Admissions 2011	55
Total Discharges 2011	65
Residents on 12/31/2011	53
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1258	23.0%	6353	30.5%	0	0	13769	0	21380	93.0%	93.0%
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	1258	23.0%	6353	30.5%	0	0	13769	0	21380	93.0%	93.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	4	11	0	0	0	0	0	0	4	11	15
85+	11	25	0	0	0	0	0	0	11	25	36
TOTALS	15	38	0	0	0	0	0	0	15	38	53

FAIRVIEW HAVEN
605 NORTH 4TH STREET
FAIRBURY, IL. 61739

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 105

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	15	0	0	34	0	53
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	15	0	0	34	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	213	181
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	53	0	0	0	53
Race Unknown	0	0	0	0	0
Total	53	0	0	0	53

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	53	0	0	0	53
Ethnicity Unknown	0	0	0	0	0
Total	53	0	0	0	53

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	12.00
Certified Aides	35.00
Other Health Staff	1.00
Non-Health Staff	42.00
Totals	96.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
8.2%	13.6%	0.0%	1.4%	76.9%	100.0%		0.0%
327,323	542,622	0	54,319	3,075,201	3,999,465	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FAIRVIEW NURSING CENTER
602 EAST JACKSON
DUQUOIN, IL. 62832

Reference Numbers Facility ID 6003099
Health Service Area 005 Planning Service Area 145

Administrator
Lon Lindner

Contact Person and Telephone
STEPHANI MCCAUGHAN
618-549-8331

Date Completed
4/15/2013

Registered Agent Information
Roger W. Bagley
1001 East Main Bldg 4a
Carbondale, IL 62901

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	14
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	46

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	76	76	52	76	46	30	0	76
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	76	76	52	76	46	30	0	76

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	44
Total Admissions 2011	54
Total Discharges 2011	52
Residents on 12/31/2011	46
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2315	0.0%	8923	32.2%	0	0	5581	0	16819	60.6%	60.6%
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	2315	0.0%	8923	32.2%	0	0	5581	0	16819	60.6%	60.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	1	0	0	0	0	0	0	1	1	2
75 to 84	3	16	0	0	0	0	0	0	3	16	19
85+	5	19	0	0	0	0	0	0	5	19	24
TOTALS	10	36	0	0	0	0	0	0	10	36	46

FAIRVIEW NURSING CENTER
602 EAST JACKSON
DUQUOIN, IL. 62832

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 145

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	26	0	0	15	0	46
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	26	0	0	15	0	46

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	188	126
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	45	0	0	0	45
Race Unknown	0	0	0	0	0
Total	46	0	0	0	46

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	46	0	0	0	46
Ethnicity Unknown	0	0	0	0	0
Total	46	0	0	0	46

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.75
LPN's	2.75
Certified Aides	15.75
Other Health Staff	0.00
Non-Health Staff	14.00
Totals	37.25

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
22.2%	47.2%	0.0%	0.0%	30.6%	100.0%		0.0%
442,458	939,388	0	0	607,957	1,989,803	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FAIRVIEW NURSING PLAZA
321 ARNOLD AVENUE
ROCKFORD, IL. 61108

Reference Numbers Facility ID 6001135
Health Service Area 001 Planning Service Area 201

Administrator
Marla Murphy-Kenney

Contact Person and Telephone
Marla Murphy-Kenney
815-397-5531

Date Completed
4/2/2013

Registered Agent Information
Tom Winter
6840 N. Lincoln Avenue
Lincolnwood, IL 60712

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	19
Blood Disorders	2
*Nervous System Non Alzheimer	4
Alzheimer Disease	2
Mental Illness	105
Developmental Disability	0
Circulatory System	7
Respiratory System	6
Digestive System	4
Genitourinary System Disorders	6
Skin Disorders	2
Musculo-skeletal Disorders	3
Injuries and Poisonings	1
Other Medical Conditions	24
Non-Medical Conditions	7
TOTALS	193
Total Residents Diagnosed as Mentally Ill	192

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	213	213	210	213	193	20	99	213
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	213	213	210	213	193	20	99	213

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	206
Total Admissions 2011	76
Total Discharges 2011	89
Residents on 12/31/2011	193
Identified Offenders	30

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2626	7.3%	68564	88.2%	0	152	1363	0	72705	93.5%	93.5%
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	2626	7.3%	68564	88.2%	0	152	1363	0	72705	93.5%	93.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	15	5	0	0	0	0	0	0	15	5	20
45 to 59	52	21	0	0	0	0	0	0	52	21	73
60 to 64	15	20	0	0	0	0	0	0	15	20	35
65 to 74	20	23	0	0	0	0	0	0	20	23	43
75 to 84	5	12	0	0	0	0	0	0	5	12	17
85+	0	5	0	0	0	0	0	0	0	5	5
TOTALS	107	86	0	0	0	0	0	0	107	86	193

FAIRVIEW NURSING PLAZA
321 ARNOLD AVENUE
ROCKFORD, IL. 61108

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	183	0	1	2	0	193
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	183	0	1	2	0	193

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	147	142
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	1	0	0	0	1
Black	30	0	0	0	30
Hawaiian/Pacific Isl.	0	0	0	0	0
White	158	0	0	0	158
Race Unknown	0	0	0	0	0
Total	193	0	0	0	193

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	186	0	0	0	186
Ethnicity Unknown	0	0	0	0	0
Total	193	0	0	0	193

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	12.00
Certified Aides	46.00
Other Health Staff	9.00
Non-Health Staff	58.00
Totals	137.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
16.8%	62.4%	2.8%	0.7%	17.3%	100.0%		0.0%
1,537,770	5,705,450	257,267	63,403	1,582,864	9,146,754	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FAITH COUNTRYSIDE HOME
100 FAITH DRIVE
HIGHLAND, IL. 62249

Reference Numbers Facility ID 6003107
Health Service Area 011 Planning Service Area 119

Administrator
Darlene M. Genteman

Contact Person and Telephone
DARLENE M. GENTEMAN
618-651-3205

Registered Agent Information

Date Completed
3/12/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	16
Blood Disorders	2
*Nervous System Non Alzheimer	3
Alzheimer Disease	9
Mental Illness	3
Developmental Disability	0
Circulatory System	11
Respiratory System	9
Digestive System	5
Genitourinary System Disorders	0
Skin Disorders	3
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	67
Total Residents Diagnosed as Mentally Ill	3

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	69	69	69	69	62	7	8	69
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	7	7	7	7	5	2		
TOTAL BEDS	76	76	76	76	67	9	8	69

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	64
Total Admissions 2011	74
Total Discharges 2011	71
Residents on 12/31/2011	67
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2760	94.5%	3541	14.1%	0	0	17277	0	23578	93.6%	93.6%
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	2364	0	2364	92.5%	92.5%
TOTALS	2760	94.5%	3541	14.1%	0	0	19641	0	25942	93.5%	93.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	2	7	0	0	0	0	0	3	2	10	12
85+	11	37	0	0	0	0	1	1	12	38	50
TOTALS	15	47	0	0	0	0	1	4	16	51	67

FAITH COUNTRYSIDE HOME
100 FAITH DRIVE
HIGHLAND, IL. 62249

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	7	0	0	50	0	62
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	5	0	5
TOTALS	5	7	0	0	55	0	67

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	189	156
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	199	165

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	62	0	0	5	67
Race Unknown	0	0	0	0	0
Total	62	0	0	5	67

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	62	0	0	5	67
Ethnicity Unknown	0	0	0	0	0
Total	62	0	0	5	67

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.50
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.16
LPN's	13.54
Certified Aides	26.54
Other Health Staff	24.62
Non-Health Staff	3.44
Totals	73.80

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
27.4%	10.0%	0.0%	0.0%	62.6%	100.0%		0.5%
1,312,817	480,737	0	0	2,998,219	4,791,773	22,298	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FARMER CITY REHAB & HEALTHCARE CENTER
10 BROOKVIEW DRIVE
FARMER CITY, IL. 61842

Reference Numbers Facility ID 6004824
Health Service Area 004 Planning Service Area 039

Administrator
Mary Kay Hisbrunner

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
3/29/2013

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Cr
Peoria, IL 61614

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	8
Mental Illness	1
Developmental Disability	0
Circulatory System	10
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	49

Total Residents Diagnosed as Mentally Ill 1

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	56	53	53	53	49	7	0	51
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	56	53	53	53	49	7	0	51

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	51
Total Admissions 2011	35
Total Discharges 2011	37
Residents on 12/31/2011	49
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1132	0.0%	9819	52.7%	0	188	7018	0	18157	88.8%	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	1132	0.0%	9819	52.7%	0	188	7018	0	18157	88.8%	93.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	2	0	0	0	0	0	0	1	2	3
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	2	4	0	0	0	0	0	0	2	4	6
75 to 84	4	8	0	0	0	0	0	0	4	8	12
85+	6	20	0	0	0	0	0	0	6	20	26
TOTALS	14	35	0	0	0	0	0	0	14	35	49

FARMER CITY REHAB & HEALTHCARE CENTER
10 BROOKVIEW DRIVE
FARMER CITY, IL. 61842

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 039

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	26	0	1	18	0	49
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	26	0	1	18	0	49

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	125
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	49	0	0	0	49
Race Unknown	0	0	0	0	0
Total	49	0	0	0	49

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	49	0	0	0	49
Ethnicity Unknown	0	0	0	0	0
Total	49	0	0	0	49

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	5.00
Certified Aides	21.00
Other Health Staff	1.00
Non-Health Staff	19.00
Totals	53.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
10.7%	51.7%	0.0%	0.0%	37.6%	100.0%		0.6%
244,781	1,184,575	0	0	860,885	2,290,241	14,020	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FARMINGTON COUNTRY MANOR
701 SOUTH MAIN
FARMINGTON, IL. 61531

Reference Numbers Facility ID 6003115
Health Service Area 002 Planning Service Area 057

Administrator
Jennifer L. Baker

Contact Person and Telephone
JENNIFER L. BAKER
309-245-2407 ext 415

Date Completed
3/25/2013

Registered Agent Information
Illinois Corporation Service C Registered
801 Adlai Stevenson Drive
Springfield, IL 62703

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	9
Digestive System	5
Genitourinary System Disorders	8
Skin Disorders	2
Musculo-skeletal Disorders	0
Injuries and Poisonings	10
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	74

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	92	92	92	92	74	18	92	92
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	92	92	92	92	74	18	92	92

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	79
Total Admissions 2011	70
Total Discharges 2011	75
Residents on 12/31/2011	74
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1979	5.9%	14050	41.8%	0	355	13346	0	29730	88.5%	88.5%
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	1979	5.9%	14050	41.8%	0	355	13346	0	29730	88.5%	88.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	5	3	0	0	0	0	0	0	5	3	8
75 to 84	4	11	0	0	0	0	0	0	4	11	15
85+	15	34	0	0	0	0	0	0	15	34	49
TOTALS	25	49	0	0	0	0	0	0	25	49	74

FARMINGTON COUNTRY MANOR
701 SOUTH MAIN
FARMINGTON, IL. 61531

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 057

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	34	0	0	34	0	74
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	34	0	0	34	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	74	0	0	0	74
Race Unknown	0	0	0	0	0
Total	74	0	0	0	74

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	74	0	0	0	74
Ethnicity Unknown	0	0	0	0	0
Total	74	0	0	0	74

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	15.00
Certified Aides	34.00
Other Health Staff	4.00
Non-Health Staff	30.00
Totals	91.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
17.1%	25.8%	9.4%	2.5%	45.1%	100.0%		0.0%
836,967	1,261,890	459,918	123,261	2,203,259	4,885,297	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FAYETTE COUNTY HOSPITAL NURSING HOME
650 W TAYLOR STREET
VANDALIA, IL. 62471

Reference Numbers Facility ID 6003123
Health Service Area 005 Planning Service Area 051

Administrator
Barbara Berndsen

Contact Person and Telephone
BARBARA BERNDSEN
618-283-5429

Registered Agent Information

Date Completed
4/16/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	14
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	9
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	55

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	85	85	60	85	55	30	85	60
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	85	85	60	85	55	30	85	60

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	53
Total Admissions 2011	235
Total Discharges 2011	233
Residents on 12/31/2011	55
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1256	4.0%	11025	50.3%	0	0	7125	0	19406	62.5%	62.5%
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	1256	4.0%	11025	50.3%	0	0	7125	0	19406	62.5%	62.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	2	9	0	0	0	0	0	0	2	9	11
85+	9	31	0	0	0	0	0	0	9	31	40
TOTALS	12	43	0	0	0	0	0	0	12	43	55

FAYETTE COUNTY HOSPITAL NURSING HOME
650 W TAYLOR STREET
VANDALIA, IL. 62471

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 051

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	30	0	0	25	0	55
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	30	0	0	25	0	55

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	164	155
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	55	0	0	0	55
Race Unknown	0	0	0	0	0
Total	55	0	0	0	55

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	55	0	0	0	55
Ethnicity Unknown	0	0	0	0	0
Total	55	0	0	0	55

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.70
LPN's	14.14
Certified Aides	39.10
Other Health Staff	2.47
Non-Health Staff	0.65
Totals	65.06

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
6.7%	38.1%	0.0%	0.0%	55.2%	100.0%		0.0%
183,532	1,038,657	0	0	1,504,690	2,726,879	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FIRESIDE HOUSE OF CENTRALIA
1030 MARTIN LUTHER KING BLVD.
CENTRALIA, IL. 62801

Reference Numbers Facility ID 6001614
Health Service Area 005 Planning Service Area 121

Administrator
KATHY BERCK

Contact Person and Telephone
LISA HILL
618-532-1833

Registered Agent Information

Date Completed
3/25/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	22
Blood Disorders	2
*Nervous System Non Alzheimer	5
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	71
Total Residents Diagnosed as Mentally Ill	25

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	98	98	79	98	71	27	51	98
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	98	98	79	98	71	27	51	98

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	64
Total Admissions 2011	402
Total Discharges 2011	395
Residents on 12/31/2011	71
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6154	33.1%	16731	46.8%	0	0	2919	0	25804	72.1%	72.1%
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	6154	33.1%	16731	46.8%	0	0	2919	0	25804	72.1%	72.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	1	0	0	0	0	0	0	2	1	3
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	4	7	0	0	0	0	0	0	4	7	11
75 to 84	8	15	0	0	0	0	0	0	8	15	23
85+	9	21	0	0	0	0	0	0	9	21	30
TOTALS	24	47	0	0	0	0	0	0	24	47	71

FIRESIDE HOUSE OF CENTRALIA
1030 MARTIN LUTHER KING BLVD.
CENTRALIA, IL. 62801

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 121

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	46	0	0	8	0	71
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	46	0	0	8	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	147	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	69	0	0	0	69
Race Unknown	0	0	0	0	0
Total	71	0	0	0	71

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	71	0	0	0	71
Ethnicity Unknown	0	0	0	0	0
Total	71	0	0	0	71

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	10.00
Certified Aides	32.00
Other Health Staff	0.00
Non-Health Staff	28.00
Totals	78.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
60.0%	32.6%	0.1%	0.0%	7.3%	100.0%		0.0%
3,019,632	1,638,467	4,336	1,805	366,158	5,030,398	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW 1/18/2012 Change of Ownership occurred.

FIRST STREET GROUP HOME
407 NORTH FIRST STREET
ASHTON, IL. 61006

Reference Numbers Facility ID 6014450
Health Service Area 001 Planning Service Area 103

Administrator
Patricia A. Howard

Contact Person and Telephone
PAT HOWARD
815-288-6691 Ext.223

Date Completed
4/8/2013

Registered Agent Information
Jeffrey Stauter
500 Anchor Road
Dixon, IL 61021

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	4
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	4
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	4
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1428	97.8%	0	0	0	0	1428	97.8%	97.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1428	97.8%	0	0	0	0	1428	97.8%	97.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	1	0	0	0	1	1
45 to 59	0	0	0	0	1	1	0	0	1	1	2
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	2	2	0	0	2	2	4

FIRST STREET GROUP HOME
407 NORTH FIRST STREET
ASHTON, IL. 61006

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 103

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	217	206
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	3	0	3
Race Unknown	0	0	1	0	1
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	3	0	3
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.25
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	3.50
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	6.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	14.1%	85.9%	0.0%	0.0%	100.0%		0.0%
0	42,480	258,005	0	37	300,522	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FLANAGAN REHAB & HEALTH CARE CTR
201 EAST FALCON HIGHWAY
FLANAGAN, IL. 61740

Reference Numbers Facility ID 6000939
Health Service Area 004 Planning Service Area 105

Administrator
Gregory Green

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/17/2013

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	12
Mental Illness	2
Developmental Disability	0
Circulatory System	10
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	37

Total Residents Diagnosed as Mentally Ill 8

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	43	43	34	43	32	11	43	43
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	32	20	10	20	5	27		
TOTAL BEDS	75	63	44	63	37	38	43	43

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	37
Total Admissions 2011	77
Total Discharges 2011	77
Residents on 12/31/2011	37
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1596	10.2%	6953	44.3%	192	108	2001	0	10850	69.1%	69.1%
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	1915	0	1915	16.4%	26.2%
TOTALS	1596	10.2%	6953	44.3%	192	108	3916	0	12765	46.6%	55.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	6	0	0	0	0	0	0	1	6	7
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	0	5	0	0	0	0	0	0	0	5	5
75 to 84	1	5	0	0	0	0	1	0	2	5	7
85+	2	9	0	0	0	0	2	2	4	11	15
TOTALS	6	26	0	0	0	0	3	2	9	28	37

FLANAGAN REHAB & HEALTH CARE CTR
201 EAST FALCON HIGHWAY
FLANAGAN, IL. 61740

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 105

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	19	0	0	4	0	32
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	5	0	5
TOTALS	9	19	0	0	9	0	37

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	188	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	32	0	0	5	37
Race Unknown	0	0	0	0	0
Total	32	0	0	5	37

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	32	0	0	5	37
Ethnicity Unknown	0	0	0	0	0
Total	32	0	0	5	37

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	4.00
Certified Aides	16.00
Other Health Staff	1.00
Non-Health Staff	18.00
Totals	45.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
15.3%	59.1%	0.0%	0.0%	25.5%	100.0%		0.2%
282,227	1,087,974	0	0	469,514	1,839,715	3,283	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FLORA GARDENS CARE CENTER
701 SHADWELL
FLORA, IL. 62839

Reference Numbers Facility ID 6003172
Health Service Area 005 Planning Service Area 025

Administrator
Jane Forth

Contact Person and Telephone
Marikay Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	7
Mental Illness	17
Developmental Disability	0
Circulatory System	2
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	52
Total Residents Diagnosed as Mentally Ill	24

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	107	101	57	101	52	55	56	110
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	107	101	57	101	52	55	56	110

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	41
Total Admissions 2011	67
Total Discharges 2011	56
Residents on 12/31/2011	52
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1463	7.2%	12844	32.0%	617	0	3350	0	18274	46.8%	49.6%
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	1463	7.2%	12844	32.0%	617	0	3350	0	18274	46.8%	49.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	3	1	0	0	0	0	0	0	3	1	4
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	6	7	0	0	0	0	0	0	6	7	13
75 to 84	3	7	0	0	0	0	0	0	3	7	10
85+	7	14	0	0	0	0	0	0	7	14	21
TOTALS	20	32	0	0	0	0	0	0	20	32	52

FLORA GARDENS CARE CENTER
701 SHADWELL
FLORA, IL. 62839

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 025

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	35	0	0	8	0	52
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	35	0	0	8	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	115
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	51	0	0	0	51
Race Unknown	0	0	0	0	0
Total	52	0	0	0	52

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	52	0	0	0	52
Ethnicity Unknown	0	0	0	0	0
Total	52	0	0	0	52

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	5.00
Certified Aides	20.00
Other Health Staff	0.00
Non-Health Staff	20.00
Totals	54.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
11.5%	70.1%	0.0%	0.0%	18.4%	100.0%		0.2%
265,727	1,623,295	0	0	425,060	2,314,082	3,848	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FLORA REHAB & HEALTH CARE CTR
232 GIVEN STREET
FLORA, IL. 62839

Reference Numbers Facility ID 6003156
Health Service Area 005 Planning Service Area 025

Administrator
Nancy Gelsinger

Contact Person and Telephone
Marikay Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	3
Mental Illness	7
Developmental Disability	0
Circulatory System	21
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	74

Total Residents Diagnosed as Mentally Ill 7

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	99	99	83	99	74	25	32	99
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	83	99	74	25	32	99

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	81
Total Admissions 2011	91
Total Discharges 2011	98
Residents on 12/31/2011	74
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3444	29.5%	19007	52.6%	483	271	3996	0	27201	75.3%	75.3%
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	3444	29.5%	19007	52.6%	483	271	3996	0	27201	75.3%	75.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	3	0	0	0	0	0	0	1	3	4
45 to 59	2	3	0	0	0	0	0	0	2	3	5
60 to 64	6	2	0	0	0	0	0	0	6	2	8
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	7	17	0	0	0	0	0	0	7	17	24
85+	4	25	0	0	0	0	0	0	4	25	29
TOTALS	22	52	0	0	0	0	0	0	22	52	74

FLORA REHAB & HEALTH CARE CTR
232 GIVEN STREET
FLORA, IL. 62839

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 025

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	46	0	0	11	0	74
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	46	0	0	11	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	119
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	74	0	0	0	74
Race Unknown	0	0	0	0	0
Total	74	0	0	0	74

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	74	0	0	0	74
Ethnicity Unknown	0	0	0	0	0
Total	74	0	0	0	74

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	6.00
Certified Aides	20.00
Other Health Staff	2.00
Non-Health Staff	12.00
Totals	48.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
19.3%	66.6%	0.0%	0.0%	14.1%	100.0%		0.6%
637,123	2,200,751	0	0	467,684	3,305,558	18,598	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FLORENCE NURSING HOME
546 EAST GRANT HIGHWAY
MARENGO, IL. 60152

Reference Numbers Facility ID 6003180
Health Service Area 008 Planning Service Area 111

Administrator
KATHI A MILLER

Contact Person and Telephone
KATHI MILLER
8155688322

Date Completed
4/18/2013

Registered Agent Information
ABRAHAM STERN
30 SOUTH WACKER DRIVE 29TH FLOOR
Chicago, IL 60606

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	10
Circulatory System	0
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	1
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	40

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	56	56	45	56	40	16	27	34
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	56	56	45	56	40	16	27	34

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	45
Total Admissions 2011	93
Total Discharges 2011	98
Residents on 12/31/2011	40
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3131	31.8%	6127	49.4%	0	0	7039	0	16297	79.7%	79.7%
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	3131	31.8%	6127	49.4%	0	0	7039	0	16297	79.7%	79.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	3	11	0	0	0	0	0	0	3	11	14
85+	4	14	0	0	0	0	0	0	4	14	18
TOTALS	11	29	0	0	0	0	0	0	11	29	40

FLORENCE NURSING HOME
546 EAST GRANT HIGHWAY
MARENGO, IL. 60152

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	15	0	0	18	0	40
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	15	0	0	18	0	40

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	40	0	0	0	40
Race Unknown	0	0	0	0	0
Total	40	0	0	0	40

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	40	0	0	0	40
Ethnicity Unknown	0	0	0	0	0
Total	40	0	0	0	40

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	5.00
Certified Aides	20.00
Other Health Staff	5.00
Non-Health Staff	10.00
Totals	47.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
46.1%	20.9%	0.0%	0.0%	33.0%	100.0%		0.0%
1,731,881	785,097	0	0	1,241,845	3,758,823	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FLOSSMOOR TERRACE
3951 WEST 190TH STREET
FLOSSMOOR, IL. 60422

Reference Numbers Facility ID 6014088
Health Service Area 007 Planning Service Area 705

Administrator
Annette Whitlock

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 62401

Date Completed
4/5/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	4
Total Residents Diagnosed as Mentally Ill	2

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	4
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	4
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1464	######	0	0	0	0	1464	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1464	######	0	0	0	0	1464	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	2	0	0	0	2	2
60 to 64	0	0	0	0	0	2	0	0	0	2	2
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	4	0	0	0	4	4

FLOSSMOOR TERRACE
3951 WEST 190TH STREET
FLOSSMOOR, IL. 60422

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	240
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	0	0	2	0	2
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	4	0	4
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	6.50
Other Health Staff	0.25
Non-Health Staff	0.00
Totals	7.59

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	86.7%	0.6%	0.0%	12.8%	100.0%		0.0%
0	306,162	2,005	0	45,139	353,306	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FONDULAC REHAB & HEALTHCARE CTR
901 ILLINI DRIVE
EAST PEORIA, IL. 61611

Reference Numbers Facility ID 6003198
Health Service Area 002 Planning Service Area 179

Administrator
Roger D. Herman

Contact Person and Telephone
Marikay L. Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	19
Alzheimer Disease	7
Mental Illness	3
Developmental Disability	1
Circulatory System	5
Respiratory System	23
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	72
Total Residents Diagnosed as Mentally Ill	35

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	98	98	77	95	72	26	98	98
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	98	98	77	95	72	26	98	98

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	77
Total Admissions 2011	96
Total Discharges 2011	101
Residents on 12/31/2011	72
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2437	6.8%	16852	47.1%	2986	507	2195	0	24977	69.8%	69.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2437	6.8%	16852	47.1%	2986	507	2195	0	24977	69.8%	69.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	1	0	0	0	0	0	0	2	1	3
45 to 59	3	6	0	0	0	0	0	0	3	6	9
60 to 64	4	4	0	0	0	0	0	0	4	4	8
65 to 74	6	6	0	0	0	0	0	0	6	6	12
75 to 84	10	9	0	0	0	0	0	0	10	9	19
85+	5	16	0	0	0	0	0	0	5	16	21
TOTALS	30	42	0	0	0	0	0	0	30	42	72

FONDULAC REHAB & HEALTHCARE CTR
901 ILLINI DRIVE
EAST PEORIA, IL. 61611

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	54	0	0	5	0	72
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	54	0	0	5	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	138
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	69	0	0	0	69
Race Unknown	0	0	0	0	0
Total	72	0	0	0	72

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	72	0	0	0	72
Ethnicity Unknown	0	0	0	0	0
Total	72	0	0	0	72

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	10.00
Certified Aides	23.00
Other Health Staff	0.00
Non-Health Staff	24.00
Totals	63.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
15.5%	76.4%	0.0%	0.0%	8.6%	100.5%		0.7%
534,261	2,633,243	0	-17,400	296,195	3,446,299	24,659	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FOREST EDGE HEALTHCARE REHAB CTR
8001 SOUTH WESTERN AVENUE
CHICAGO, IL. 60620

Reference Numbers Facility ID 6000954
Health Service Area 006 Planning Service Area 603

Administrator
Fred Berkovits

Contact Person and Telephone
FRED BERKOVITS
773-436-6600

Date Completed
4/19/2013

Registered Agent Information
Avrum Weinfeld
6865 N. Lincoln Ave.
Lincolnwood, IL 60712

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	77
Blood Disorders	3
*Nervous System Non Alzheimer	11
Alzheimer Disease	9
Mental Illness	128
Developmental Disability	1
Circulatory System	8
Respiratory System	34
Digestive System	5
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	289
Total Residents Diagnosed as Mentally Ill	174

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	328	328	328	328	289	39	108	328
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	328	328	328	328	289	39	108	328

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	316
Total Admissions 2011	246
Total Discharges 2011	273
Residents on 12/31/2011	289
Identified Offenders	55

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	11611	29.5%	80728	67.4%	18642	777	205	0	111963	93.5%	93.5%
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	11611	29.5%	80728	67.4%	18642	777	205	0	111963	93.5%	93.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	34	12	0	0	0	0	0	0	34	12	46
45 to 59	71	33	0	0	0	0	0	0	71	33	104
60 to 64	41	26	0	0	0	0	0	0	41	26	67
65 to 74	31	9	0	0	0	0	0	0	31	9	40
75 to 84	15	7	0	0	0	0	0	0	15	7	22
85+	6	4	0	0	0	0	0	0	6	4	10
TOTALS	198	91	0	0	0	0	0	0	198	91	289

FOREST EDGE HEALTHCARE REHAB CTR
8001 SOUTH WESTERN AVENUE
CHICAGO, IL. 60620

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	33	223	29	4	0	0	289
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	33	223	29	4	0	0	289

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	227	0	0	0	227
Hawaiian/Pacific Isl.	0	0	0	0	0
White	51	0	0	0	51
Race Unknown	9	0	0	0	9
Total	289	0	0	0	289

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	279	0	0	0	279
Ethnicity Unknown	1	0	0	0	1
Total	289	0	0	0	289

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	33.00
Certified Aides	77.00
Other Health Staff	11.00
Non-Health Staff	214.00
Totals	345.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
28.1%	70.8%	0.0%	0.8%	0.3%	100.0%		0.0%
4,704,404	11,873,343	0	139,749	42,628	16,760,124	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	11/1/2012	Formerly 'Presidential Pavilion'.
CHOW	11/1/2012	Change of Ownership occurred.

FOREST HILL HEALTH & REHAB
4747 11TH STREET
EAST MOLINE, IL. 61244

Reference Numbers Facility ID 6002638
Health Service Area 010 Planning Service Area 161

Administrator
JUDY SCOTT

Contact Person and Telephone
JAN SPRANGER
309-796-0922

Registered Agent Information
Eva Lerner
3553- W peterson Ave #10
Chicago, IL 60659

Date Completed
4/11/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	16
Mental Illness	35
Developmental Disability	0
Circulatory System	6
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	4
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	72
Total Residents Diagnosed as Mentally Ill	35

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	137	137	90	137	72	65	48	137
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	137	137	90	137	72	65	48	137

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	85
Total Admissions 2011	60
Total Discharges 2011	71
Residents on 12/31/2011	74
Identified Offenders	15

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	760	4.3%	27265	54.5%	0	56	567	0	28648	57.3%	57.3%
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	760	4.3%	27265	54.5%	0	56	567	0	28648	57.3%	57.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	9	3	0	0	0	0	0	0	9	3	12
45 to 59	11	11	0	0	0	0	0	0	11	11	22
60 to 64	6	1	0	0	0	0	0	0	6	1	7
65 to 74	7	1	0	0	0	0	0	0	7	1	8
75 to 84	10	5	0	0	0	0	0	0	10	5	15
85+	2	6	0	0	0	0	0	0	2	6	8
TOTALS	45	27	0	0	0	0	0	0	45	27	72

FOREST HILL HEALTH & REHAB
4747 11TH STREET
EAST MOLINE, IL. 61244

Reference Numbers Facility ID **Health Service Area** 010 **Planning Service Area** 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	69	0	1	2	0	72
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	69	0	1	2	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	64	0	0	0	64
Race Unknown	0	0	0	0	0
Total	72	0	0	0	72

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	69	0	0	0	69
Ethnicity Unknown	0	0	0	0	0
Total	72	0	0	0	72

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.20
LPN's	9.50
Certified Aides	23.10
Other Health Staff	3.70
Non-Health Staff	29.00
Totals	70.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
9.9%	87.6%	0.0%	0.0%	2.5%	100.0%		0.0%
308,841	2,732,829	0	0	76,648	3,118,318	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FOREST VIEW REHAB & NURSING CENTER
535 SOUTH ELM
ITASCA, IL. 60143

Reference Numbers Facility ID 6000483
Health Service Area 007 Planning Service Area 703

Administrator
Joseph G Javier

Contact Person and Telephone
Joseph G. Javier
630-773-9416

Date Completed
4/19/2013

Registered Agent Information
David Gross
240 Fencl Lane
Hillside, IL 60162

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	57
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	83
Total Residents Diagnosed as Mentally Ill	4

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	144	86	86	0	83	61	14	144
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	144	86	86	0	83	61	14	144

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	80
Total Admissions 2011	78
Total Discharges 2011	83
Residents on 12/31/2011	75
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2542	49.7%	22314	42.5%	0	0	4326	0	29182	55.5%	93.0%
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	2542	49.7%	22314	42.5%	0	0	4326	0	29182	55.5%	93.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	4	14	0	0	0	0	0	0	4	14	18
75 to 84	5	18	0	0	0	0	0	0	5	18	23
85+	5	31	0	0	0	0	0	0	5	31	36
TOTALS	17	66	0	0	0	0	0	0	17	66	83

FOREST VIEW REHAB & NURSING CENTER
535 SOUTH ELM
ITASCA, IL. 60143

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	66	0	0	11	0	83
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	66	0	0	11	0	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	235
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	79	0	0	0	79
Race Unknown	0	0	0	0	0
Total	83	0	0	0	83

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	83	0	0	0	83
Ethnicity Unknown	0	0	0	0	0
Total	83	0	0	0	83

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	3.00
Certified Aides	18.00
Other Health Staff	1.00
Non-Health Staff	18.00
Totals	49.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
51.3%	28.9%	0.0%	0.2%	19.5%	100.0%		0.0%
2,698,612	1,517,497	0	12,922	1,027,591	5,256,622	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FOREST VILLA NSG. & REH. CTR.
6840 WEST TOUHY AVENUE
NILES, IL. 60714

Reference Numbers Facility ID 6003214
Health Service Area 007 Planning Service Area 702

Administrator
Amanda Andrews

Contact Person and Telephone
Amanda Andrews
847-647-6400

Date Completed
4/10/2013

Registered Agent Information
Barry Carr
7257 North Lincoln Ave
Lincolnwood, IL 60712

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	13
Endocrine/Metabolic	29
Blood Disorders	4
*Nervous System Non Alzheimer	22
Alzheimer Disease	14
Mental Illness	44
Developmental Disability	0
Circulatory System	14
Respiratory System	11
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	157

Total Residents Diagnosed as Mentally Ill 44

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	212	166	159	166	157	55	212	212
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	212	166	159	166	157	55	212	212

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	151
Total Admissions 2011	567
Total Discharges 2011	561
Residents on 12/31/2011	157
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9213	11.9%	31152	40.3%	3627	3098	4146	0	51236	66.2%	84.6%
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	9213	11.9%	31152	40.3%	3627	3098	4146	0	51236	66.2%	84.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	4	7	0	0	0	0	0	0	4	7	11
60 to 64	12	9	0	0	0	0	0	0	12	9	21
65 to 74	11	15	0	0	0	0	0	0	11	15	26
75 to 84	18	28	0	0	0	0	0	0	18	28	46
85+	5	48	0	0	0	0	0	0	5	48	53
TOTALS	50	107	0	0	0	0	0	0	50	107	157

FOREST VILLA NSG. & REH. CTR.
6840 WEST TOUHY AVENUE
NILES, IL. 60714

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	29	90	14	9	15	0	157
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	29	90	14	9	15	0	157

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	279	239
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	8	0	0	0	8
American Indian	0	0	0	0	0
Black	13	0	0	0	13
Hawaiian/Pacific Isl.	0	0	0	0	0
White	121	0	0	0	121
Race Unknown	15	0	0	0	15
Total	157	0	0	0	157

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	13	0	0	0	13
Non-Hispanic	144	0	0	0	144
Ethnicity Unknown	0	0	0	0	0
Total	157	0	0	0	157

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	20.00
Certified Aides	42.00
Other Health Staff	8.00
Non-Health Staff	41.00
Totals	127.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
15.9%	63.7%	8.9%	0.0%	11.6%	100.0%		0.0%
1,372,208	5,491,080	763,721	0	998,984	8,625,993	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FORTY-FOURTH STREET PLACE
1479 SOUTH 44TH STREET
DECATUR, IL. 62521

Reference Numbers Facility ID 6013544
Health Service Area 004 Planning Service Area 115

Administrator
VALERIE POLING

Contact Person and Telephone
DAVE JACOBUS
217-763-2191

Registered Agent Information
DAVE JACOBUS
2576 N. GREENWAY RD.
Cerro Gordo, IL 61818

Date Completed
3/28/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	6

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	5
Total Admissions 2011	2
Total Discharges 2011	1
Residents on 12/31/2011	6
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			2021	92.3%	8	0	0	0	2029	92.6%	92.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2021	92.3%	8	0	0	0	2029	92.6%	92.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	2	0	0	0	2	2
60 to 64	0	0	0	0	0	3	0	0	0	3	3
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	6	0	0	0	6	6

FORTY-FOURTH STREET PLACE
1479 SOUTH 44TH STREET
DECATUR, IL. 62521

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	176	176
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	6	0	6
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	6	0	6
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	3.50
Other Health Staff	0.00
Non-Health Staff	0.25
Totals	4.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	89.1%	0.0%	0.0%	10.9%	100.0%		0.0%
0	301,165	0	0	36,910	338,075	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FOSTER HEALTH & REHAB CENTER
2840 WEST FOSTER AVENUE
CHICAGO, IL. 60625

Reference Numbers Facility ID 6000137
Health Service Area 006 Planning Service Area 601

Administrator
SCOTT SCHAYER

Contact Person and Telephone
JUDD SCHNEIDER
773.561.2040

Date Completed
4/17/2013

Registered Agent Information
Judd Schneider
2835 W. North Shore Ave.
Chicago, IL 60645

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	2
Developmental Disability	7
Circulatory System	12
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	44

Total Residents Diagnosed as Mentally Ill 3

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	48	48	46	48	44	4	0	48
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	48	48	46	48	44	4	0	48

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	43
Total Admissions 2011	24
Total Discharges 2011	23
Residents on 12/31/2011	44
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	7932	45.3%	0	0	408	0	8340	47.6%	47.6%
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	0	0.0%	7932	45.3%	0	0	408	0	8340	47.6%	47.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	4	6	0	0	0	0	0	0	4	6	10
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	2	10	0	0	0	0	0	0	2	10	12
75 to 84	1	9	0	0	0	0	0	0	1	9	10
85+	0	9	0	0	0	0	0	0	0	9	9
TOTALS	9	35	0	0	0	0	0	0	9	35	44

FOSTER HEALTH & REHAB CENTER
2840 WEST FOSTER AVENUE
CHICAGO, IL. 60625

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	41	0	0	3	0	44
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	41	0	0	3	0	44

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	39	0	0	0	39
Race Unknown	0	0	0	0	0
Total	44	0	0	0	44

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	41	0	0	0	41
Ethnicity Unknown	0	0	0	0	0
Total	44	0	0	0	44

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	2.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	13.00
Totals	31.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	96.7%	0.0%	0.0%	3.3%	100.0%		0.0%
0	1,086,530	0	0	36,533	1,123,063	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	7/1/2012	Formerly 'Alshore House'.
CHOW	7/1/2012	Change of ownership occurred.

FOSTERBURG TERRACE
4617 WONDERLAND DRIVE
ALTON, IL. 62002

Reference Numbers Facility ID 6013973
Health Service Area 011 Planning Service Area 119

Administrator
TAMMY MARSH

Contact Person and Telephone
TAMMY MARSH
(618) 465-0044 ext 1609

Date Completed
4/19/2013

Registered Agent Information
Tom Moehn
#4 Emmie Kaus Ln.
Alton, IL 62002

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	0
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 7

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5699	97.6%	0	0	0	0	5699	97.6%	97.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5699	97.6%	0	0	0	0	5699	97.6%	97.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	2	0	0	3	2	5
45 to 59	0	0	0	0	6	0	0	0	6	0	6
60 to 64	0	0	0	0	3	1	0	0	3	1	4
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	12	4	0	0	12	4	16

FOSTERBURG TERRACE
4617 WONDERLAND DRIVE
ALTON, IL. 62002

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	126
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	5	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	12.00
Non-Health Staff	0.00
Totals	14.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	82.3%	17.7%	0.0%	0.0%	100.0%		0.0%
0	605,308	130,039	0	0	735,347	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FOUNTAINVIEW HAVEN
ROUTE 45 SOUTH JEFFERSON
ELDORADO, IL. 62930

Reference Numbers Facility ID 6003248
Health Service Area 005 Planning Service Area 059

Administrator
RHONDA TRAVELSTEAD

Contact Person and Telephone
LORI PRITCHARD
6182733353

Registered Agent Information

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	34
Mental Illness	18
Developmental Disability	0
Circulatory System	19
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	96
Total Residents Diagnosed as Mentally Ill	67

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	111	111	101	111	96	15	38	111
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	111	111	101	111	96	15	38	111

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	80
Total Admissions 2011	113
Total Discharges 2011	97
Residents on 12/31/2011	96
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2839	20.5%	18160	44.8%	0	342	10853	0	32194	79.5%	79.5%
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	2839	20.5%	18160	44.8%	0	342	10853	0	32194	79.5%	79.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	1	7	0	0	0	0	0	0	1	7	8
75 to 84	4	19	0	0	0	0	0	0	4	19	23
85+	10	54	0	0	0	0	0	0	10	54	64
TOTALS	15	81	0	0	0	0	0	0	15	81	96

FOUNTAINVIEW HAVEN
ROUTE 45 SOUTH JEFFERSON
ELDORADO, IL. 62930

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 059

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	53	0	2	32	0	96
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	53	0	2	32	0	96

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	119	104
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	95	0	0	0	95
Race Unknown	0	0	0	0	0
Total	96	0	0	0	96

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	96	0	0	0	96
Ethnicity Unknown	0	0	0	0	0
Total	96	0	0	0	96

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	14.00
Certified Aides	25.00
Other Health Staff	0.00
Non-Health Staff	22.00
Totals	67.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
25.6%	44.9%	29.4%	0.0%	0.0%	100.0%		0.0%
1,036,714	1,817,158	1,190,369	0	0	4,044,241	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FOUR SEASONS LIVING CENTER
303 NORTH JACKSON STREET
MORRISON, IL. 61270

Reference Numbers Facility ID 6006381
Health Service Area 001 Planning Service Area 195

Administrator
PAM PFISTER

Contact Person and Telephone
CAMI MEGLI
815-772-5533

Registered Agent Information

Date Completed
5/28/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	0
Mental Illness	8
Developmental Disability	0
Circulatory System	1
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	29

Total Residents Diagnosed as Mentally Ill 8

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	38	35	29	35	29	9	24	38
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	38	35	29	35	29	9	24	38

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	30
Total Admissions 2011	23
Total Discharges 2011	24
Residents on 12/31/2011	29
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	6021	43.4%	0	0	3968	0	9989	72.0%	78.2%
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%	6021	43.4%	0	0	3968	0	9989	72.0%	78.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	1	6	0	0	0	0	0	0	1	6	7
85+	3	16	0	0	0	0	0	0	3	16	19
TOTALS	5	24	0	0	0	0	0	0	5	24	29

FOUR SEASONS LIVING CENTER
303 NORTH JACKSON STREET
MORRISON, IL. 61270

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	16	0	0	13	0	29
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	13	0	29

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	29	0	0	0	29
Race Unknown	0	0	0	0	0
Total	29	0	0	0	29

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	29	0	0	0	29
Ethnicity Unknown	0	0	0	0	0
Total	29	0	0	0	29

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.80
LPN's	3.00
Certified Aides	13.50
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	22.30

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	49.5%	0.0%	0.0%	50.5%	100.0%		0.0%
0	636,620	0	0	648,705	1,285,325	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FRANCISCAN VILLAGE
1260 FRANCISCAN DRIVE
LEMONT, IL. 60439

Reference Numbers Facility ID 6012413
Health Service Area 007 Planning Service Area 705

Administrator
Melody Stein

Contact Person and Telephone
DOROTHY HARRIS
630-243-3435

Date Completed
4/17/2013

Registered Agent Information
CT Corporation
208 South LaSalle Street
Chicago, IL 60604

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	2
Mental Illness	7
Developmental Disability	0
Circulatory System	14
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	17
Injuries and Poisonings	3
Other Medical Conditions	53
Non-Medical Conditions	0
TOTALS	102

Total Residents Diagnosed as Mentally Ill 48

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	127	127	119	127	102	25	38	29
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	127	127	119	127	102	25	38	29

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	112
Total Admissions 2011	281
Total Discharges 2011	291
Residents on 12/31/2011	102
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9363	67.5%	9082	85.8%	0	618	20283	0	39346	84.9%	84.9%
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	9363	67.5%	9082	85.8%	0	618	20283	0	39346	84.9%	84.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	7	18	0	0	0	0	0	0	7	18	25
85+	7	60	0	0	0	0	0	0	7	60	67
TOTALS	18	84	0	0	0	0	0	0	18	84	102

FRANCISCAN VILLAGE
1260 FRANCISCAN DRIVE
LEMONT, IL. 60439

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	24	0	0	53	0	102
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	25	24	0	0	53	0	102

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	261	235
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	102	0	0	0	102
Race Unknown	0	0	0	0	0
Total	102	0	0	0	102

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	101	0	0	0	101
Ethnicity Unknown	0	0	0	0	0
Total	102	0	0	0	102

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.50
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	16.00
Certified Aides	47.00
Other Health Staff	2.00
Non-Health Staff	47.00
Totals	129.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
42.3%	11.2%	0.0%	2.3%	44.2%	100.0%		0.0%
4,903,147	1,303,132	0	263,597	5,134,136	11,604,012	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FRANKFORT HEALTHCARE & REHAB CTR
2500 EAST ST LOUIS STREET
WEST FRANKFORT, IL. 62896

Reference Numbers Facility ID 6003289
Health Service Area 005 Planning Service Area 055

Administrator
Misty Hargett

Contact Person and Telephone
Misty Hargett
618-932-3236

Registered Agent Information

Date Completed
4/2/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	16
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	8
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	40

Total Residents Diagnosed as Mentally Ill 1

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	57	57	52	57	40	17	0	57
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	57	57	52	57	40	17	0	57

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	48
Total Admissions 2011	88
Total Discharges 2011	96
Residents on 12/31/2011	40
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1921	0.0%	10107	48.6%	0	0	3592	0	15620	75.1%	75.1%
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	1921	0.0%	10107	48.6%	0	0	3592	0	15620	75.1%	75.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	3	4	0	0	0	0	0	0	3	4	7
75 to 84	2	12	0	0	0	0	0	0	2	12	14
85+	3	12	0	0	0	0	0	0	3	12	15
TOTALS	9	31	0	0	0	0	0	0	9	31	40

FRANKFORT HEALTHCARE & REHAB CTR
2500 EAST ST LOUIS STREET
WEST FRANKFORT, IL. 62896

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 055

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	29	0	0	6	0	40
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	29	0	0	6	0	40

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	115
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	40	0	0	0	40
Race Unknown	0	0	0	0	0
Total	40	0	0	0	40

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	40	0	0	0	40
Ethnicity Unknown	0	0	0	0	0
Total	40	0	0	0	40

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	5.00
Certified Aides	21.00
Other Health Staff	0.00
Non-Health Staff	18.00
Totals	49.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
28.2%	61.5%	0.0%	1.0%	9.2%	100.0%		0.0%
604,650	1,316,900	0	22,100	198,000	2,141,650	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FRANKFORT TERRACE NURSING CENTER
40 NORTH SMITH STREET
FRANKFORT, IL. 60423

Reference Numbers Facility ID 6003297
Health Service Area 009 Planning Service Area 197

Administrator
Judith Majchrowicz

Contact Person and Telephone
JUDITH MAJCHROWICZ
815-469-3156

Date Completed
4/9/2013

Registered Agent Information
Michael Weiss
1 S 443 Summit Ave. Suite 204
Oak Brook Terrace, IL 60181

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	5
Mental Illness	95
Developmental Disability	0
Circulatory System	5
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	117
Total Residents Diagnosed as Mentally Ill	97

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	120	120	120	117	3	0	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	120	120	117	3	0	120

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	116
Total Admissions 2011	33
Total Discharges 2011	32
Residents on 12/31/2011	117
Identified Offenders	19

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	43012	98.2%	0	0	75	0	43087	98.4%	98.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	43012	98.2%	0	0	75	0	43087	98.4%	98.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	7	5	0	0	0	0	0	0	7	5	12
45 to 59	25	17	0	0	0	0	0	0	25	17	42
60 to 64	12	12	0	0	0	0	0	0	12	12	24
65 to 74	12	12	0	0	0	0	0	0	12	12	24
75 to 84	6	5	0	0	0	0	0	0	6	5	11
85+	1	3	0	0	0	0	0	0	1	3	4
TOTALS	63	54	0	0	0	0	0	0	63	54	117

FRANKFORT TERRACE NURSING CENTER
40 NORTH SMITH STREET
FRANKFORT, IL. 60423

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	116	0	0	1	0	117
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	116	0	0	1	0	117

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	104
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	55	0	0	0	55
Hawaiian/Pacific Isl.	0	0	0	0	0
White	62	0	0	0	62
Race Unknown	0	0	0	0	0
Total	117	0	0	0	117

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	113	0	0	0	113
Ethnicity Unknown	0	0	0	0	0
Total	117	0	0	0	117

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	8.00
Certified Aides	29.00
Other Health Staff	7.00
Non-Health Staff	41.00
Totals	90.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	99.6%	0.0%	0.0%	0.4%	100.0%		0.0%
0	2,277,666	0	0	9,873	2,287,539	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	6/27/2012	Formerly 'Frankfort Terrace'.
CHOW	6/27/2012	Change of ownership occurred.

FRANKLIN GROVE GROUP
408 NORTH ELM BOX #5
FRANKLIN GROVE, IL. 61031

Reference Numbers Facility ID 6013890
Health Service Area 001 Planning Service Area 103

Administrator
Patricia A. Howard

Contact Person and Telephone
PAT HOWARD
815-288-6691 Ext. 223

Date Completed
4/11/2013

Registered Agent Information
Jeffrey Stauter
500 Anchor Road
Dixon, IL 61021

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	6
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	6
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	6
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			2196	######	0	0	0	0	2196	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2196	######	0	0	0	0	2196	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	0	0	0	1	0	1
45 to 59	0	0	0	0	3	0	0	0	3	0	3
60 to 64	0	0	0	0	2	0	0	0	2	0	2
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	6	0	0	0	6	0	6

FRANKLIN GROVE GROUP
408 NORTH ELM BOX #5
FRANKLIN GROVE, IL. 61031

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 103

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	193	184
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	6	0	6
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	6	0	6
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.25
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	5.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	8.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	12.1%	87.9%	0.0%	0.0%	100.0%		0.0%
0	48,828	355,379	0	24	404,231	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FRANKLIN GROVE LIVING & REHAB CENTER
502 NORTH STATE ST. BOX 402
FRANKLIN GROVE, IL. 61031

Reference Numbers Facility ID 6003305
Health Service Area 001 Planning Service Area 103

Administrator
JILL GEE

Contact Person and Telephone
CHERYL CARL
847-982-2300

Registered Agent Information
SHELDON WOLFE
7434 SKOKIE BLVD
SKOKIE, IL 60077

Date Completed
4/15/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	16
Blood Disorders	5
*Nervous System Non Alzheimer	4
Alzheimer Disease	9
Mental Illness	12
Developmental Disability	0
Circulatory System	29
Respiratory System	9
Digestive System	1
Genitourinary System Disorders	6
Skin Disorders	2
Musculo-skeletal Disorders	3
Injuries and Poisonings	11
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	110

Total Residents Diagnosed as Mentally Ill 34

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	121	121	111	121	110	11	70	121
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	121	121	111	121	110	11	70	121

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	95
Total Admissions 2011	115
Total Discharges 2011	100
Residents on 12/31/2011	110
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3661	14.3%	19471	44.1%	0	0	13741	0	36873	83.5%	83.5%
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	3661	14.3%	19471	44.1%	0	0	13741	0	36873	83.5%	83.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	2	8	0	0	0	0	0	0	2	8	10
75 to 84	7	25	0	0	0	0	0	0	7	25	32
85+	15	49	0	0	0	0	0	0	15	49	64
TOTALS	25	85	0	0	0	0	0	0	25	85	110

FRANKLIN GROVE LIVING & REHAB CENTER
502 NORTH STATE ST. BOX 402
FRANKLIN GROVE, IL. 61031

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 103

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	54	0	0	45	0	110
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	54	0	0	45	0	110

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	196	172
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	109	0	0	0	109
Race Unknown	0	0	0	0	0
Total	110	0	0	0	110

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	110	0	0	0	110
Ethnicity Unknown	0	0	0	0	0
Total	110	0	0	0	110

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	11.00
Certified Aides	50.00
Other Health Staff	2.00
Non-Health Staff	48.00
Totals	116.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
23.4%	40.7%	0.0%	0.0%	35.9%	100.0%		0.0%
1,585,927	2,755,871	0	0	2,432,299	6,774,097	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FREEBURG CARE CENTER
746 URBANNA DRIVE
FREEBURG, IL. 62243

Reference Numbers Facility ID 6003321
Health Service Area 011 Planning Service Area 163

Administrator
LAURA NORTHWAY

Contact Person and Telephone
STEPHANI MCCAUGHAN
618-549-8331

Date Completed
4/13/2013

Registered Agent Information
LARRY RHUTASEL
4 INDUSTRIAL DRIVE`
Freeburg, IL 62243

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	25
Mental Illness	0
Developmental Disability	1
Circulatory System	30
Respiratory System	0
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	1
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	94
Total Residents Diagnosed as Mentally Ill	18

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	118	108	102	108	94	24	20	118
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	118	108	102	108	94	24	20	118

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	86
Total Admissions 2011	92
Total Discharges 2011	84
Residents on 12/31/2011	94
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1545	21.2%	16201	37.6%	0	0	17025	0	34771	80.7%	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	1545	21.2%	16201	37.6%	0	0	17025	0	34771	80.7%	88.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	1	0	0	0	0	0	0	1	1	2
75 to 84	8	25	0	0	0	0	0	0	8	25	33
85+	10	49	0	0	0	0	0	0	10	49	59
TOTALS	19	75	0	0	0	0	0	0	19	75	94

FREEBURG CARE CENTER
746 URBANNA DRIVE
FREEBURG, IL. 62243

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	40	0	0	51	0	94
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	40	0	0	51	0	94

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	172	122
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	93	0	0	0	93
Race Unknown	0	0	0	0	0
Total	94	0	0	0	94

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	94	0	0	0	94
Ethnicity Unknown	0	0	0	0	0
Total	94	0	0	0	94

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	15.00
Certified Aides	33.00
Other Health Staff	0.00
Non-Health Staff	32.00
Totals	83.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
8.1%	39.9%	0.0%	0.0%	51.9%	100.0%		0.0%
344,895	1,697,164	0	0	2,207,776	4,249,835	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FREEBURG TERRACE
#4 HILL MINE ROAD
FREEBURG, IL. 62243

Reference Numbers Facility ID 6012637
Health Service Area 011 Planning Service Area 163

Administrator
Angela Wiley

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/5/2013

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 62401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15
Total Residents Diagnosed as Mentally Ill	12

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	2
Total Discharges 2011	2
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5475	93.8%	0	0	0	0	5475	93.8%	93.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5475	93.8%	0	0	0	0	5475	93.8%	93.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	4	0	0	4	4	8
45 to 59	0	0	0	0	3	3	0	0	3	3	6
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	7	0	0	8	7	15

FREEBURG TERRACE
#4 HILL MINE ROAD
FREEBURG, IL. 62243

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	118
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	79.6%	0.6%	0.0%	19.8%	100.0%		0.0%
0	519,810	4,010	0	129,594	653,415	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FREEPORT REHAB & HLTH CARE CTR
900 SOUTH KIWANIS DRIVE
FREEPORT, IL. 61032

Reference Numbers Facility ID 6003339
Health Service Area 001 Planning Service Area 177

Administrator
Erica Sprenger

Contact Person and Telephone
ERICA SPRENGER
815-235-6196

Date Completed
3/25/2013

Registered Agent Information
J. Micheal Bibo
285 S. Farnham St.
Galesburg, IL 61401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	2
Developmental Disability	0
Circulatory System	12
Respiratory System	8
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	5
Other Medical Conditions	15
Non-Medical Conditions	5
TOTALS	61

Total Residents Diagnosed as Mentally Ill 35

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	143	109	71	104	61	82	143	143
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	143	109	71	104	61	82	143	143

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	70
Total Admissions 2011	104
Total Discharges 2011	113
Residents on 12/31/2011	61
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2407	4.6%	14017	26.9%	954	193	4459	0	22030	42.2%	55.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2407	4.6%	14017	26.9%	954	193	4459	0	22030	42.2%	55.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	8	14	0	0	0	0	0	0	8	14	22
85+	1	25	0	0	0	0	0	0	1	25	26
TOTALS	15	46	0	0	0	0	0	0	15	46	61

FREEPORT REHAB & HLTH CARE CTR
900 SOUTH KIWANIS DRIVE
FREEPORT, IL. 61032

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 177

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	37	1	1	13	0	61
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	37	1	1	13	0	61

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	155
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	54	0	0	0	54
Race Unknown	0	0	0	0	0
Total	61	0	0	0	61

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	61	0	0	0	61
Ethnicity Unknown	0	0	0	0	0
Total	61	0	0	0	61

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	7.00
Certified Aides	36.00
Other Health Staff	0.00
Non-Health Staff	34.00
Totals	90.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
33.4%	43.0%	1.6%	2.2%	19.8%	100.0%		0.0%
1,530,664	1,973,508	71,815	102,820	910,637	4,589,444	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FREEPORT TERRACE
2942 HIGHLANDVIEW DRIVE
FREEPORT, IL. 61032

Reference Numbers Facility ID 6010854
Health Service Area 001 Planning Service Area 177

Administrator
Steve Bennett

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/5/2013

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 62401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 5

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	2
Total Discharges 2011	2
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5378	92.1%	0	0	0	0	5378	92.1%	92.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5378	92.1%	0	0	0	0	5378	92.1%	92.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	4	0	0	4	4	8
45 to 59	0	0	0	0	3	1	0	0	3	1	4
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	2	0	0	0	2	0	2
75 to 84	0	0	0	0	0	1	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	9	6	0	0	9	6	15

FREEPORT TERRACE
2942 HIGHLANDVIEW DRIVE
FREEPORT, IL. 61032

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 177

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	125
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	80.1%	0.6%	0.0%	19.3%	100.0%		0.0%
0	548,179	3,990	0	132,001	684,171	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FRIENDSHIP HOME
826 NORTH HIGH
CARLINVILLE, IL. 62626

Reference Numbers Facility ID 6005979
Health Service Area 003 Planning Service Area 117

Administrator
Janet Goodwin

Contact Person and Telephone
JANET GOODWIN
217 854 9606

Registered Agent Information

Date Completed
5/30/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	4
Mental Illness	5
Developmental Disability	1
Circulatory System	5
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	33

Total Residents Diagnosed as Mentally Ill 9

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	49	41	38	41	33	16	47	47
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	49	41	38	41	33	16	47	47

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	35
Total Admissions 2011	50
Total Discharges 2011	52
Residents on 12/31/2011	33
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2268	13.2%	6375	37.2%	0	79	4087	0	12809	71.6%	85.6%
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	2268	13.2%	6375	37.2%	0	79	4087	0	12809	71.6%	85.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	0	5	0	0	0	0	0	0	0	5	5
75 to 84	7	5	0	0	0	0	0	0	7	5	12
85+	1	13	0	0	0	0	0	0	1	13	14
TOTALS	9	24	0	0	0	0	0	0	9	24	33

FRIENDSHIP HOME
826 NORTH HIGH
CARLINVILLE, IL. 62626

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 117

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	19	0	0	10	0	33
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	19	0	0	10	0	33

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	129	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	33	0	0	0	33
Race Unknown	0	0	0	0	0
Total	33	0	0	0	33

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	33	0	0	0	33
Ethnicity Unknown	0	0	0	0	0
Total	33	0	0	0	33

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	7.00
Certified Aides	20.00
Other Health Staff	0.00
Non-Health Staff	13.00
Totals	46.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
49.3%	26.8%	0.2%	1.4%	22.3%	100.0%		0.0%
1,301,514	708,585	5,905	35,987	589,251	2,641,242	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FRIENDSHIP HOUSE OF CENTRALIA
1000 MARTIN LUTHER KING DRIVE
CENTRALIA, IL. 62801

Reference Numbers Facility ID 6003370
Health Service Area 005 Planning Service Area 121

Administrator
Philip Partridge

Contact Person and Telephone
Lisa Hill
618/532-1833

Registered Agent Information

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	14
Alzheimer Disease	21
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	62

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	94	94	64	94	62	32	19	94
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	94	94	64	94	62	32	19	94

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	44
Total Admissions 2011	159
Total Discharges 2011	141
Residents on 12/31/2011	62
Identified Offenders	4

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2615	37.7%	16242	47.3%	0	0	803	0	19660	57.3%	57.3%
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	2615	37.7%	16242	47.3%	0	0	803	0	19660	57.3%	57.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	6	5	0	0	0	0	0	0	6	5	11
60 to 64	4	0	0	0	0	0	0	0	4	0	4
65 to 74	5	10	0	0	0	0	0	0	5	10	15
75 to 84	6	12	0	0	0	0	0	0	6	12	18
85+	2	12	0	0	0	0	0	0	2	12	14
TOTALS	23	39	0	0	0	0	0	0	23	39	62

FRIENDSHIP HOUSE OF CENTRALIA
1000 MARTIN LUTHER KING DRIVE
CENTRALIA, IL. 62801

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 121

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	46	0	0	2	0	62
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	46	0	0	2	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	122	120
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	57	0	0	0	57
Race Unknown	0	0	0	0	0
Total	62	0	0	0	62

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	62	0	0	0	62
Ethnicity Unknown	0	0	0	0	0
Total	62	0	0	0	62

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	10.00
Certified Aides	27.00
Other Health Staff	4.00
Non-Health Staff	16.00
Totals	63.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
39.3%	55.8%	1.5%	0.1%	3.3%	100.0%		0.0%
1,170,672	1,663,984	44,500	3,481	98,923	2,981,563	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW 1/18/2012 Change of Ownership occurred.

FRIENDSHIP MANOR
1209 21ST AVENUE
ROCK ISLAND, IL. 61201

Reference Numbers Facility ID 6003388
Health Service Area 010 Planning Service Area 161

Administrator
TED PAPPAS JR

Contact Person and Telephone
KAREN SWANK
309-794-4105

Registered Agent Information
Durward Jamieson Long
4101 John Deere Rd
Moline, IL 61265

Date Completed
5/6/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	1
Circulatory System	14
Respiratory System	2
Digestive System	6
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	12
Injuries and Poisonings	2
Other Medical Conditions	36
Non-Medical Conditions	0
TOTALS	89

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	81	81	81	81	77	4	81	49
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	13	13	13	13	12	1		
TOTAL BEDS	94	94	94	94	89	5	81	49

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	88
Total Admissions 2011	176
Total Discharges 2011	175
Residents on 12/31/2011	89
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4902	16.6%	7771	43.4%	0	502	13846	0	27021	91.4%	91.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	3807	0	3807	80.2%	80.2%
TOTALS	4902	16.6%	7771	43.4%	0	502	17653	0	30828	89.9%	89.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	1	0	1	1
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	0	5	0	0	0	0	0	0	0	5	5
75 to 84	2	9	0	0	0	0	1	2	3	11	14
85+	8	52	0	0	0	0	0	8	8	60	68
TOTALS	11	66	0	0	0	0	1	11	12	77	89

FRIENDSHIP MANOR
1209 21ST AVENUE
ROCK ISLAND, IL. 61201

Reference Numbers Facility ID **Health Service Area** 010 **Planning Service Area** 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	17	0	0	46	0	77
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	12	0	12
TOTALS	14	17	0	0	58	0	89

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	231	199
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	231	199

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	75	0	0	12	87
Race Unknown	0	0	0	0	0
Total	77	0	0	12	89

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	76	0	0	0	76
Ethnicity Unknown	0	0	0	12	12
Total	77	0	0	12	89

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.71
LPN's	11.37
Certified Aides	47.30
Other Health Staff	0.00
Non-Health Staff	3.00
Totals	75.38

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
49.9%	13.1%	0.0%	8.0%	29.0%	100.0%		3.8%
3,460,590	908,880	0	552,069	2,009,955	6,931,494	260,907	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FRIENDSHIP MANOR HEALTH CARE
485 SOUTH FRIENDSHIP DRIVE
NASHVILLE, IL. 62263

Reference Numbers Facility ID 6015895
Health Service Area 005 Planning Service Area 189

Administrator
CATHY LIETZ

Contact Person and Telephone
DAWN MCCULLAH
618-327-3041

Registered Agent Information

Date Completed
4/8/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	7
Mental Illness	11
Developmental Disability	0
Circulatory System	25
Respiratory System	7
Digestive System	9
Genitourinary System Disorders	12
Skin Disorders	3
Musculo-skeletal Disorders	3
Injuries and Poisonings	12
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	112

Total Residents Diagnosed as Mentally Ill 16

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	230	230	118	230	112	118	31	230
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	230	230	118	230	112	118	31	230

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	111
Total Admissions 2011	29
Total Discharges 2011	28
Residents on 12/31/2011	112
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3392	30.0%	19851	23.6%	797	0	16967	0	41007	48.8%	48.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3392	30.0%	19851	23.6%	797	0	16967	0	41007	48.8%	48.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	3	7	0	0	0	0	0	0	3	7	10
75 to 84	7	24	0	0	0	0	0	0	7	24	31
85+	11	57	0	0	0	0	0	0	11	57	68
TOTALS	24	88	0	0	0	0	0	0	24	88	112

FRIENDSHIP MANOR HEALTH CARE
485 SOUTH FRIENDSHIP DRIVE
NASHVILLE, IL. 62263

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 189

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	49	5	0	48	0	112
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	49	5	0	48	0	112

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	138	113
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	111	0	0	0	111
Race Unknown	0	0	0	0	0
Total	112	0	0	0	112

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	112	0	0	0	112
Ethnicity Unknown	0	0	0	0	0
Total	112	0	0	0	112

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	16.00
Certified Aides	34.00
Other Health Staff	0.00
Non-Health Staff	49.00
Totals	110.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
7.1%	51.2%	0.0%	0.0%	41.7%	100.0%		0.0%
343,949	2,478,841	0	0	2,015,227	4,838,017	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FRIENDSHIP MANOR OF ST. ELMO
221 E. CUMBERLAND ROAD
ST. ELMO, IL. 62458

Reference Numbers Facility ID 6004204
Health Service Area 005 Planning Service Area 051

Administrator
Charles Hutson

Contact Person and Telephone
CHARLES HUTSON
618-829-5581

Date Completed
3/28/2013

Registered Agent Information
James Stout
324 West Main Street
Bridgeport, IL 62417

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	12
Mental Illness	6
Developmental Disability	1
Circulatory System	5
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	4
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	46
Total Residents Diagnosed as Mentally Ill	6

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	60	60	56	60	46	14	44	60
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	60	60	56	60	46	14	44	60

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	50
Total Admissions 2011	25
Total Discharges 2011	29
Residents on 12/31/2011	46
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2715	16.9%	10923	49.9%	0	0	3952	0	17590	80.3%	80.3%
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	2715	16.9%	10923	49.9%	0	0	3952	0	17590	80.3%	80.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	4	10	0	0	0	0	0	0	4	10	14
85+	4	24	0	0	0	0	0	0	4	24	28
TOTALS	10	36	0	0	0	0	0	0	10	36	46

FRIENDSHIP MANOR OF ST. ELMO
221 E. CUMBERLAND ROAD
ST. ELMO, IL. 62458

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 051

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	29	0	0	10	0	46
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	29	0	0	10	0	46

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	125
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	46	0	0	0	46
Race Unknown	0	0	0	0	0
Total	46	0	0	0	46

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	46	0	0	0	46
Ethnicity Unknown	0	0	0	0	0
Total	46	0	0	0	46

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.50
LPN's	6.50
Certified Aides	20.00
Other Health Staff	0.00
Non-Health Staff	16.00
Totals	48.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
40.9%	39.2%	0.0%	0.0%	20.0%	100.0%		0.0%
1,115,061	1,067,832	0	0	544,160	2,727,053	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FRIENDSHIP VILLAGE OF SCHAUMBURG
350 WEST SCHAUMBURG ROAD
SCHAUMBURG, IL. 60194

Reference Numbers Facility ID 6003404
Health Service Area 007 Planning Service Area 701

Administrator
Tony Madl

Contact Person and Telephone
Jeff Nyberg
847-843-4259

Date Completed
4/26/2013

Registered Agent Information
STEPHEN A YENCHEK
350 WEST SCHAUMBURG ROAD
Schaumburg, IL 60194

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	2
Blood Disorders	3
*Nervous System Non Alzheimer	15
Alzheimer Disease	41
Mental Illness	0
Developmental Disability	0
Circulatory System	53
Respiratory System	27
Digestive System	0
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	60
Injuries and Poisonings	0
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	227

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	250	250	231	250	227	23	250	190
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	250	250	231	250	227	23	250	190

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	215
Total Admissions 2011	589
Total Discharges 2011	577
Residents on 12/31/2011	227
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	14310	15.7%	22893	33.0%	0	0	41635	92	78930	86.5%	86.5%
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	14310	15.7%	22893	33.0%	0	0	41635	92	78930	86.5%	86.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	1	9	0	0	0	0	0	0	1	9	10
75 to 84	14	44	0	0	0	0	0	0	14	44	58
85+	27	129	0	0	0	0	0	0	27	129	156
TOTALS	42	185	0	0	0	0	0	0	42	185	227

FRIENDSHIP VILLAGE OF SCHAUMBURG
350 WEST SCHAUMBURG ROAD
SCHAUMBURG, IL. 60194

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	53	56	0	0	117	1	227
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	53	56	0	0	117	1	227

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	375	311
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	128	0	0	0	128
Race Unknown	99	0	0	0	99
Total	227	0	0	0	227

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	227	0	0	0	227
Total	227	0	0	0	227

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	31.70
LPN's	8.30
Certified Aides	85.40
Other Health Staff	19.50
Non-Health Staff	18.20
Totals	165.10

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
39.8%	14.7%	45.5%	0.0%	0.0%	100.0%		3.4%
8,279,971	3,068,661	9,463,624	0	0	20,812,256	709,000	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FROELICH HOUSE
356 SOUTH MICHIGAN AVENUE
GALESBURG, IL. 61401

Reference Numbers Facility ID 6010193
Health Service Area 002 Planning Service Area 095

Administrator
Tiffany Lair

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/5/2013

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 62401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 12

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5856	######	0	0	0	0	5856	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5856	######	0	0	0	0	5856	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	4	0	0	3	4	7
45 to 59	0	0	0	0	3	3	0	0	3	3	6
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	1	0	0	0	1	0	1
75 to 84	0	0	0	0	0	1	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

FROELICH HOUSE
356 SOUTH MICHIGAN AVENUE
GALESBURG, IL. 61401

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	120
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	16	0	16
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	84.5%	0.6%	0.0%	14.9%	100.0%		0.0%
0	596,149	3,978	0	105,085	705,213	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GAINES MILL PLAZA
3310 GAINES MILL ROAD
SPRINGFIELD, IL. 62704

Reference Numbers Facility ID 6010235
Health Service Area 003 Planning Service Area 167

Administrator
Russ Bogdanovich

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 62401

Date Completed
4/5/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 9

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1946	33.3%	0	0	0	0	1946	33.3%	33.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1946	33.3%	0	0	0	0	1946	33.3%	33.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	3	0	0	2	3	5
45 to 59	0	0	0	0	4	4	0	0	4	4	8
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

GAINES MILL PLAZA
3310 GAINES MILL ROAD
SPRINGFIELD, IL. 62704

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	113
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	84.9%	0.3%	0.0%	14.8%	100.0%		0.0%
0	555,543	1,999	0	97,168	654,711	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GALENA-STAUSS NURSING HOME
215 SUMMIT STREET
GALENA, IL. 61036

Reference Numbers Facility ID 6003438
Health Service Area 001 Planning Service Area 085

Administrator
Hesper Nowatzki

Contact Person and Telephone
Hesper Nowatzki
815-776-7255

Date Completed
4/3/2013

Registered Agent Information
Stephen Moore
100 Park Ave
Rockford, IL 61105

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	17
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	3
Circulatory System	11
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	47

Total Residents Diagnosed as Mentally Ill 13

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	57	57	54	57	47	10	57	57
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	57	57	54	57	47	10	57	57

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	54
Total Admissions 2011	50
Total Discharges 2011	57
Residents on 12/31/2011	47
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	242	1.2%	9715	46.7%	0	0	7481	0	17438	83.8%	83.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	242	1.2%	9715	46.7%	0	0	7481	0	17438	83.8%	83.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	4	0	0	0	0	0	0	0	4	0	4
75 to 84	2	11	0	0	0	0	0	0	2	11	13
85+	8	19	0	0	0	0	0	0	8	19	27
TOTALS	15	32	0	0	0	0	0	0	15	32	47

GALENA-STAUSS NURSING HOME
215 SUMMIT STREET
GALENA, IL. 61036

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 085

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	27	0	0	20	0	47
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	27	0	0	20	0	47

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	215	199
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	47	0	0	0	47
Race Unknown	0	0	0	0	0
Total	47	0	0	0	47

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	47	0	0	0	47
Ethnicity Unknown	0	0	0	0	0
Total	47	0	0	0	47

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	5.00
Certified Aides	19.00
Other Health Staff	0.00
Non-Health Staff	14.00
Totals	43.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
9.6%	62.5%	0.0%	0.1%	27.8%	100.0%		0.0%
276,465	1,799,906	0	2,879	800,598	2,879,851	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GALESBURG COTTAGE HOSPITAL
695 NORTH KELLOG STREET
GALESBURG, IL. 61401

Reference Numbers Facility ID 6012785
Health Service Area 002 Planning Service Area 095

Administrator
Earl Tamar

Contact Person and Telephone
Dawn Stambaugh
309-345-4597

Date Completed
3/21/2013

Registered Agent Information
Dawn Stambaugh
695 North Kellogg
Galesburg, IL 61401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	2
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	23

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	34	34	32	34	23	11	34	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	34	34	32	34	23	11	34	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	24
Total Admissions 2011	617
Total Discharges 2011	618
Residents on 12/31/2011	23
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7452	60.0%	0	0.0%	0	603	0	0	8055	64.9%	64.9%
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	7452	60.0%	0	0.0%	0	603	0	0	8055	64.9%	64.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	3	2	0	0	0	0	0	0	3	2	5
75 to 84	2	7	0	0	0	0	0	0	2	7	9
85+	2	6	0	0	0	0	0	0	2	6	8
TOTALS	8	15	0	0	0	0	0	0	8	15	23

GALESBURG COTTAGE HOSPITAL
695 NORTH KELLOG STREET
GALESBURG, IL. 61401

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	0	0	0	0	0	23
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	23	0	0	0	0	0	23

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	642	557
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	23	0	0	0	23
Race Unknown	0	0	0	0	0
Total	23	0	0	0	23

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	23	0	0	0	23
Ethnicity Unknown	0	0	0	0	0
Total	23	0	0	0	23

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	2.00
Certified Aides	8.00
Other Health Staff	9.00
Non-Health Staff	6.00
Totals	41.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
92.6%	0.0%	0.0%	7.4%	0.0%	100.0%		0.0%
4,583,293	0	0	365,356	0	4,948,649	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GALESBURG TERRACE
1145 FRANK STREET
GALESBURG, IL. 61401

Reference Numbers Facility ID 6000434
Health Service Area 002 Planning Service Area 095

Administrator
Jerry Bock

Contact Person and Telephone
JERRY BOCK
309 342-2103

Date Completed
3/26/2013

Registered Agent Information
Eva Lerner
3552 West Peterson Avenue Suite 101
Chicago, IL 60659

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	3
Mental Illness	6
Developmental Disability	1
Circulatory System	1
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	3
TOTALS	48
Total Residents Diagnosed as Mentally Ill	11

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	108	99	58	99	48	60	28	108
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	108	99	58	99	48	60	28	108

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	54
Total Admissions 2011	18
Total Discharges 2011	24
Residents on 12/31/2011	48
Identified Offenders	5

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	165	1.6%	18610	47.2%	0	0	412	0	19187	48.7%	53.1%
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	165	1.6%	18610	47.2%	0	0	412	0	19187	48.7%	53.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	0	0	0	0	0	0	0	3	0	3
45 to 59	6	6	0	0	0	0	0	0	6	6	12
60 to 64	1	4	0	0	0	0	0	0	1	4	5
65 to 74	8	3	0	0	0	0	0	0	8	3	11
75 to 84	5	6	0	0	0	0	0	0	5	6	11
85+	3	3	0	0	0	0	0	0	3	3	6
TOTALS	26	22	0	0	0	0	0	0	26	22	48

GALESBURG TERRACE
1145 FRANK STREET
GALESBURG, IL. 61401

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	45	0	0	1	0	48
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	45	0	0	1	0	48

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	126
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	38	0	0	0	38
Race Unknown	0	0	0	0	0
Total	48	0	0	0	48

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	48	0	0	0	48
Ethnicity Unknown	0	0	0	0	0
Total	48	0	0	0	48

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	8.00
Certified Aides	12.00
Other Health Staff	1.00
Non-Health Staff	12.00
Totals	37.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
2.5%	86.7%	0.0%	0.0%	10.8%	100.0%		0.0%
76,854	2,631,462	0	0	326,556	3,034,872	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GARDEN CENTER SERVICES
8345 SOUTH AUSTIN AVENUE
BURBANK, IL. 60459

Reference Numbers Facility ID 6012561
Health Service Area 007 Planning Service Area 705

Administrator
Sheryl Kincinas

Contact Person and Telephone
Kathleen Proffitt
708-398-6554

Registered Agent Information

Date Completed
4/24/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 5

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	15	15	15	0		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	15	15	15	0	0	15

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	0
Total Discharges 2011	1
Residents on 12/31/2011	14
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5490	######	0	0	0	0	5490	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5490	######	0	0	0	0	5490	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	2	0	0	3	2	5
45 to 59	0	0	0	0	1	3	0	0	1	3	4
60 to 64	0	0	0	0	1	4	0	0	1	4	5
65 to 74	0	0	0	0	1	0	0	0	1	0	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	6	9	0	0	6	9	15

GARDEN CENTER SERVICES
8345 SOUTH AUSTIN AVENUE
BURBANK, IL. 60459

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	1.00
Certified Aides	0.00
Other Health Staff	9.00
Non-Health Staff	1.00
Totals	13.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	78.1%	21.9%	0.0%	0.0%	100.0%		0.0%
0	611,430	171,118	0	0	782,548	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GATEWAY REGIONAL MEDICAL CENTER SNF
2100 MADISON AVENUE
GRANITE CITY, IL. 62040

Reference Numbers Facility ID 6008908
Health Service Area 011 Planning Service Area 119

Administrator
M. Ed Cunningham

Contact Person and Telephone
DAN J. KERNEBECK
618-798-3623

Date Completed
5/29/2013

Registered Agent Information
Corporation Service Company
2711 Centerville Road
Wilmington, DE 19808

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	0
Total Residents Diagnosed as Mentally Ill	4

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	19	19	15	19	8	11	19	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	19	19	15	19	8	11	19	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	8
Total Admissions 2011	306
Total Discharges 2011	306
Residents on 12/31/2011	8
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2815	40.6%	0	0.0%	0	0	121	0	2936	42.3%	42.3%
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	2815	40.6%	0	0.0%	0	0	121	0	2936	42.3%	42.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	1	3	0	0	0	0	0	0	1	3	4
85+	1	2	0	0	0	0	0	0	1	2	3
TOTALS	2	6	0	0	0	0	0	0	2	6	8

GATEWAY REGIONAL MEDICAL CENTER SNF
2100 MADISON AVENUE
GRANITE CITY, IL. 62040

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	0	0	0	0	0	8
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	0	0	0	0	0	8

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	1914	1914
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	6	0	0	0	6
Race Unknown	0	0	0	0	0
Total	8	0	0	0	8

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	8	0	0	0	8
Ethnicity Unknown	0	0	0	0	0
Total	8	0	0	0	8

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	5.10
LPN's	4.60
Certified Aides	2.70
Other Health Staff	0.00
Non-Health Staff	0.50
Totals	15.90

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
48.8%	0.0%	0.1%	50.0%	1.1%	100.0%		0.0%
690,640	0	1,132	706,641	15,429	1,413,842	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GAYLORD TULL HOUSE
1911 18TH STREET
CHARLESTON, IL. 61920

Reference Numbers Facility ID 6010334
Health Service Area 004 Planning Service Area 029

Administrator
Sherry Newton

Contact Person and Telephone
Sherry Newton
217 398 0754 ext13

Date Completed
4/16/2013

Registered Agent Information
Dave Krchak
30 E Main St
Champaign, IL 61821

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 9

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5596	95.8%	0	0	0	0	5596	95.8%	95.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5596	95.8%	0	0	0	0	5596	95.8%	95.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	0	0	0	1	0	1
45 to 59	0	0	0	0	3	2	0	0	3	2	5
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	5	1	0	0	5	1	6
75 to 84	0	0	0	0	0	1	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	10	5	0	0	10	5	15

GAYLORD TULL HOUSE
1911 18TH STREET
CHARLESTON, IL. 61920

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 029

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	152	152
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	14.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	14.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	85.1%	14.9%	0.0%	0.0%	100.0%		0.0%
0	612,412	107,647	0	0	720,060	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GENEVA NURSING & REHAB CENTER
1101 EAST STATE STREET
GENEVA, IL. 60134

Reference Numbers Facility ID 6003503
Health Service Area 008 Planning Service Area 089

Administrator
Scott Hochstadt

Contact Person and Telephone
SCOT HOCHSTADT
(630) 232-7544

Date Completed
4/16/2013

Registered Agent Information
Abraham Gutnicki
8320 Skokie Blvd.
SKOKIE, IL 60077

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	5
Blood Disorders	2
*Nervous System Non Alzheimer	3
Alzheimer Disease	24
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	2
Other Medical Conditions	38
Non-Medical Conditions	0
TOTALS	91

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	107	103	94	103	91	16	107	107
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	107	103	94	103	91	16	107	107

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	92
Total Admissions 2011	80
Total Discharges 2011	81
Residents on 12/31/2011	91
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6333	16.2%	21939	56.2%	866	203	3274	0	32615	83.5%	86.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	6333	16.2%	21939	56.2%	866	203	3274	0	32615	83.5%	86.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	4	14	0	0	0	0	0	0	4	14	18
75 to 84	19	30	0	0	0	0	0	0	19	30	49
85+	3	21	0	0	0	0	0	0	3	21	24
TOTALS	26	65	0	0	0	0	0	0	26	65	91

GENEVA NURSING & REHAB CENTER
1101 EAST STATE STREET
GENEVA, IL. 60134

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	57	0	3	10	0	91
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	57	0	3	10	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	297	242
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	89	0	0	0	89
Race Unknown	2	0	0	0	2
Total	91	0	0	0	91

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	88	0	0	0	88
Ethnicity Unknown	1	0	0	0	1
Total	91	0	0	0	91

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.50
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	8.00
Certified Aides	38.00
Other Health Staff	6.00
Non-Health Staff	30.00
Totals	98.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
27.3%	53.7%	2.6%	0.0%	16.3%	100.0%		0.0%
1,542,761	3,033,434	146,208	0	921,272	5,643,675	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GHS, dba. ILLINI RESTORATIVE CARE
1455 HOSPITAL ROAD
SILVIS, IL. 61282

Reference Numbers Facility ID 6013023
Health Service Area 010 Planning Service Area 161

Administrator
Debra Slater

Contact Person and Telephone
DEBRA SLATER
309-281-3272

Date Completed
4/16/2013

Registered Agent Information
Joddi Lynn Schuldt
GMC - Illini, 801 Illini Drive
Silvis, IL 61282

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	2
Circulatory System	32
Respiratory System	0
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	2
Other Medical Conditions	10
Non-Medical Conditions	37
TOTALS	103

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	83	83	76	83	71	12	83	83
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	37	37	34	37	32	5		
TOTAL BEDS	120	120	110	120	103	17	83	83

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	91
Total Admissions 2011	532
Total Discharges 2011	520
Residents on 12/31/2011	103
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7523	24.8%	6384	21.1%	0	0	10171	0	24078	79.5%	79.5%
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	11502	0	11502	85.2%	85.2%
TOTALS	7523	24.8%	6384	21.1%	0	0	21673	0	35580	81.2%	81.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	4	0	0	0	0	0	0	2	4	6
75 to 84	3	13	0	0	0	0	3	6	6	19	25
85+	11	36	0	0	0	0	6	17	17	53	70
TOTALS	17	54	0	0	0	0	9	23	26	77	103

GHS, dba. ILLINI RESTORATIVE CARE
1455 HOSPITAL ROAD
SILVIS, IL. 61282

Reference Numbers Facility ID **Health Service Area** 010 **Planning Service Area** 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	26	18	0	0	27	0	71
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	32	0	32
TOTALS	26	18	0	0	59	0	103

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	237	221
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	164	144

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	70	0	0	32	102
Race Unknown	0	0	0	0	0
Total	71	0	0	32	103

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	68	0	0	32	100
Ethnicity Unknown	0	0	0	0	0
Total	71	0	0	32	103

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.20
LPN's	9.10
Certified Aides	38.14
Other Health Staff	9.10
Non-Health Staff	8.30
Totals	81.84

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
43.5%	30.2%	0.0%	0.8%	25.5%	100.0%		0.0%
3,164,578	2,197,494	0	55,242	1,858,162	7,275,476	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Bed Change	8/21/2012	Facility converted 8 beds from Sheltered Care to Nursing Care. The facility now has 83 Nursing Care beds and 37 Sheltered Care beds.

GIBSON COMMUNITY HOSPITAL
1120 N MELVIN ST
GIBSON CITY, IL. 60936

Reference Numbers Facility ID 9053001
Health Service Area 004 Planning Service Area 053

Administrator
KAREN CHRISTENSEN

Contact Person and Telephone
KAREN CHRISTENSEN
217-784-2566

Date Completed
3/20/2013

Registered Agent Information
Jim Hood
1120 N, Melvin St.
Gibson City, IL 60936

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	1
Mental Illness	2
Developmental Disability	0
Circulatory System	1
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	2
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	11
Total Residents Diagnosed as Mentally Ill	2

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	16	15	14	15	11	5	5	16
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	15	14	15	11	5	5	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	10
Total Admissions 2011	48
Total Discharges 2011	47
Residents on 12/31/2011	11
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	743	40.7%	1456	24.9%	0	77	1818	0	4094	70.1%	74.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	743	40.7%	1456	24.9%	0	77	1818	0	4094	70.1%	74.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	4	0	0	0	0	0	0	0	4	0	4
85+	0	6	0	0	0	0	0	0	0	6	6
TOTALS	4	7	0	0	0	0	0	0	4	7	11

GIBSON COMMUNITY HOSPITAL
1120 N MELVIN ST
GIBSON CITY, IL. 60936

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 053

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	4	0	0	4	0	11
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	4	0	0	4	0	11

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	11	0	0	0	11
Race Unknown	0	0	0	0	0
Total	11	0	0	0	11

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	11	0	0	0	11
Ethnicity Unknown	0	0	0	0	0
Total	11	0	0	0	11

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.50
Physicians	0.00
Director of Nursing	0.50
Registered Nurses	3.00
LPN's	3.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	18.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
33.5%	22.8%	0.0%	9.0%	34.7%	100.0%		0.0%
273,716	186,319	0	73,778	284,191	818,005	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GIBSON COMMUNITY HOSPITAL ANNEX
430 EAST 19TH
GIBSON CITY, IL. 60936

Reference Numbers Facility ID 6003552
Health Service Area 004 Planning Service Area 053

Administrator
KAREN CHRISTENSEN

Contact Person and Telephone
KAREN CHRISTENSEN
217-784-2566

Date Completed
3/19/2013

Registered Agent Information
Jim Hood
1120 N. Melvin St.
Gibson City, IL 60936

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	1
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	4
Mental Illness	6
Developmental Disability	0
Circulatory System	1
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	2
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	25

Total Residents Diagnosed as Mentally Ill 6

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	26	26	25	26	25	1	5	16
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	26	26	25	26	25	1	5	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	24
Total Admissions 2011	3
Total Discharges 2011	2
Residents on 12/31/2011	25
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	8969	0	8969	94.5%	94.5%
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	0	0.0%	0	0.0%	0	0	8969	0	8969	94.5%	94.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	2	2	0	0	0	0	0	0	2	2	4
85+	6	15	0	0	0	0	0	0	6	15	21
TOTALS	8	17	0	0	0	0	0	0	8	17	25

GIBSON COMMUNITY HOSPITAL ANNEX
430 EAST 19TH
GIBSON CITY, IL. 60936

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 053

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	25	0	25
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	25	0	25

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	25	0	0	0	25
Race Unknown	0	0	0	0	0
Total	25	0	0	0	25

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	25	0	0	0	25
Ethnicity Unknown	0	0	0	0	0
Total	25	0	0	0	25

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.50
Physicians	0.00
Director of Nursing	0.50
Registered Nurses	3.00
LPN's	3.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	18.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		0.0%
0	0	0	0	1,496,514	1,496,514	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GILMAN HEALTHCARE CENTER
1390 S. CRESCENT ST.
GILMAN, IL. 60938

Reference Numbers Facility ID 6003578
Health Service Area 004 Planning Service Area 075

Administrator
Sherry Dodson

Contact Person and Telephone
Sherry Dodson
815-265-7208

Registered Agent Information
Stephen Sher Suite 420
5750 Old Orchard Road
SKOKIE, IL 60077

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	3
Mental Illness	1
Developmental Disability	0
Circulatory System	9
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	3
Other Medical Conditions	20
Non-Medical Conditions	18
TOTALS	66
Total Residents Diagnosed as Mentally Ill	1

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	99	99	82	99	66	33	99	99
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	82	99	66	33	99	99

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	69
Total Admissions 2011	102
Total Discharges 2011	105
Residents on 12/31/2011	66
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5016	13.9%	14257	39.5%	0	941	5263	0	25477	70.5%	70.5%
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	5016	13.9%	14257	39.5%	0	941	5263	0	25477	70.5%	70.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	2	0	0	0	0	0	0	0	2	2
45 to 59	2	2	0	0	0	0	0	0	2	2	4
60 to 64	6	5	0	0	0	0	0	0	6	5	11
65 to 74	4	9	0	0	0	0	0	0	4	9	13
75 to 84	5	11	0	0	0	0	0	0	5	11	16
85+	10	10	0	0	0	0	0	0	10	10	20
TOTALS	27	39	0	0	0	0	0	0	27	39	66

GILMAN HEALTHCARE CENTER
1390 S. CRESCENT ST.
GILMAN, IL. 60938

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 075

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	36	0	2	10	0	66
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	36	0	2	10	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	179	161
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	62	0	0	0	62
Race Unknown	0	0	0	0	0
Total	66	0	0	0	66

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	62	0	0	0	62
Ethnicity Unknown	0	0	0	0	0
Total	66	0	0	0	66

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	9.00
Certified Aides	16.00
Other Health Staff	14.00
Non-Health Staff	26.00
Totals	69.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
47.9%	31.6%	0.0%	2.9%	17.6%	100.0%		0.0%
2,549,682	1,684,776	0	154,113	936,171	5,324,742	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GLEN BROOK
801 NORTH 1ST ST P O BOX 698
VIENNA, IL. 62995

Reference Numbers Facility ID 6012694
Health Service Area 005 Planning Service Area 087

Administrator
James A Keller

Contact Person and Telephone
JAMES A. KELLER
618-833-5070

Date Completed
4/19/2013

Registered Agent Information
John S Rendleman
2001 West Main Street
Carbondale, IL 62903

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 4

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	1
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5580	95.5%	0	0	0	0	5580	95.5%	95.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5580	95.5%	0	0	0	0	5580	95.5%	95.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	1	0	0	0	1	1
45 to 59	0	0	0	0	5	5	0	0	5	5	10
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	2	2	0	0	2	2	4
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	7	8	0	0	7	8	15

GLEN BROOK
801 NORTH 1ST ST P O BOX 698
VIENNA, IL. 62995

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 087

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	119	108
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.10
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	12.10

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%	77.5%	21.8%	0.0%	0.7%	100.0%		0.0%
0	469,150	132,121	0	4,262	605,533	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GLEN LAKE TERRACE NURSING & REHAB
2222 WEST 14TH STREET
WAUKEGAN, IL. 60085

Reference Numbers Facility ID 6006647
Health Service Area 008 Planning Service Area 097

Administrator
JULIE STANGEL

Contact Person and Telephone
JULIE STANGEL
JULIE STANGEL

Registered Agent Information **Date Completed** 5/31/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	22
Blood Disorders	2
*Nervous System Non Alzheimer	27
Alzheimer Disease	13
Mental Illness	35
Developmental Disability	6
Circulatory System	32
Respiratory System	17
Digestive System	8
Genitourinary System Disorders	28
Skin Disorders	9
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	211

Total Residents Diagnosed as Mentally Ill 35

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	271	255	237	255	228	43	136	271
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	271	255	237	255	228	43	136	271

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	216
Total Admissions 2011	245
Total Discharges 2011	233
Residents on 12/31/2011	228
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6401	12.9%	68196	68.9%	2362	2370	2634	0	81963	82.9%	88.1%
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	6401	12.9%	68196	68.9%	2362	2370	2634	0	81963	82.9%	88.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	6	4	0	0	0	0	0	0	6	4	10
45 to 59	42	42	0	0	0	0	0	0	42	42	84
60 to 64	26	7	0	0	0	0	0	0	26	7	33
65 to 74	27	21	0	0	0	0	0	0	27	21	48
75 to 84	17	20	0	0	0	0	0	0	17	20	37
85+	1	15	0	0	0	0	0	0	1	15	16
TOTALS	119	109	0	0	0	0	0	0	119	109	228

GLEN LAKE TERRACE NURSING & REHAB
2222 WEST 14TH STREET
WAUKEGAN, IL. 60085

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	179	15	5	8	0	228
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	179	15	5	8	0	228

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	1	0	0	0	1
Black	72	0	0	0	72
Hawaiian/Pacific Isl.	0	0	0	0	0
White	154	0	0	0	154
Race Unknown	0	0	0	0	0
Total	228	0	0	0	228

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	217	0	0	0	217
Ethnicity Unknown	0	0	0	0	0
Total	228	0	0	0	228

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	35.00
LPN's	37.00
Certified Aides	95.00
Other Health Staff	13.00
Non-Health Staff	40.00
Totals	222.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
20.3%	71.7%	0.0%	3.5%	4.5%	100.0%		0.0%
2,935,549	10,377,893	0	511,941	651,162	14,476,545	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GLEN OAKS NURSING. & REHAB. CTR.
270 SKOKIE HIGHWAY
NORTHBROOK, IL. 60062

Reference Numbers Facility ID 6003586
Health Service Area 007 Planning Service Area 702

Administrator
SIM DACHS

Contact Person and Telephone
SIM DACHS
847-498-9320

Date Completed
4/9/2013

Registered Agent Information
Abraham Stern (c/o Much Shelist)
191 North Wacker Drive suite 1800
Chicago, IL 60606

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	65
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	5
Mental Illness	141
Developmental Disability	0
Circulatory System	36
Respiratory System	9
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	280
Total Residents Diagnosed as Mentally Ill	267

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	298	298	291	298	280	18	150	298
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	298	298	291	298	280	18	150	298

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	284
Total Admissions 2011	235
Total Discharges 2011	239
Residents on 12/31/2011	280
Identified Offenders	19

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2152	3.9%	98913	90.9%	1403	600	2059	0	105127	96.7%	96.7%
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	2152	3.9%	98913	90.9%	1403	600	2059	0	105127	96.7%	96.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	13	8	0	0	0	0	0	0	13	8	21
45 to 59	79	67	0	0	0	0	0	0	79	67	146
60 to 64	17	16	0	0	0	0	0	0	17	16	33
65 to 74	22	17	0	0	0	0	0	0	22	17	39
75 to 84	13	17	0	0	0	0	0	0	13	17	30
85+	5	6	0	0	0	0	0	0	5	6	11
TOTALS	149	131	0	0	0	0	0	0	149	131	280

GLEN OAKS NURSING. & REHAB. CTR.
270 SKOKIE HIGHWAY
NORTHBROOK, IL. 60062

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	264	5	0	5	0	280
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	264	5	0	5	0	280

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	25	0	0	0	25
American Indian	0	0	0	0	0
Black	33	0	0	0	33
Hawaiian/Pacific Isl.	0	0	0	0	0
White	222	0	0	0	222
Race Unknown	0	0	0	0	0
Total	280	0	0	0	280

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	12	0	0	0	12
Non-Hispanic	268	0	0	0	268
Ethnicity Unknown	0	0	0	0	0
Total	280	0	0	0	280

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	37.00
LPN's	3.00
Certified Aides	67.00
Other Health Staff	21.00
Non-Health Staff	55.00
Totals	185.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
6.6%	87.5%	2.3%	1.0%	2.5%	100.0%		0.0%
1,002,645	13,262,676	353,195	154,001	382,259	15,154,776	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GLENBRIDGE NURSING & REHABILITATION CTR
8333 WEST GOLF ROAD
NILES, IL. 60714

Reference Numbers Facility ID 6006191
Health Service Area 007 Planning Service Area 702

Administrator
Daniel Glenner

Contact Person and Telephone
ADMINISTRATOR
847-966-9190

Registered Agent Information

Date Completed
4/10/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	18
Blood Disorders	2
*Nervous System Non Alzheimer	13
Alzheimer Disease	37
Mental Illness	20
Developmental Disability	2
Circulatory System	37
Respiratory System	15
Digestive System	0
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	101
Non-Medical Conditions	0
TOTALS	262

Total Residents Diagnosed as Mentally Ill 47

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	302	290	283	288	262	40	0	302
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	302	290	283	288	262	40	0	302

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	259
Total Admissions 2011	664
Total Discharges 2011	661
Residents on 12/31/2011	262
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7261	0.0%	88531	80.3%	335	1433	1382	0	98942	89.8%	93.5%
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	7261	0.0%	88531	80.3%	335	1433	1382	0	98942	89.8%	93.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	1	0	0	0	0	0	0	2	1	3
45 to 59	25	16	0	0	0	0	0	0	25	16	41
60 to 64	14	13	0	0	0	0	0	0	14	13	27
65 to 74	28	20	0	0	0	0	0	0	28	20	48
75 to 84	20	33	0	0	0	0	0	0	20	33	53
85+	27	63	0	0	0	0	0	0	27	63	90
TOTALS	116	146	0	0	0	0	0	0	116	146	262

GLENBRIDGE NURSING & REHABILITATION CTR
8333 WEST GOLF ROAD
NILES, IL. 60714

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	241	1	0	3	0	262
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	241	1	0	3	0	262

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	65	0	0	0	65
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	187	0	0	0	187
Race Unknown	0	0	0	0	0
Total	262	0	0	0	262

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	252	0	0	0	252
Ethnicity Unknown	0	0	0	0	0
Total	262	0	0	0	262

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	36.00
LPN's	13.00
Certified Aides	80.00
Other Health Staff	15.00
Non-Health Staff	70.00
Totals	216.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
20.7%	75.8%	0.3%	1.7%	1.4%	100.0%		0.0%
3,608,112	13,206,936	57,529	303,609	239,445	17,415,631	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GLENCREST HEALTHCARE & REHAB CTR
2451 WEST TOUHY AVENUE
CHICAGO, IL. 60645

Reference Numbers Facility ID 6003594
Health Service Area 006 Planning Service Area 601

Administrator
Konstantinos Stavropoulos

Contact Person and Telephone
Konstantinos Stavropoulos
773-338-6800

Registered Agent Information
GlenCrest Healthcare and Rehabilitation
2451 W. Touhy
Chicago, IL 60645

Date Completed
5/30/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	11
Blood Disorders	2
*Nervous System Non Alzheimer	10
Alzheimer Disease	14
Mental Illness	51
Developmental Disability	0
Circulatory System	39
Respiratory System	54
Digestive System	5
Genitourinary System Disorders	17
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	30
TOTALS	252

Total Residents Diagnosed as Mentally Ill 94

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	312	312	281	312	252	60	240	312
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	312	312	281	312	252	60	240	312

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	269
Total Admissions 2011	880
Total Discharges 2011	897
Residents on 12/31/2011	252
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9904	11.3%	84474	74.2%	28	1865	2051	0	98322	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	9904	11.3%	84474	74.2%	28	1865	2051	0	98322	86.3%	86.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	10	2	0	0	0	0	0	0	10	2	12
45 to 59	32	22	0	0	0	0	0	0	32	22	54
60 to 64	15	14	0	0	0	0	0	0	15	14	29
65 to 74	39	32	0	0	0	0	0	0	39	32	71
75 to 84	26	30	0	0	0	0	0	0	26	30	56
85+	11	19	0	0	0	0	0	0	11	19	30
TOTALS	133	119	0	0	0	0	0	0	133	119	252

GLENCREST HEALTHCARE & REHAB CTR
2451 WEST TOUHY AVENUE
CHICAGO, IL. 60645

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	220	0	14	2	0	252
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	220	0	14	2	0	252

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	11	0	0	0	11
American Indian	0	0	0	0	0
Black	93	0	0	0	93
Hawaiian/Pacific Isl.	0	0	0	0	0
White	148	0	0	0	148
Race Unknown	0	0	0	0	0
Total	252	0	0	0	252

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	44	0	0	0	44
Non-Hispanic	208	0	0	0	208
Ethnicity Unknown	0	0	0	0	0
Total	252	0	0	0	252

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	37.00
LPN's	24.00
Certified Aides	52.00
Other Health Staff	25.00
Non-Health Staff	72.00
Totals	212.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
26.1%	68.9%	0.0%	3.1%	1.9%	100.0%		0.0%
5,300,413	13,967,025	5,520	621,709	383,665	20,278,332	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GLENSHIRE NURSING & REHAB CENTRE
22660 SOUTH CICERO AVENUE
RICHTON PARK, IL. 60471

Reference Numbers Facility ID 6007918
Health Service Area 007 Planning Service Area 705

Administrator
Matt Carlson

Contact Person and Telephone
MATT CARLSON
708-747-6120

Date Completed
4/19/2013

Registered Agent Information
Marilyn Dunn
55 W. Wacker 9th Floor
Chicago, IL 60601

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	36
Blood Disorders	5
*Nervous System Non Alzheimer	28
Alzheimer Disease	3
Mental Illness	11
Developmental Disability	5
Circulatory System	36
Respiratory System	74
Digestive System	6
Genitourinary System Disorders	5
Skin Disorders	7
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	227

Total Residents Diagnosed as Mentally Ill 14

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	294	294	250	294	227	67	127	294
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	294	294	250	294	227	67	127	294

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	209
Total Admissions 2011	799
Total Discharges 2011	781
Residents on 12/31/2011	227
Identified Offenders	16

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5801	12.5%	70874	66.0%	92	2478	1312	3410	83967	78.2%	78.2%
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	5801	12.5%	70874	66.0%	92	2478	1312	3410	83967	78.2%	78.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	14	3	0	0	0	0	0	0	14	3	17
45 to 59	49	26	0	0	0	0	0	0	49	26	75
60 to 64	23	18	0	0	0	0	0	0	23	18	41
65 to 74	26	21	0	0	0	0	0	0	26	21	47
75 to 84	17	12	0	0	0	0	0	0	17	12	29
85+	3	15	0	0	0	0	0	0	3	15	18
TOTALS	132	95	0	0	0	0	0	0	132	95	227

GLENSHIRE NURSING & REHAB CENTRE
22660 SOUTH CICERO AVENUE
RICHTON PARK, IL. 60471

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	202	5	2	3	0	227
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	202	5	2	3	0	227

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	144	0	0	0	144
Hawaiian/Pacific Isl.	0	0	0	0	0
White	80	0	0	0	80
Race Unknown	0	0	0	0	0
Total	227	0	0	0	227

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	218	0	0	0	218
Ethnicity Unknown	3	0	0	0	3
Total	227	0	0	0	227

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	33.00
LPN's	16.00
Certified Aides	71.00
Other Health Staff	21.00
Non-Health Staff	45.00
Totals	188.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
17.1%	74.6%	2.9%	3.9%	1.4%	100.0%		0.0%
3,012,677	13,115,738	512,529	693,025	241,065	17,575,034	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GLENVIEW TERRACE NURSING CTR
1511 GREENWOOD ROAD
GLENVIEW, IL. 60026

Reference Numbers Facility ID 6003610
Health Service Area 007 Planning Service Area 702

Administrator
ABER HOLLANDER

Contact Person and Telephone
ABER HOLLANDER
847-729-9090

Registered Agent Information
Sandra Cedrins
6633 N. Lincoln Ave
Lincolnwood, IL 60712

Date Completed
4/8/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	3
Blood Disorders	2
*Nervous System Non Alzheimer	18
Alzheimer Disease	78
Mental Illness	0
Developmental Disability	0
Circulatory System	21
Respiratory System	13
Digestive System	11
Genitourinary System Disorders	16
Skin Disorders	6
Musculo-skeletal Disorders	28
Injuries and Poisonings	12
Other Medical Conditions	20
Non-Medical Conditions	15
TOTALS	251

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	314	309	293	309	251	63	314	314
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	314	309	293	309	251	63	314	314

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	256
Total Admissions 2011	2,108
Total Discharges 2011	2,113
Residents on 12/31/2011	251
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	26508	23.1%	46723	40.8%	22	6593	18475	0	98321	85.8%	87.2%
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	26508	23.1%	46723	40.8%	22	6593	18475	0	98321	85.8%	87.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	7	8	0	0	0	0	0	0	7	8	15
60 to 64	4	4	0	0	0	0	0	0	4	4	8
65 to 74	11	22	0	0	0	0	0	0	11	22	33
75 to 84	26	33	0	0	0	0	0	0	26	33	59
85+	23	113	0	0	0	0	0	0	23	113	136
TOTALS	71	180	0	0	0	0	0	0	71	180	251

GLENVIEW TERRACE NURSING CTR
1511 GREENWOOD ROAD
GLENVIEW, IL. 60026

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	67	117	0	16	51	0	251
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	67	117	0	16	51	0	251

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	265	210
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	10	0	0	0	10
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	1	0	0	0	1
White	224	0	0	0	224
Race Unknown	7	0	0	0	7
Total	251	0	0	0	251

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	20	0	0	0	20
Ethnicity Unknown	224	0	0	0	224
Total	251	0	0	0	251

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	56.00
LPN's	31.00
Certified Aides	128.00
Other Health Staff	37.00
Non-Health Staff	125.00
Totals	379.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
46.0%	29.1%	0.0%	10.1%	14.8%	100.0%		0.0%
12,213,754	7,724,950	3,787	2,695,198	3,920,690	26,558,379	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GLENWOOD HEALTHCARE & REHAB
19330 SOUTH COTTAGE GROVE
GLENWOOD, IL. 60425

Reference Numbers Facility ID 6003628
Health Service Area 007 Planning Service Area 705

Administrator
Michael Stoudt

Contact Person and Telephone
MICHAEL STOUDT
708-758-6200

Date Completed
3/3/2013

Registered Agent Information
Stephen Sher
5750 Old Orchard #420
SKOKIE, IL 60077

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	18
Blood Disorders	2
*Nervous System Non Alzheimer	13
Alzheimer Disease	3
Mental Illness	12
Developmental Disability	6
Circulatory System	33
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	3
Musculo-skeletal Disorders	4
Injuries and Poisonings	10
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	130

Total Residents Diagnosed as Mentally Ill 35

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	184	174	174	174	130	54	184	184
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	184	174	174	174	130	54	184	184

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	138
Total Admissions 2011	150
Total Discharges 2011	158
Residents on 12/31/2011	130
Identified Offenders	11

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5614	8.4%	35795	53.3%	7306	0	1056	0	49771	74.1%	78.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5614	8.4%	35795	53.3%	7306	0	1056	0	49771	74.1%	78.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	1	0	0	0	0	0	0	2	1	3
45 to 59	25	10	0	0	0	0	0	0	25	10	35
60 to 64	8	10	0	0	0	0	0	0	8	10	18
65 to 74	14	12	0	0	0	0	0	0	14	12	26
75 to 84	14	7	0	0	0	0	0	0	14	7	21
85+	6	21	0	0	0	0	0	0	6	21	27
TOTALS	69	61	0	0	0	0	0	0	69	61	130

GLENWOOD HEALTHCARE & REHAB
19330 SOUTH COTTAGE GROVE
GLENWOOD, IL. 60425

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	90	24	0	1	0	130
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	90	24	0	1	0	130

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	199	159
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	71	0	0	0	71
Hawaiian/Pacific Isl.	0	0	0	0	0
White	55	0	0	0	55
Race Unknown	4	0	0	0	4
Total	130	0	0	0	130

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	126	0	0	0	126
Ethnicity Unknown	2	0	0	0	2
Total	130	0	0	0	130

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	15.00
Certified Aides	48.00
Other Health Staff	4.00
Non-Health Staff	52.00
Totals	127.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
26.0%	63.0%	8.7%	0.0%	2.3%	100.0%		0.0%
2,939,686	7,132,310	989,649	0	264,308	11,325,953	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GLENWOOD HOUSE
300 WEST TWELFTH STREET
STREATOR, IL. 61364

Reference Numbers Facility ID 6013031
Health Service Area 002 Planning Service Area 099

Administrator
Dawn kolotka

Contact Person and Telephone
DAWN KOLOTKA
815-673-1182

Registered Agent Information

Date Completed
4/16/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5810	99.5%	0	0	0	0	5810	99.5%	99.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5810	99.5%	0	0	0	0	5810	99.5%	99.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	6	0	0	4	6	10
45 to 59	0	0	0	0	2	2	0	0	2	2	4
60 to 64	0	0	0	0	2	0	0	0	2	0	2
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

GLENWOOD HOUSE
300 WEST TWELFTH STREET
STREATOR, IL. 61364

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	130
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	16	0	16
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	5.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	6.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	82.9%	0.0%	0.0%	17.1%	100.0%		0.0%
0	517,018	0	0	106,321	623,339	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GLENWOOD TERRACE
2724 GLENWOOD AVENUE
SPRINGFIELD, IL. 62704

Reference Numbers Facility ID 6010474
Health Service Area 003 Planning Service Area 167

Administrator
Russ Bogdanovich

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/5/2013

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 62401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16
Total Residents Diagnosed as Mentally Ill	12

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1880	32.2%	0	0	0	0	1880	32.2%	32.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1880	32.2%	0	0	0	0	1880	32.2%	32.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	3	0	0	4	3	7
45 to 59	0	0	0	0	3	4	0	0	3	4	7
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	1	0	0	0	1	0	1
TOTALS	0	0	0	0	8	8	0	0	8	8	16

GLENWOOD TERRACE
2724 GLENWOOD AVENUE
SPRINGFIELD, IL. 62704

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	110
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	75.6%	0.9%	0.0%	23.5%	100.0%		0.0%
0	484,993	6,000	0	150,671	641,666	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GLENWOOD VILLA
3247 GLENWOOD
ROCKFORD, IL. 61101

Reference Numbers Facility ID 6013858
Health Service Area 001 Planning Service Area 201

Administrator
Steve Bennett

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/5/2013

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 62401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	6
Total Residents Diagnosed as Mentally Ill	4

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	6
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	6
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			2148	98.1%	0	0	0	0	2148	98.1%	98.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2148	98.1%	0	0	0	0	2148	98.1%	98.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	0	0	0	3	0	3
45 to 59	0	0	0	0	1	2	0	0	1	2	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	4	2	0	0	4	2	6

GLENWOOD VILLA
3247 GLENWOOD
ROCKFORD, IL. 61101

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	186
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	5	0	5
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	6	0	6
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	7.00
Other Health Staff	0.33
Non-Health Staff	0.00
Totals	8.17

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	93.3%	0.6%	0.0%	6.1%	100.0%		0.0%
0	347,460	2,194	0	22,583	372,238	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GOLDEN GOOD SHEPHERD HOME
101 PRAIRIE MILLS ROAD
GOLDEN, IL. 62339

Reference Numbers Facility ID 6003636
Health Service Area 003 Planning Service Area 001

Administrator
Amanda Marlow

Contact Person and Telephone
AMANDA MARLOW
217-696-4421

Date Completed
4/19/2013

Registered Agent Information
Amanda Marlow
101 Prairie Mills Road
Golden, IL 62339

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	21
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	42

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	42	42	42	42	42	0	0	42
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	42	42	42	42	42	0	0	42

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	42
Total Admissions 2011	17
Total Discharges 2011	17
Residents on 12/31/2011	42
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	660	0.0%	5635	36.8%	0	0	8820	0	15115	98.6%	98.6%
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	660	0.0%	5635	36.8%	0	0	8820	0	15115	98.6%	98.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	1	7	0	0	0	0	0	0	1	7	8
85+	6	25	0	0	0	0	0	0	6	25	31
TOTALS	8	34	0	0	0	0	0	0	8	34	42

GOLDEN GOOD SHEPHERD HOME
101 PRAIRIE MILLS ROAD
GOLDEN, IL. 62339

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 001

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	16	0	0	24	0	42
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	16	0	0	24	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	143	133
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	42	0	0	0	42
Race Unknown	0	0	0	0	0
Total	42	0	0	0	42

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	42	0	0	0	42
Ethnicity Unknown	0	0	0	0	0
Total	42	0	0	0	42

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	9.00
Certified Aides	18.00
Other Health Staff	3.00
Non-Health Staff	23.00
Totals	58.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
12.0%	24.4%	0.0%	0.0%	63.6%	100.0%		0.0%
282,162	575,062	0	0	1,497,494	2,354,718	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GOLFVIEW DEVELOPMENTAL CENTER
9555 WEST GOLF ROAD
DES PLAINES, IL. 60016

Reference Numbers Facility ID 6015135
Health Service Area 007 Planning Service Area 702

Administrator
BARBARA WATERS, RN/LNHA

Contact Person and Telephone
ANTHONY R. MINER, LNHA
(847) 376-2261

Registered Agent Information
David Fischer, C/O Edwards, Wildman, P
225 W. Wacker Dr.
Chicago, IL 60606

Date Completed
4/16/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	134
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	134

Total Residents Diagnosed as Mentally Ill 70

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	135	135	135	135	134	1		135
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	135	135	135	135	134	1	0	135

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	135
Total Admissions 2011	4
Total Discharges 2011	5
Residents on 12/31/2011	134
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			47929	97.3%	0	0	0	0	47929	97.3%	97.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	47929	97.3%	0	0	0	0	47929	97.3%	97.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	31	13	0	0	31	13	44
45 to 59	0	0	0	0	27	16	0	0	27	16	43
60 to 64	0	0	0	0	16	7	0	0	16	7	23
65 to 74	0	0	0	0	9	3	0	0	9	3	12
75 to 84	0	0	0	0	5	5	0	0	5	5	10
85+	0	0	0	0	0	2	0	0	0	2	2
TOTALS	0	0	0	0	88	46	0	0	88	46	134

GOLFVIEW DEVELOPMENTAL CENTER
9555 WEST GOLF ROAD
DES PLAINES, IL. 60016

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		134	0	0	0	0	134
Sheltered Care			0	0	0	0	0
TOTALS	0	134	0	0	0	0	134

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	225	225
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	1	0	1
Black	0	0	35	0	35
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	97	0	97
Race Unknown	0	0	0	0	0
Total	0	0	134	0	134

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	9	0	9
Non-Hispanic	0	0	125	0	125
Ethnicity Unknown	0	0	0	0	0
Total	0	0	134	0	134

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	7.25
Certified Aides	62.00
Other Health Staff	3.00
Non-Health Staff	39.00
Totals	114.25

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	9,997,287	0	0	0	9,997,287	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GOOD SAMARITAN - PONTIAC
14335 U.S. HIGHWAY 66
PONTIAC, IL. 61764

Reference Numbers Facility ID 6005573
Health Service Area 004 Planning Service Area 105

Administrator
Glenda Tannahill

Contact Person and Telephone
GLENDA TANNAHILL
815-844-5121

Registered Agent Information
John Durso
70 W, Madison St. 36th Floor
Chicago, IL 60602

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	1
Mental Illness	4
Developmental Disability	1
Circulatory System	10
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	36

Total Residents Diagnosed as Mentally Ill 4

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	122	122	43	122	33	89	28	122
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	122	122	43	122	33	89	28	122

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	40
Total Admissions 2011	26
Total Discharges 2011	33
Residents on 12/31/2011	33
Identified Offenders	3

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1099	10.8%	11291	25.4%	0	15	2136	0	14541	32.7%	32.7%
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	1099	10.8%	11291	25.4%	0	15	2136	0	14541	32.7%	32.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	3	0	0	0	0	0	0	0	3	0	3
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	9	1	0	0	0	0	0	0	9	1	10
75 to 84	3	6	0	0	0	0	0	0	3	6	9
85+	1	7	0	0	0	0	0	0	1	7	8
TOTALS	16	17	0	0	0	0	0	0	16	17	33

GOOD SAMARITAN - PONTIAC
14335 U.S. HIGHWAY 66
PONTIAC, IL. 61764

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 105

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	27	0	0	2	0	33
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	27	0	0	2	0	33

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	154	142
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	33	0	0	0	33
Race Unknown	0	0	0	0	0
Total	33	0	0	0	33

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	33	0	0	0	33
Ethnicity Unknown	0	0	0	0	0
Total	33	0	0	0	33

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	5.00
Certified Aides	14.00
Other Health Staff	0.00
Non-Health Staff	19.00
Totals	43.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
14.9%	74.7%	0.0%	0.5%	9.9%	100.0%		0.0%
447,918	2,253,486	0	13,876	299,895	3,015,176	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GOOD SAMARITAN HOME
2130 HARRISON STREET
QUINCY, IL. 62301

Reference Numbers Facility ID 6003685
Health Service Area 003 Planning Service Area 001

Administrator
Michael P. Duffy

Contact Person and Telephone
JUDY M. GRAHAM
217-223-8717 ext. 4276

Date Completed
4/19/2013

Registered Agent Information
Michael P. Duffy
2130 Harrison Street
Quincy, IL 62301

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	48
Mental Illness	2
Developmental Disability	1
Circulatory System	43
Respiratory System	9
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	19
Injuries and Poisonings	4
Other Medical Conditions	45
Non-Medical Conditions	0
TOTALS	197

Total Residents Diagnosed as Mentally Ill 2

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	203	203	184	203	180	23	17	203
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	28	28	17	28	17	11		
TOTAL BEDS	231	231	201	231	197	34	17	203

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	200
Total Admissions 2011	199
Total Discharges 2011	202
Residents on 12/31/2011	197
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4801	77.4%	26228	35.4%	0	0	35659	325	67013	90.4%	90.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	5979	0	5979	58.5%	58.5%
TOTALS	4801	77.4%	26228	35.4%	0	0	41638	325	72992	86.6%	86.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	1	0	2	2
65 to 74	6	7	0	0	0	0	0	1	6	8	14
75 to 84	5	24	0	0	0	0	3	0	8	24	32
85+	19	118	0	0	0	0	3	9	22	127	149
TOTALS	30	150	0	0	0	0	6	11	36	161	197

GOOD SAMARITAN HOME
2130 HARRISON STREET
QUINCY, IL. 62301

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 001

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	67	0	1	100	0	180
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	17	0	17
TOTALS	12	67	0	1	117	0	197

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	223	203
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	108	77

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	179	0	0	17	196
Race Unknown	0	0	0	0	0
Total	180	0	0	17	197

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	179	0	0	17	196
Ethnicity Unknown	0	0	0	0	0
Total	180	0	0	17	197

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	23.80
LPN's	51.70
Certified Aides	96.80
Other Health Staff	24.10
Non-Health Staff	122.00
Totals	322.40

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
13.0%	21.3%	0.0%	65.8%	0.0%	100.0%		0.4%
1,901,748	3,120,151	0	9,640,774	0	14,662,673	54,502	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GOOD SAMARITAN SOCIETY - GENESEO VILLAG
704 S. ILLINOIS STREET
GENESEO, IL. 61254

Reference Numbers Facility ID 6003495
Health Service Area 010 Planning Service Area 073

Administrator
JENNIFER DUNK

Contact Person and Telephone
JENNIFER DUNK
309-944-6424

Date Completed
4/11/2013

Registered Agent Information
CT CORPORATION SYSTEM
208 SOUTH LASALLE STREET
Chicago, IL 60604

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	2
Mental Illness	4
Developmental Disability	0
Circulatory System	20
Respiratory System	2
Digestive System	4
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	2
Other Medical Conditions	23
Non-Medical Conditions	0
TOTALS	62
Total Residents Diagnosed as Mentally Ill	45

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	72	72	72	72	62	10	72	72
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	72	72	72	72	62	10	72	72

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	63
Total Admissions 2011	84
Total Discharges 2011	85
Residents on 12/31/2011	62
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2128	8.1%	10543	40.1%	0	0	9674	0	22345	85.0%	85.0%
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	2128	8.1%	10543	40.1%	0	0	9674	0	22345	85.0%	85.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	2	0	0	0	0	0	0	3	2	5
75 to 84	8	7	0	0	0	0	0	0	8	7	15
85+	3	39	0	0	0	0	0	0	3	39	42
TOTALS	14	48	0	0	0	0	0	0	14	48	62

GOOD SAMARITAN SOCIETY - GENESEO VILLAG
704 S. ILLINOIS STREET
GENESEO, IL. 61254

Reference Numbers Facility ID **Health Service Area** 010 **Planning Service Area** 073

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	28	0	0	29	0	62
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	28	0	0	29	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	189	179
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	62	0	0	0	62
Race Unknown	0	0	0	0	0
Total	62	0	0	0	62

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	60	0	0	0	60
Ethnicity Unknown	0	0	0	0	0
Total	62	0	0	0	62

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.36
LPN's	5.06
Certified Aides	27.89
Other Health Staff	5.00
Non-Health Staff	27.30
Totals	72.61

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
20.6%	32.1%	0.0%	1.5%	45.8%	100.0%		0.0%
800,412	1,249,022	0	57,678	1,778,800	3,885,912	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GOOD SAMARITAN-FLANAGAN
205 NORTH ADAMS
FLANAGAN, IL. 61740

Reference Numbers Facility ID 6003677
Health Service Area 004 Planning Service Area 105

Administrator
Jordan Post

Contact Person and Telephone
JORDAN T. POST
815-796-2288

Date Completed
4/19/2013

Registered Agent Information
Glenda Tannahill
205 N. Adams
Flanagan, IL 61740

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	23
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	50

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	60	60	60	60	50	10	0	60
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	60	60	60	60	50	10	0	60

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	56
Total Admissions 2011	41
Total Discharges 2011	47
Residents on 12/31/2011	50
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1266	0.0%	9145	41.8%	0	0	9519	0	19930	91.0%	91.0%
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	1266	0.0%	9145	41.8%	0	0	9519	0	19930	91.0%	91.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	1	1	0	0	0	0	0	0	1	1	2
75 to 84	2	7	0	0	0	0	0	0	2	7	9
85+	4	32	0	0	0	0	0	0	4	32	36
TOTALS	9	41	0	0	0	0	0	0	9	41	50

GOOD SAMARITAN-FLANAGAN
205 NORTH ADAMS
FLANAGAN, IL. 61740

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 105

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	23	0	0	24	0	50
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	23	0	0	24	0	50

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	50	0	0	0	50
Race Unknown	0	0	0	0	0
Total	50	0	0	0	50

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	50	0	0	0	50
Ethnicity Unknown	0	0	0	0	0
Total	50	0	0	0	50

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	6.00
Certified Aides	21.00
Other Health Staff	2.00
Non-Health Staff	18.00
Totals	52.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
6.7%	36.6%	0.0%	0.2%	56.6%	100.0%		0.0%
211,949	1,166,523	0	5,397	1,801,111	3,184,980	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GORDON JONES TERRACE
421 NORTH ROCHESTER STREET
LANARK, IL. 61046

Reference Numbers Facility ID 6012942
Health Service Area 001 Planning Service Area 015

Administrator
Steve Bennett

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 62401

Date Completed
4/5/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 8

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	1
Total Discharges 2011	2
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5442	93.2%	0	0	0	0	5442	93.2%	93.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5442	93.2%	0	0	0	0	5442	93.2%	93.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	4	0	0	2	4	6
45 to 59	0	0	0	0	2	3	0	0	2	3	5
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	2	1	0	0	2	1	3
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	7	8	0	0	7	8	15

GORDON JONES TERRACE
421 NORTH ROCHESTER STREET
LANARK, IL. 61046

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 015

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	126
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	82.1%	0.3%	0.0%	17.6%	100.0%		0.0%
0	591,686	2,181	0	126,758	720,627	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GOTTLIEB MEMORIAL HOSPITAL
701 WEST NORTH AVENUE
MELROSE PARK, IL. 60160

Reference Numbers Facility ID 6003727
Health Service Area 007 Planning Service Area 704

Administrator
Mary Morrow

Contact Person and Telephone
LaTosha Rivers
(708) 450-4960

Date Completed
4/19/2013

Registered Agent Information
Jill Rappis
2160 S. First Ave.
Maywood, IL 60153

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	2
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	4
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	28

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	34	32	32	32	28	6	34	34
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	34	32	32	32	28	6	34	34

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	26
Total Admissions 2011	750
Total Discharges 2011	748
Residents on 12/31/2011	28
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8926	71.9%	149	1.2%	13	587	178	0	9853	79.4%	84.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	8926	71.9%	149	1.2%	13	587	178	0	9853	79.4%	84.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	6	1	0	0	0	0	0	0	6	1	7
75 to 84	2	7	0	0	0	0	0	0	2	7	9
85+	2	7	0	0	0	0	0	0	2	7	9
TOTALS	11	17	0	0	0	0	0	0	11	17	28

GOTTLIEB MEMORIAL HOSPITAL
701 WEST NORTH AVENUE
MELROSE PARK, IL. 60160

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	26	0	0	1	1	0	28
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	26	0	0	1	1	0	28

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	763	689
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	24	0	0	0	24
Race Unknown	0	0	0	0	0
Total	28	0	0	0	28

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	28	0	0	0	28
Ethnicity Unknown	0	0	0	0	0
Total	28	0	0	0	28

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.80
LPN's	2.00
Certified Aides	10.00
Other Health Staff	3.00
Non-Health Staff	3.90
Totals	35.70

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
88.6%	2.6%	0.0%	7.2%	1.6%	100.0%		0.9%
4,394,000	127,000	0	359,000	81,000	4,961,000	43,319	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GRAHAM HOSPITAL ASSOCIATION
210 WEST WALNUT STREET
CANTON, IL. 61520

Reference Numbers Facility ID 6060524
Health Service Area 002 Planning Service Area 057

Administrator
Robert Senneff

Contact Person and Telephone
Teresa McConkey
309-647-5240

Registered Agent Information

Date Completed
4/12/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	0
Mental Illness	3
Developmental Disability	0
Circulatory System	3
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	5
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	29

Total Residents Diagnosed as Mentally Ill 3

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	50	50	38	50	30	20	32	17
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	50	50	38	50	30	20	32	17

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	35
Total Admissions 2011	312
Total Discharges 2011	317
Residents on 12/31/2011	30
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3682	31.5%	5407	87.1%	0	1465	1192	8	11754	64.4%	64.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3682	31.5%	5407	87.1%	0	1465	1192	8	11754	64.4%	64.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	1	5	0	0	0	0	0	0	1	5	6
85+	6	13	0	0	0	0	0	0	6	13	19
TOTALS	8	22	0	0	0	0	0	0	8	22	30

GRAHAM HOSPITAL ASSOCIATION
210 WEST WALNUT STREET
CANTON, IL. 61520

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 057

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	15	0	2	4	0	30
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	15	0	2	4	0	30

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	415	390
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	30	0	0	0	30
Race Unknown	0	0	0	0	0
Total	30	0	0	0	30

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	30	0	0	0	30
Ethnicity Unknown	0	0	0	0	0
Total	30	0	0	0	30

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	8.00
LPN's	6.50
Certified Aides	17.80
Other Health Staff	1.00
Non-Health Staff	2.80
Totals	39.10

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GRANITE NURSING & REHAB CENTER
3500 CENTURY DRIVE
GRANITE CITY, IL. 62040

Reference Numbers Facility ID 6001986
Health Service Area 011 Planning Service Area 119

Administrator
Tom Schweizer

Contact Person and Telephone
GARY F. EYE
716-972-2392

Date Completed
3/21/2013

Registered Agent Information
UNITED CORPORATE SERVICES INC
901 S 2ND ST STE 201
Springfield, IL 62704

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	3
Mental Illness	3
Developmental Disability	0
Circulatory System	26
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	14
Injuries and Poisonings	6
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	74
Total Residents Diagnosed as Mentally Ill	46

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	86	86	82	86	74	12	0	86
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	86	86	82	86	74	12	0	86

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	76
Total Admissions 2011	118
Total Discharges 2011	120
Residents on 12/31/2011	74
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4545	0.0%	12342	39.3%	2613	234	7082	0	26816	85.4%	85.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4545	0.0%	12342	39.3%	2613	234	7082	0	26816	85.4%	85.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	2	3	0	0	0	0	0	0	2	3	5
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	5	6	0	0	0	0	0	0	5	6	11
75 to 84	4	18	0	0	0	0	0	0	4	18	22
85+	11	21	0	0	0	0	0	0	11	21	32
TOTALS	23	51	0	0	0	0	0	0	23	51	74

GRANITE NURSING & REHAB CENTER
3500 CENTURY DRIVE
GRANITE CITY, IL. 62040

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	36	7	1	21	0	74
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	36	7	1	21	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	172	133
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	68	0	0	0	68
Race Unknown	0	0	0	0	0
Total	74	0	0	0	74

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	74	0	0	0	74
Ethnicity Unknown	0	0	0	0	0
Total	74	0	0	0	74

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.36
LPN's	17.00
Certified Aides	29.67
Other Health Staff	10.14
Non-Health Staff	14.39
Totals	76.56

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
44.2%	28.8%	7.4%	0.3%	19.4%	100.0%		0.0%
2,173,123	1,415,623	366,556	12,843	952,826	4,920,971	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GRASMERE PLACE
4621 NORTH SHERIDAN ROAD
CHICAGO, IL. 60640

Reference Numbers Facility ID 6003776
Health Service Area 006 Planning Service Area 601

Administrator
Celeste A. Jensen

Contact Person and Telephone
CELESTE JENSEN
773 334 6601

Date Completed
4/12/2013

Registered Agent Information
David Aronin
2201 W. Main
Evanston, IL 60202

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	195
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	195
Total Residents Diagnosed as Mentally Ill	195

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	216	216	214	216	195	21	0	216
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	216	216	214	216	195	21	0	216

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	208
Total Admissions 2011	122
Total Discharges 2011	135
Residents on 12/31/2011	195
Identified Offenders	25

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	71124	90.2%	0	0	0	0	71124	90.2%	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	0	0.0%	71124	90.2%	0	0	0	0	71124	90.2%	90.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	36	30	0	0	0	0	0	0	36	30	66
45 to 59	81	15	0	0	0	0	0	0	81	15	96
60 to 64	20	2	0	0	0	0	0	0	20	2	22
65 to 74	7	2	0	0	0	0	0	0	7	2	9
75 to 84	0	1	0	0	0	0	0	0	0	1	1
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	144	51	0	0	0	0	0	0	144	51	195

GRASMERE PLACE
4621 NORTH SHERIDAN ROAD
CHICAGO, IL. 60640

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	195	0	0	0	0	195
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	195	0	0	0	0	195

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	1	0	0	0	1
Black	96	0	0	0	96
Hawaiian/Pacific Isl.	2	0	0	0	2
White	89	0	0	0	89
Race Unknown	3	0	0	0	3
Total	195	0	0	0	195

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	188	0	0	0	188
Ethnicity Unknown	0	0	0	0	0
Total	195	0	0	0	195

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	14.00
Certified Aides	23.00
Other Health Staff	32.00
Non-Health Staff	35.00
Totals	107.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	7,225,812	0	0	0	7,225,812	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GREEK AMERICAN REHAB & CARE CENTER
220 NORTH 1ST STREET
WHEELING, IL. 60090

Reference Numbers Facility ID 6015499
Health Service Area 007 Planning Service Area 701

Administrator
Helen Ifantis

Contact Person and Telephone
Helen Ifantis
847-459-8700

Date Completed
5/10/2013

Registered Agent Information
Peter Karahalios
23 Polo Drive
South Barrington, IL 60010

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	10
Endocrine/Metabolic	40
Blood Disorders	5
*Nervous System Non Alzheimer	7
Alzheimer Disease	38
Mental Illness	0
Developmental Disability	0
Circulatory System	32
Respiratory System	18
Digestive System	3
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	179

Total Residents Diagnosed as Mentally Ill 13

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	198	198	198	198	179	19	198	175
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	198	198	198	198	179	19	198	175

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	174
Total Admissions 2011	160
Total Discharges 2011	155
Residents on 12/31/2011	179
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5783	8.0%	49683	77.8%	0	156	11092	0	66714	92.3%	92.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5783	8.0%	49683	77.8%	0	156	11092	0	66714	92.3%	92.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	2	6	0	0	0	0	0	0	2	6	8
75 to 84	9	33	0	0	0	0	0	0	9	33	42
85+	29	97	0	0	0	0	0	0	29	97	126
TOTALS	42	137	0	0	0	0	0	0	42	137	179

GREEK AMERICAN REHAB & CARE CENTER
220 NORTH 1ST STREET
WHEELING, IL. 60090

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	135	0	1	32	0	179
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	135	0	1	32	0	179

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	240	220
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	176	0	0	0	176
Race Unknown	0	0	0	0	0
Total	179	0	0	0	179

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	179	0	0	0	179
Ethnicity Unknown	0	0	0	0	0
Total	179	0	0	0	179

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	24.00
LPN's	12.00
Certified Aides	71.00
Other Health Staff	6.00
Non-Health Staff	68.00
Totals	183.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
22.2%	58.9%	0.0%	0.3%	18.6%	100.0%		0.1%
2,776,137	7,384,339	0	41,490	2,329,968	12,531,934	16,000	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GREENWOOD CARE
1406 CHICAGO AVENUE
EVANSTON, IL. 60201

Reference Numbers Facility ID 6000202
Health Service Area 007 Planning Service Area 702

Administrator
Ma Arleen Menchavez-Siap

Contact Person and Telephone
Ma Arleen Menchavez-Siap
8473286503

Date Completed
4/5/2012

Registered Agent Information
Tom Winter
6780 N. Lincoln
Lincolnwood, IL 60712

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	123
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	123
Total Residents Diagnosed as Mentally Ill	123

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	145	145	145	145	123	22	0	145
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	145	145	145	145	123	22	0	145

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	128
Total Admissions 2011	68
Total Discharges 2011	73
Residents on 12/31/2011	123
Identified Offenders	17

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	48230	91.1%	0	0	752	0	48982	92.5%	92.5%
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	0	0.0%	48230	91.1%	0	0	752	0	48982	92.5%	92.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	18	0	0	0	0	0	0	0	18	18
18 to 44	32	19	0	0	0	0	0	0	32	19	51
45 to 59	33	4	0	0	0	0	0	0	33	4	37
60 to 64	11	6	0	0	0	0	0	0	11	6	17
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	76	47	0	0	0	0	0	0	76	47	123

GREENWOOD CARE
1406 CHICAGO AVENUE
EVANSTON, IL. 60201

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	120	0	0	3	0	123
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	120	0	0	3	0	123

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	116
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	116

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	23	0	0	0	23
Hawaiian/Pacific Isl.	0	0	0	0	0
White	99	0	0	0	99
Race Unknown	0	0	0	0	0
Total	123	0	0	0	123

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	119	0	0	0	119
Ethnicity Unknown	0	0	0	0	0
Total	123	0	0	0	123

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	6.00
Certified Aides	24.00
Other Health Staff	16.00
Non-Health Staff	29.00
Totals	80.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	75.2%	0.0%	0.0%	24.8%	100.0%		0.0%
0	4,343,086	0	0	1,435,398	5,778,484	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GROSSE POINTE MANOR
6601 WEST TOUHY AVENUE
NILES, IL. 60714

Reference Numbers Facility ID 6003511
Health Service Area 007 Planning Service Area 702

Administrator
Dovie Mauer

Contact Person and Telephone
DOVIE MAUER
847-647-9875

Date Completed
4/17/2013

Registered Agent Information
Abraham J. Stern
191 N. Wacker Dr. - Suite 1800
Chicago, IL 60606

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	3
*Nervous System Non Alzheimer	0
Alzheimer Disease	37
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	16
Digestive System	8
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	82

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	99	99	99	99	82	17	99	99
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	99	99	82	17	99	99

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	84
Total Admissions 2011	61
Total Discharges 2011	63
Residents on 12/31/2011	82
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2950	8.2%	26805	74.2%	0	281	1603	0	31639	87.6%	87.6%
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	2950	8.2%	26805	74.2%	0	281	1603	0	31639	87.6%	87.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	2	0	0	0	0	0	0	3	2	5
75 to 84	8	18	0	0	0	0	0	0	8	18	26
85+	8	42	0	0	0	0	0	0	8	42	50
TOTALS	19	63	0	0	0	0	0	0	19	63	82

GROSSE POINTE MANOR
6601 WEST TOUHY AVENUE
NILES, IL. 60714

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	68	0	0	5	0	82
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	68	0	0	5	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	228	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	41	0	0	0	41
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	40	0	0	0	40
Race Unknown	0	0	0	0	0
Total	82	0	0	0	82

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	80	0	0	0	80
Ethnicity Unknown	0	0	0	0	0
Total	82	0	0	0	82

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	9.00
Certified Aides	28.00
Other Health Staff	6.00
Non-Health Staff	25.00
Totals	75.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
8.5%	86.4%	0.0%	0.0%	5.2%	100.0%		0.0%
468,782	4,788,850	0	0	285,585	5,543,217	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GROUP HOME 1
212 BACHMAN LANE
GODFREY, IL. 62035

Reference Numbers Facility ID 6012918
Health Service Area 011 Planning Service Area 119

Administrator
Rachel Lollis

Contact Person and Telephone
RACHEL LOLLIS
618-466-0367 ext 801

Date Completed
4/8/2013

Registered Agent Information
Nicholas Lynn
190 South LaSalle St.
Chicago, IL 60603

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16
Total Residents Diagnosed as Mentally Ill	4

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5321	91.1%	0	0	131	0	5452	93.4%	93.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5321	91.1%	0	0	131	0	5452	93.4%	93.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	3	0	0	3	3	6
45 to 59	0	0	0	0	1	4	0	0	1	4	5
60 to 64	0	0	0	0	2	1	0	0	2	1	3
65 to 74	0	0	0	0	2	0	0	0	2	0	2
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

GROUP HOME 1
212 BACHMAN LANE
GODFREY, IL. 62035

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	120	120
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	7.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	11.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	80.0%	0.0%	0.0%	20.0%	100.0%		0.0%
0	550,631	0	0	137,337	687,968	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GROUP HOME 2
224 BACHMAN LANE
GODFREY, IL. 62035

Reference Numbers Facility ID 6012900
Health Service Area 011 Planning Service Area 119

Administrator
Rachel Lollis

Contact Person and Telephone
RACHEL LOLLIS
618-466-0367 ext 801

Date Completed
4/8/2013

Registered Agent Information
Nicholas Lynn
190 LaSalle Street
Chicago, IL 60603

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 4

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	1
Total Discharges 2011	2
Residents on 12/31/2011	14
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5480	93.8%	0	0	0	0	5480	93.8%	93.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5480	93.8%	0	0	0	0	5480	93.8%	93.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	5	0	0	0	5	5
45 to 59	0	0	0	0	3	3	0	0	3	3	6
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	3	0	0	0	3	0	3
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	7	8	0	0	7	8	15

GROUP HOME 2
224 BACHMAN LANE
GODFREY, IL. 62035

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	119	119
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	1	0	1
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	8.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	12.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	81.0%	0.0%	0.0%	19.0%	100.0%		0.0%
0	554,242	0	0	130,401	684,643	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GROUP HOME 3
302 BACHMAN
GODFREY, IL. 62035

Reference Numbers Facility ID 6013221
Health Service Area 011 Planning Service Area 119

Administrator
Rachel Lollis

Contact Person and Telephone
RACHEL LOLLIS
618-466-0367 ext 801

Date Completed
4/15/2013

Registered Agent Information
Nicholas Lynn
190 LaSalle St
Chicago, IL 60603

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 6

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4982	85.3%	0	0	397	0	5379	92.1%	92.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4982	85.3%	0	0	397	0	5379	92.1%	92.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	4	0	0	0	4	0	4
18 to 44	0	0	0	0	0	4	0	0	0	4	4
45 to 59	0	0	0	0	2	4	0	0	2	4	6
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

GROUP HOME 3
302 BACHMAN
GODFREY, IL. 62035

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	1	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	1	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	116	116
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	8.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	12.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	76.1%	0.0%	0.0%	23.9%	100.0%		0.0%
0	507,165	0	0	159,449	666,614	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GROUP HOME 4
314 BACHMAN
GODFREY, IL. 62035

Reference Numbers Facility ID 6013239
Health Service Area 011 Planning Service Area 119

Administrator
Rachel Lollis

Contact Person and Telephone
RACHEL LOLLIS
618-466-0367 ext 801

Date Completed
4/11/2013

Registered Agent Information
Nicholas Lynn
190 LaSalle Street
Chicago, IL 60603

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	14

Total Residents Diagnosed as Mentally Ill 7

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	14	2	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	2
Residents on 12/31/2011	14
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5691	97.4%	0	0	0	0	5691	97.4%	97.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5691	97.4%	0	0	0	0	5691	97.4%	97.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	3	0	0	0	3	3
45 to 59	0	0	0	0	4	4	0	0	4	4	8
60 to 64	0	0	0	0	2	0	0	0	2	0	2
65 to 74	0	0	0	0	1	0	0	0	1	0	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	7	7	0	0	7	7	14

GROUP HOME 4
314 BACHMAN
GODFREY, IL. 62035

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	127	127
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	7.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	11.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	79.9%	0.0%	0.0%	20.1%	100.0%		0.0%
0	578,971	0	0	145,482	724,453	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GROUP HOME 5
308 BACHMAN
GODFREY, IL. 62035

Reference Numbers Facility ID 6013254
Health Service Area 011 Planning Service Area 119

Administrator
Rachel Lollis

Contact Person and Telephone
RACHEL LOLLIS
618-466-0367 ext 801

Date Completed
4/10/2013

Registered Agent Information
Nicholas Lynn
190 LaSalle St
Chicago, IL 60603

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 8

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	2
Total Discharges 2011	1
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5163	88.4%	0	0	136	0	5299	90.7%	90.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5163	88.4%	0	0	136	0	5299	90.7%	90.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	3	0	0	2	3	5
45 to 59	0	0	0	0	2	0	0	0	2	0	2
60 to 64	0	0	0	0	2	2	0	0	2	2	4
65 to 74	0	0	0	0	2	3	0	0	2	3	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	0	0	0	0	8	8	0	0	8	8	16

GROUP HOME 5
308 BACHMAN
GODFREY, IL. 62035

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	121	121
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	8.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	12.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	76.9%	0.0%	0.0%	23.1%	100.0%		0.0%
0	510,454	0	0	153,063	663,517	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GROUP HOME 6
320 BACHMAN
GODFREY, IL. 62035

Reference Numbers Facility ID 6013262
Health Service Area 011 Planning Service Area 119

Administrator
Rachel Lollis

Contact Person and Telephone
RACHEL LOLLIS
618-466-0367

Date Completed
4/11/2013

Registered Agent Information
Nicholas Lynn
190 LaSalle Street
Chicago, IL 60603

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 5

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5301	90.8%	0	0	31	0	5332	91.3%	91.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5301	90.8%	0	0	31	0	5332	91.3%	91.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	8	0	0	0	8	0	8
45 to 59	0	0	0	0	4	0	0	0	4	0	4
60 to 64	0	0	0	0	2	0	0	0	2	0	2
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	15	0	0	0	15	0	15

GROUP HOME 6
320 BACHMAN
GODFREY, IL. 62035

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	121	121
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	2	0	2
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	7.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	11.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	85.6%	0.0%	0.0%	14.4%	100.0%		0.0%
0	579,057	0	0	97,513	676,570	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GROVE AT THE LAKE LIVING & REHAB CENTER
2534 ELIM AVENUE
ZION, IL. 60099

Reference Numbers Facility ID 6008593
Health Service Area 008 Planning Service Area 097

Administrator
ELI WALDMAN

Contact Person and Telephone
ELI WALDMAN
ELI WALDMAN

Date Completed
4/15/2013

Registered Agent Information
Illinois Corporation Service Comp
801 Adlai Stevenson Dr
Springfield, IL 62703

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	9
*Nervous System Non Alzheimer	5
Alzheimer Disease	22
Mental Illness	28
Developmental Disability	1
Circulatory System	24
Respiratory System	23
Digestive System	1
Genitourinary System Disorders	14
Skin Disorders	5
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	33
Non-Medical Conditions	0
TOTALS	175
Total Residents Diagnosed as Mentally Ill	107

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	230	230	187	230	175	55	67	230
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	230	230	187	230	175	55	67	230

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	180
Total Admissions 2011	347
Total Discharges 2011	352
Residents on 12/31/2011	175
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8626	35.3%	49459	58.9%	2629	135	2912	0	63761	76.0%	76.0%
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	8626	35.3%	49459	58.9%	2629	135	2912	0	63761	76.0%	76.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	0	0	0	0	0	0	0	3	0	3
45 to 59	25	18	0	0	0	0	0	0	25	18	43
60 to 64	12	6	0	0	0	0	0	0	12	6	18
65 to 74	24	20	0	0	0	0	0	0	24	20	44
75 to 84	20	23	0	0	0	0	0	0	20	23	43
85+	8	16	0	0	0	0	0	0	8	16	24
TOTALS	92	83	0	0	0	0	0	0	92	83	175

GROVE AT THE LAKE LIVING & REHAB CENTER
2534 ELIM AVENUE
ZION, IL. 60099

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	146	0	2	3	0	175
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	146	0	2	3	0	175

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	41	0	0	0	41
Hawaiian/Pacific Isl.	0	0	0	0	0
White	114	0	0	0	114
Race Unknown	16	0	0	0	16
Total	175	0	0	0	175

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	14	0	0	0	14
Non-Hispanic	161	0	0	0	161
Ethnicity Unknown	0	0	0	0	0
Total	175	0	0	0	175

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	14.00
Certified Aides	52.00
Other Health Staff	5.00
Non-Health Staff	47.00
Totals	135.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
36.1%	59.4%	0.0%	0.4%	4.2%	100.0%		0.0%
4,692,582	7,726,339	0	55,721	541,640	13,016,282	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GROVE LINCOLN PARK LIVING & REHAB
2732 NORTH HAMPDEN COURT
CHICAGO, IL. 60614

Reference Numbers Facility ID 6005516
Health Service Area 006 Planning Service Area 602

Administrator
Ashleigh Henri

Contact Person and Telephone
ASHLEIGH HENRI
773-248-6000

Registered Agent Information

Date Completed
3/27/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	10
Endocrine/Metabolic	20
Blood Disorders	0
*Nervous System Non Alzheimer	25
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	5
Digestive System	5
Genitourinary System Disorders	0
Skin Disorders	3
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	80

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	109	109	96	101	80	29	109	109
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	109	109	96	101	80	29	109	109

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	76
Total Admissions 2011	315
Total Discharges 2011	311
Residents on 12/31/2011	80
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	16350	41.1%	9120	22.9%	0	810	3960	0	30240	76.0%	76.0%
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	16350	41.1%	9120	22.9%	0	810	3960	0	30240	76.0%	76.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	2	0	0	0	0	0	0	3	2	5
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	4	8	0	0	0	0	0	0	4	8	12
75 to 84	15	13	0	0	0	0	0	0	15	13	28
85+	6	28	0	0	0	0	0	0	6	28	34
TOTALS	28	52	0	0	0	0	0	0	28	52	80

GROVE LINCOLN PARK LIVING & REHAB
2732 NORTH HAMPDEN COURT
CHICAGO, IL. 60614

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	43	24	0	3	10	0	80
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	43	24	0	3	10	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	300	250
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	24	0	0	0	24
Hawaiian/Pacific Isl.	0	0	0	0	0
White	55	0	0	0	55
Race Unknown	0	0	0	0	0
Total	80	0	0	0	80

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	78	0	0	0	78
Ethnicity Unknown	0	0	0	0	0
Total	80	0	0	0	80

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	27.00
LPN's	6.00
Certified Aides	52.00
Other Health Staff	2.00
Non-Health Staff	37.00
Totals	126.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
76.8%	14.5%	0.0%	1.8%	6.9%	100.0%		0.0%
9,378,295	1,776,841	0	215,749	842,843	12,213,728	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

GROVE OF SKOKIE LIVING & REHAB
9000 N LAVERGNE AVENUE
SKOKIE, IL. 60077

Reference Numbers Facility ID 6009625
Health Service Area 007 Planning Service Area 702

Administrator
Ambreen Qureshi

Contact Person and Telephone
AMBREEN QURESHI
847-679-2322

Registered Agent Information

Date Completed
3/27/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	0

Total Residents Diagnosed as Mentally Ill 21

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	149	149	148	149	148	1	98	149
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	149	149	148	149	148	1	98	149

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	136
Total Admissions 2011	166
Total Discharges 2011	154
Residents on 12/31/2011	148
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	859	2.4%	3143	5.8%	233	0	194	0	4429	8.1%	8.1%
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	859	2.4%	3143	5.8%	233	0	194	0	4429	8.1%	8.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	2	0	0	0	0	0	0	0	2	2
45 to 59	8	7	0	0	0	0	0	0	8	7	15
60 to 64	7	8	0	0	0	0	0	0	7	8	15
65 to 74	18	16	0	0	0	0	0	0	18	16	34
75 to 84	20	19	0	0	0	0	0	0	20	19	39
85+	12	31	0	0	0	0	0	0	12	31	43
TOTALS	65	83	0	0	0	0	0	0	65	83	148

GROVE OF SKOKIE LIVING & REHAB
9000 N LAVERGNE AVENUE
SKOKIE, IL. 60077

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	31	103	7	0	7	0	148
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	31	103	7	0	7	0	148

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	42	0	0	0	42
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	82	0	0	0	82
Race Unknown	15	0	0	0	15
Total	148	0	0	0	148

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	146	0	0	0	146
Ethnicity Unknown	0	0	0	0	0
Total	148	0	0	0	148

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	2.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	4.00
Certified Aides	51.00
Other Health Staff	10.00
Non-Health Staff	60.00
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
40.5%	54.4%	0.0%	1.2%	3.9%	100.0%		0.0%
4,959,946	6,661,684	0	148,755	475,849	12,246,234	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	11/15/2012	Formerly Grove North Living & Rehabilitation Center.

H & J VON DER LIETH LIVING CENTER
1120 NORTH TOPPER DRIVE
MOUNT PULASKI, IL. 62548

Reference Numbers Facility ID 6003917
Health Service Area 003 Planning Service Area 107

Administrator
Kynda Buenrostro

Contact Person and Telephone
Rabecca Howard
1 (800) 397-1313

Date Completed
4/19/2013

Registered Agent Information
W. Richard Edwards
530 North Scott Street
Mount Pulaski, IL 62548

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	20
Mental Illness	0
Developmental Disability	0
Circulatory System	16
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	20
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	66

Total Residents Diagnosed as Mentally Ill 5

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	90	90	75	90	66	24	0	90
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	90	90	75	90	66	24	0	90

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	75
Total Admissions 2011	58
Total Discharges 2011	67
Residents on 12/31/2011	66
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1793	0.0%	12176	37.1%	0	0	11358	0	25327	77.1%	77.1%
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	1793	0.0%	12176	37.1%	0	0	11358	0	25327	77.1%	77.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	1	0	0	0	0	0	0	1	1	2
75 to 84	3	14	0	0	0	0	0	0	3	14	17
85+	10	36	0	0	0	0	0	0	10	36	46
TOTALS	14	52	0	0	0	0	0	0	14	52	66

H & J VON DER LIETH LIVING CENTER
1120 NORTH TOPPER DRIVE
MOUNT PULASKI, IL. 62548

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 107

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	30	0	0	33	0	66
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	30	0	0	33	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	240	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	66	0	0	0	66
Race Unknown	0	0	0	0	0
Total	66	0	0	0	66

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	66	0	0	0	66
Ethnicity Unknown	0	0	0	0	0
Total	66	0	0	0	66

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.80
LPN's	17.00
Certified Aides	34.25
Other Health Staff	0.00
Non-Health Staff	31.20
Totals	88.25

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
22.8%	30.0%	0.0%	0.0%	47.2%	100.0%		0.0%
908,490	1,194,848	0	0	1,881,676	3,985,014	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HALLAM TERRACE
1108 TAYLOR STREET
ROCKFORD, IL. 61101

Reference Numbers Facility ID 6010821
Health Service Area 001 Planning Service Area 201

Administrator
Steve Bennett

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 62401

Date Completed
4/5/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 6

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5856	######	0	0	0	0	5856	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5856	######	0	0	0	0	5856	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	9	0	0	1	9	10
45 to 59	0	0	0	0	4	1	0	0	4	1	5
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	6	10	0	0	6	10	16

HALLAM TERRACE
1108 TAYLOR STREET
ROCKFORD, IL. 61101

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	1	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	1	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	122
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	83.1%	0.6%	0.0%	16.3%	100.0%		0.0%
0	593,658	4,017	0	116,635	714,312	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HALLMARK HOUSE NURSING CENTER
2501 ALLENTOWN ROAD
PEKIN, IL. 61554

Reference Numbers Facility ID 6003933
Health Service Area 002 Planning Service Area 179

Administrator
Ben Perkins

Contact Person and Telephone
BEN PERKINS
309.347.3121 ext 224

Date Completed
4/18/2013

Registered Agent Information
Rick Lane
2501 Allentown Road
Pekin, IL 61554

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	1
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	3
Blood Disorders	2
*Nervous System Non Alzheimer	4
Alzheimer Disease	3
Mental Illness	2
Developmental Disability	0
Circulatory System	11
Respiratory System	4
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	10
Injuries and Poisonings	14
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	65

Total Residents Diagnosed as Mentally Ill 2

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	71	70	70	70	65	6	71	6
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	71	70	70	70	65	6	71	6

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	65
Total Admissions 2011	113
Total Discharges 2011	113
Residents on 12/31/2011	65
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4253	16.4%	8893	######	0	0	9300	0	22446	86.6%	87.9%
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	4253	16.4%	8893	######	0	0	9300	0	22446	86.6%	87.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	5	3	0	0	0	0	0	0	5	3	8
75 to 84	10	10	0	0	0	0	0	0	10	10	20
85+	7	28	0	0	0	0	0	0	7	28	35
TOTALS	23	42	0	0	0	0	0	0	23	42	65

HALLMARK HOUSE NURSING CENTER
2501 ALLENTOWN ROAD
PEKIN, IL. 61554

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	21	0	0	25	0	65
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	21	0	0	25	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	216	166
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	64	0	0	0	64
Race Unknown	0	0	0	0	0
Total	65	0	0	0	65

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	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

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	5.00
Certified Aides	29.00
Other Health Staff	12.00
Non-Health Staff	15.00
Totals	69.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
25.8%	18.5%	0.0%	0.0%	55.7%	100.0%		0.0%
917,076	659,274	0	0	1,980,298	3,556,648	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HAMILTON MEMORIAL NURSING & REHAB CENT
609 S MARSHALL AVE BOX 279
MCLEANSBORO, IL. 62859

Reference Numbers Facility ID 6003974
Health Service Area 005 Planning Service Area 059

Administrator
Kelly Boggess

Contact Person and Telephone
KELLY BOGGESS
618-643-2325

Date Completed
4/1/2013

Registered Agent Information
Hamilton Mem Nsg & Rehab Ctr
609 South Marshall Ave P.O. Box 279
McLeansboro, IL 62859

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	8
Mental Illness	6
Developmental Disability	0
Circulatory System	14
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	1
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	49

Total Residents Diagnosed as Mentally Ill 6

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	60	60	53	60	49	11	0	60
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	60	60	53	60	49	11	0	60

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	46
Total Admissions 2011	82
Total Discharges 2011	79
Residents on 12/31/2011	49
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1862	0.0%	11839	54.1%	328	74	3522	0	17625	80.5%	80.5%
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	1862	0.0%	11839	54.1%	328	74	3522	0	17625	80.5%	80.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	5	5	0	0	0	0	0	0	5	5	10
85+	4	29	0	0	0	0	0	0	4	29	33
TOTALS	13	36	0	0	0	0	0	0	13	36	49

HAMILTON MEMORIAL NURSING & REHAB CENT
609 S MARSHALL AVE BOX 279
MCLEANSBORO, IL. 62859

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 059

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	31	0	1	15	0	49
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	31	0	1	15	0	49

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	110
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	1	0	0	0	1
White	48	0	0	0	48
Race Unknown	0	0	0	0	0
Total	49	0	0	0	49

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	49	0	0	0	49
Ethnicity Unknown	0	0	0	0	0
Total	49	0	0	0	49

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	6.00
Certified Aides	17.00
Other Health Staff	1.00
Non-Health Staff	12.00
Totals	40.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
33.2%	47.2%	0.0%	2.3%	17.3%	100.0%		0.0%
898,359	1,278,367	0	63,026	470,103	2,709,855	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HAMMETT HOUSE
1845 1ST AVENUE
STERLING, IL. 61081

Reference Numbers Facility ID 6003982
Health Service Area 001 Planning Service Area 195

Administrator
Justin Connelly

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/5/2013

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 62401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 8

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	1
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5827	99.8%	0	0	0	0	5827	99.8%	99.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5827	99.8%	0	0	0	0	5827	99.8%	99.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	5	0	0	2	5	7
45 to 59	0	0	0	0	2	1	0	0	2	1	3
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	0	2	0	0	0	2	2
75 to 84	0	0	0	0	0	1	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	5	10	0	0	5	10	15

HAMMETT HOUSE
1845 1ST AVENUE
STERLING, IL. 61081

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	121
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	84.3%	0.3%	0.0%	15.4%	100.0%		0.0%
0	599,156	2,016	0	109,279	710,452	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HAMMOND HOUSE
6701 SOUTH MORGAN
CHICAGO, IL. 60621

Reference Numbers Facility ID 6003990
Health Service Area 006 Planning Service Area 603

Administrator
Linda Darling

Contact Person and Telephone
LINDA DARLING
773-918-6209

Registered Agent Information
Adrienne Golembiewski
1359 West Washington
Chicago, IL 60607

Date Completed
3/25/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 6

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	15	15	15	0		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	15	15	15	0	0	15

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	14
Total Admissions 2011	1
Total Discharges 2011	0
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5475	######	0	0	0	0	5475	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5475	######	0	0	0	0	5475	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	7	0	0	0	7	7
45 to 59	0	0	0	0	0	6	0	0	0	6	6
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	1	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	15	0	0	0	15	15

HAMMOND HOUSE
6701 SOUTH MORGAN
CHICAGO, IL. 60621

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	15	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	0	15	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	126	126
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	14	0	14
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	1	0	1
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	3.00
LPN's	0.00
Certified Aides	8.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	14.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	496,189	0	0	0	496,189	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HAMMOND-HENRY DISTRICT HOSPITAL
600 NORTH COLLEGE AVENUE
GENESEO, IL. 61254

Reference Numbers Facility ID 6004006
Health Service Area 010 Planning Service Area 073

Administrator
Bradley Solberg

Contact Person and Telephone
KATHY TANK
309-944-9102

Registered Agent Information

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	35

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	38	38	38	38	35	3	25	4
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	38	38	38	38	35	3	25	4

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	33
Total Admissions 2011	329
Total Discharges 2011	327
Residents on 12/31/2011	35
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1645	18.0%	767	52.5%	0	321	10324	0	13057	94.1%	94.1%
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	1645	18.0%	767	52.5%	0	321	10324	0	13057	94.1%	94.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	1	4	0	0	0	0	0	0	1	4	5
85+	3	27	0	0	0	0	0	0	3	27	30
TOTALS	4	31	0	0	0	0	0	0	4	31	35

HAMMOND-HENRY DISTRICT HOSPITAL
600 NORTH COLLEGE AVENUE
GENESEO, IL. 61254

Reference Numbers Facility ID **Health Service Area** 010 **Planning Service Area** 073

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	2	0	0	30	0	35
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	2	0	0	30	0	35

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	35	0	0	0	35
Race Unknown	0	0	0	0	0
Total	35	0	0	0	35

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	35	0	0	0	35
Ethnicity Unknown	0	0	0	0	0
Total	35	0	0	0	35

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.75
LPN's	4.00
Certified Aides	13.25
Other Health Staff	2.00
Non-Health Staff	1.50
Totals	25.50

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
0.6%	2.3%	0.0%	0.4%	96.7%	100.0%		0.0%
9,413	38,401	0	7,468	1,623,318	1,678,600	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HARBOR CREST HOME
817 17TH STREET
FULTON, IL. 61252

Reference Numbers Facility ID 6004048
Health Service Area 001 Planning Service Area 195

Administrator
Myra Chattic

Contact Person and Telephone
Jennifer Swanson
815-589-3411

Date Completed
4/19/2013

Registered Agent Information
Myra A Chattic
1401 Harvey Dr.
Sterling, IL 61081

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	7
Mental Illness	14
Developmental Disability	0
Circulatory System	8
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	42
Total Residents Diagnosed as Mentally Ill	21

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	84	84	45	84	42	42	0	84
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	84	84	45	84	42	42	0	84

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	38
Total Admissions 2011	28
Total Discharges 2011	24
Residents on 12/31/2011	42
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	9110	29.7%	0	0	6429	0	15539	50.7%	50.7%
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	0	0.0%	9110	29.7%	0	0	6429	0	15539	50.7%	50.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	6	8	0	0	0	0	0	0	6	8	14
85+	7	16	0	0	0	0	0	0	7	16	23
TOTALS	14	28	0	0	0	0	0	0	14	28	42

HARBOR CREST HOME
817 17TH STREET
FULTON, IL. 61252

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	25	0	0	17	0	42
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	25	0	0	17	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	201	186
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	42	0	0	0	42
Race Unknown	0	0	0	0	0
Total	42	0	0	0	42

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	42	0	0	0	42
Ethnicity Unknown	0	0	0	0	0
Total	42	0	0	0	42

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	5.00
Certified Aides	8.00
Other Health Staff	3.00
Non-Health Staff	11.00
Totals	33.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	51.2%	0.0%	0.0%	48.8%	100.0%		0.0%
0	1,114,033	0	0	1,061,696	2,175,729	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HARMONY NURSING AND REHAB CTR
3919 WEST FOSTER AVENUE
CHICAGO, IL. 60625

Reference Numbers Facility ID 6013684
Health Service Area 006 Planning Service Area 601

Administrator
JACK CROPP

Contact Person and Telephone
JACK KROPP
7735889500

Registered Agent Information
Sandra Cedrins, CPA
6633 N. Lincoln Avenue
Lincolnwood, IL 60712

Date Completed
4/15/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	21
Blood Disorders	3
*Nervous System Non Alzheimer	9
Alzheimer Disease	2
Mental Illness	6
Developmental Disability	2
Circulatory System	43
Respiratory System	24
Digestive System	4
Genitourinary System Disorders	13
Skin Disorders	3
Musculo-skeletal Disorders	14
Injuries and Poisonings	11
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	158

Total Residents Diagnosed as Mentally Ill 6

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	180	180	178	180	158	22	180	180
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	180	180	178	180	158	22	180	180

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	161
Total Admissions 2011	566
Total Discharges 2011	569
Residents on 12/31/2011	158
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7823	11.9%	44585	67.9%	736	1972	3414	0	58530	89.1%	89.1%
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	7823	11.9%	44585	67.9%	736	1972	3414	0	58530	89.1%	89.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	4	4	0	0	0	0	0	0	4	4	8
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	19	12	0	0	0	0	0	0	19	12	31
75 to 84	20	29	0	0	0	0	0	0	20	29	49
85+	15	52	0	0	0	0	0	0	15	52	67
TOTALS	60	98	0	0	0	0	0	0	60	98	158

HARMONY NURSING AND REHAB CTR
3919 WEST FOSTER AVENUE
CHICAGO, IL. 60625

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	108	10	5	15	0	158
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	108	10	5	15	0	158

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	178
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	32	0	0	0	32
American Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pacific Isl.	4	0	0	0	4
White	87	0	0	0	87
Race Unknown	23	0	0	0	23
Total	158	0	0	0	158

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	32	0	0	0	32
Non-Hispanic	113	0	0	0	113
Ethnicity Unknown	13	0	0	0	13
Total	158	0	0	0	158

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	4.00
Director of Nursing	1.00
Registered Nurses	21.00
LPN's	17.00
Certified Aides	50.00
Other Health Staff	7.00
Non-Health Staff	60.00
Totals	161.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
30.2%	58.4%	1.0%	5.4%	5.0%	100.0%		0.0%
3,738,790	7,230,234	118,897	668,960	623,636	12,380,517	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HARRIS PLACE
209 HARRIS ROAD
EAST PEORIA, IL. 61611

Reference Numbers Facility ID 6013346
Health Service Area 002 Planning Service Area 179

Administrator
John Mirecki

Contact Person and Telephone
John Mirecki
708-283-1530

Registered Agent Information
John Mirecki
3615 Park Drive Suite 100
Olympia Fields, IL 60461

Date Completed
4/16/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	14
Total Residents Diagnosed as Mentally Ill	6

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	14	2	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	13
Total Admissions 2011	3
Total Discharges 2011	2
Residents on 12/31/2011	14
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5394	92.4%	0	0	0	0	5394	92.4%	92.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5394	92.4%	0	0	0	0	5394	92.4%	92.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	3	3	0	0	3	3	6
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	1	5	0	0	1	5	6
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	5	9	0	0	5	9	14

HARRIS PLACE
209 HARRIS ROAD
EAST PEORIA, IL. 61611

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	139	129
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	10.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	625,707	0	0	0	625,707	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HART HOUSE
905 NORTHEAST PERRY STREET
PEORIA, IL. 61603

Reference Numbers Facility ID 6004063
Health Service Area 002 Planning Service Area 143

Administrator
Marie Dixon

Contact Person and Telephone
MARIE DIXON
309-672-2676

Registered Agent Information

Date Completed
4/12/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	11
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	11

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	11	15	11	4		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	11	15	11	4	0	15

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	9
Total Admissions 2011	2
Total Discharges 2011	0
Residents on 12/31/2011	11
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			3862	70.5%	0	0	0	0	3862	70.5%	70.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	3862	70.5%	0	0	0	0	3862	70.5%	70.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	0	0	0	5	0	5
45 to 59	0	0	0	0	2	0	0	0	2	0	2
60 to 64	0	0	0	0	3	0	0	0	3	0	3
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	11	0	0	0	11	0	11

HART HOUSE
905 NORTHEAST PERRY STREET
PEORIA, IL. 61603

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		11	0	0	0	0	11
Sheltered Care			0	0	0	0	0
TOTALS	0	11	0	0	0	0	11

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	119
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	11	0	11

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	11	0	11
Ethnicity Unknown	0	0	0	0	0
Total	0	0	11	0	11

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	8.00
Non-Health Staff	1.00
Totals	10.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	83.3%	0.0%	16.7%	100.0%		0.0%
0	0	396,435	0	79,528	475,963	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HARTRICK HOUSE
702 NORTHEAST MADISON STREET
PEORIA, IL. 61603

Reference Numbers Facility ID 6004071
Health Service Area 002 Planning Service Area 143

Administrator
Marie Dixon

Contact Person and Telephone
MARIE DIXON
309-673-2676

Registered Agent Information

Date Completed
4/15/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	12

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	12	15	12	3		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	12	15	12	3	0	15

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	12
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	12
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4320	78.9%	0	0	0	0	4320	78.9%	78.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4320	78.9%	0	0	0	0	4320	78.9%	78.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	0	0	0	2	0	2
45 to 59	0	0	0	0	3	4	0	0	3	4	7
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	1	0	0	0	1	1
TOTALS	0	0	0	0	6	6	0	0	6	6	12

HARTRICK HOUSE
702 NORTHEAST MADISON STREET
PEORIA, IL. 61603

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	114
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	9.00
Non-Health Staff	1.00
Totals	11.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	83.0%	0.0%	17.0%	100.0%		0.0%
0	0	506,246	0	103,712	609,958	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HARVEY HOUSE
3309 SOUTH HARVEY
BERWYN, IL. 60402

Reference Numbers Facility ID 6008429
Health Service Area 007 Planning Service Area 704

Administrator
Sheryl Kincinas

Contact Person and Telephone
Megan Wrenn
708/398-6562

Registered Agent Information

Date Completed
5/7/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 3

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5856	######	0	0	0	0	5856	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5856	######	0	0	0	0	5856	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	5	0	0	2	5	7
45 to 59	0	0	0	0	5	1	0	0	5	1	6
60 to 64	0	0	0	0	2	1	0	0	2	1	3
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	9	7	0	0	9	7	16

HARVEY HOUSE
3309 SOUTH HARVEY
BERWYN, IL. 60402

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	1.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	13.50
Totals	16.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	77.3%	22.7%	0.0%	0.0%	100.0%		0.0%
0	729,670	213,966	0	0	943,636	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HAVANA HEALTH CARE CENTER
609 NORTH HARPHAM STREET
HAVANA, IL. 62644

Reference Numbers Facility ID 6004089
Health Service Area 003 Planning Service Area 125

Administrator
Cathy Crafton

Contact Person and Telephone
Marikay Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
3/29/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	11
Blood Disorders	6
*Nervous System Non Alzheimer	12
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	62
Total Residents Diagnosed as Mentally Ill	37

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	98	94	76	94	62	36	18	98
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	98	94	76	94	62	36	18	98

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	62
Total Admissions 2011	77
Total Discharges 2011	77
Residents on 12/31/2011	62
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2112	32.1%	12099	33.8%	4339	135	6550	0	25235	70.5%	73.5%
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	2112	32.1%	12099	33.8%	4339	135	6550	0	25235	70.5%	73.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	0	7	0	0	0	0	0	0	0	7	7
65 to 74	3	4	0	0	0	0	0	0	3	4	7
75 to 84	5	11	0	0	0	0	0	0	5	11	16
85+	6	24	0	0	0	0	0	0	6	24	30
TOTALS	14	48	0	0	0	0	0	0	14	48	62

HAVANA HEALTH CARE CENTER
609 NORTH HARPHAM STREET
HAVANA, IL. 62644

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 125

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	40	0	1	18	0	62
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	40	0	1	18	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	148	123
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	0	0	0	0	0
Total	62	0	0	0	62

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	62	0	0	0	62
Ethnicity Unknown	0	0	0	0	0
Total	62	0	0	0	62

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	10.00
Certified Aides	30.00
Other Health Staff	1.00
Non-Health Staff	27.00
Totals	76.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
13.9%	58.7%	0.0%	0.0%	27.4%	100.0%		0.4%
419,812	1,778,293	0	0	829,121	3,027,226	11,714	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HAWTHORNE INN OF DANVILLE
3222 INDEPENDENCE DRIVE
DANVILLE, IL. 61832

Reference Numbers Facility ID 6015317
Health Service Area 004 Planning Service Area 183

Administrator
Lisa Miller

Contact Person and Telephone
LISA MILLER
217-431-1600 Option 1

Registered Agent Information
Mike Bibo
285 S. Farnham St.
Danville, IL 61832

Date Completed
4/5/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	9
Blood Disorders	2
*Nervous System Non Alzheimer	15
Alzheimer Disease	26
Mental Illness	0
Developmental Disability	4
Circulatory System	12
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	13
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	108

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	76	76	75	76	65	11	76	52
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	64	64	51	64	43	21		
TOTAL BEDS	140	140	126	140	108	32	76	52

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	107
Total Admissions 2011	296
Total Discharges 2011	295
Residents on 12/31/2011	108
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7561	27.3%	6867	36.2%	76	0	10758	0	25262	91.1%	91.1%
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	16543	16543	70.8%	70.8%
TOTALS	7561	27.3%	6867	36.2%	76	0	10758	16543	41805	81.8%	81.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	2	4	0	0	0	0	1	1	3	5	8
75 to 84	8	6	0	0	0	0	5	11	13	17	30
85+	11	32	0	0	0	0	7	18	18	50	68
TOTALS	22	43	0	0	0	0	13	30	35	73	108

HAWTHORNE INN OF DANVILLE
3222 INDEPENDENCE DRIVE
DANVILLE, IL. 61832

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 183

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	19	1	0	33	0	65
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	43	0	43
TOTALS	12	19	1	0	76	0	108

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	130	115

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	63	0	0	43	106
Race Unknown	0	0	0	0	0
Total	65	0	0	43	108

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	65	0	0	43	108
Ethnicity Unknown	0	0	0	0	0
Total	65	0	0	43	108

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	9.00
Certified Aides	70.00
Other Health Staff	8.00
Non-Health Staff	42.00
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
39.0%	9.2%	0.0%	4.0%	47.9%	100.0%		0.0%
3,418,320	809,278	0	346,672	4,199,906	8,774,176	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Bed Change	1/9/2012	Facility added 6 Nursing Care beds and discontinued 6 Sheltered Care beds; facility now has 76 Nursing Care and 64 Sheltered Care beds.

HAWTHORNE TERRACE
2136 WINDISH DRIVE
GALESBURG, IL. 61401

Reference Numbers Facility ID 6012876
Health Service Area 002 Planning Service Area 095

Administrator
Tiffany Lair

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 62401

Date Completed
4/5/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 8

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5840	######	0	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	######	0	0	0	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	1	0	0	2	1	3
45 to 59	0	0	0	0	5	3	0	0	5	3	8
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	1	3	0	0	1	3	4
75 to 84	0	0	0	0	0	1	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

HAWTHORNE TERRACE
2136 WINDISH DRIVE
GALESBURG, IL. 61401

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	117
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	16	0	16
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	80.9%	0.3%	0.0%	18.8%	100.0%		0.0%
0	556,334	1,989	0	129,167	687,491	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HEARTHSTONE MANOR
920 NORTH SEMINARY AVENUE
WOODSTOCK, IL. 60098

Reference Numbers Facility ID 6009310
Health Service Area 008 Planning Service Area 111

Administrator
Robert D. Britain

Contact Person and Telephone
Richard W. Olson
815-321-4021

Date Completed
4/30/2013

Registered Agent Information
Terrence P. Egan
920 N. Seminary Ave
Woodstock, IL 60098

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	17
Mental Illness	18
Developmental Disability	0
Circulatory System	22
Respiratory System	0
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	1
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	93
Total Residents Diagnosed as Mentally Ill	27

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	75	71	60	71	55	20	29	32
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	63	52	44	51	38	25		
TOTAL BEDS	138	123	104	122	93	45	29	32

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	99
Total Admissions 2011	118
Total Discharges 2011	124
Residents on 12/31/2011	93
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4653	44.0%	5029	43.1%	1883	0	8371	0	19936	72.8%	76.9%
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					2249	0	13230	0	15479	67.3%	81.6%
TOTALS	4653	44.0%	5029	43.1%	4132	0	21601	0	35415	70.3%	78.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	1	2	0	0	0	0	0	2	1	4	5
75 to 84	4	8	0	0	0	0	0	9	4	17	21
85+	6	33	0	0	0	0	2	25	8	58	66
TOTALS	12	43	0	0	0	0	2	36	14	79	93

HEARTHSTONE MANOR
920 NORTH SEMINARY AVENUE
WOODSTOCK, IL. 60098

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	12	6	0	24	0	55
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			3	0	35	0	38
TOTALS	13	12	9	0	59	0	93

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	274	214
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	146	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	55	0	0	38	93
Race Unknown	0	0	0	0	0
Total	55	0	0	38	93

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	54	0	0	38	92
Ethnicity Unknown	0	0	0	0	0
Total	55	0	0	38	93

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.28
LPN's	4.18
Certified Aides	37.63
Other Health Staff	5.71
Non-Health Staff	33.64
Totals	99.44

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
28.4%	13.4%	0.0%	0.0%	58.2%	100.0%		0.0%
2,190,522	1,030,755	0	0	4,484,398	7,705,675	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HEARTLAND CHRISTIAN VILLAGE
101 TROWBRIDGE ROAD
NEOGA, IL. 62447

Reference Numbers Facility ID 6013437
Health Service Area 004 Planning Service Area 029

Administrator
John Letizia

Contact Person and Telephone
John Letizia
217-895-2665

Date Completed
4/17/2013

Registered Agent Information
Timothy Phillippe
622 Emerson Rd, Suite 310
St Louis, MO 63141

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	27
Injuries and Poisonings	0
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	61

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	71	71	71	71	61	10	71	56
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	71	71	71	71	61	10	71	56

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	62
Total Admissions 2011	118
Total Discharges 2011	119
Residents on 12/31/2011	61
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4698	18.1%	8836	43.2%	0	289	10527	0	24350	94.0%	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	4698	18.1%	8836	43.2%	0	289	10527	0	24350	94.0%	94.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	4	10	0	0	0	0	0	0	4	10	14
85+	10	35	0	0	0	0	0	0	10	35	45
TOTALS	14	47	0	0	0	0	0	0	14	47	61

HEARTLAND CHRISTIAN VILLAGE
101 TROWBRIDGE ROAD
NEOGA, IL. 62447

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 029

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	22	0	1	27	0	61
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	22	0	1	27	0	61

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	61	0	0	0	61
Race Unknown	0	0	0	0	0
Total	61	0	0	0	61

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	61	0	0	0	61
Total	61	0	0	0	61

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	13.00
Certified Aides	25.00
Other Health Staff	0.00
Non-Health Staff	28.00
Totals	74.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
41.3%	22.6%	0.0%	1.2%	35.0%	100.0%		0.0%
2,265,624	1,238,565	0	64,826	1,920,107	5,489,124	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HEARTLAND MANOR NURSING HOME
410 NORTHWEST THIRD
CASEY, IL. 62420

Reference Numbers Facility ID 6004121
Health Service Area 004 Planning Service Area 023

Administrator
PENNY J. CHRYSLER

Contact Person and Telephone
PENNY J. CHRYSLER
217-932-4081

Registered Agent Information

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	13
Mental Illness	1
Developmental Disability	1
Circulatory System	14
Respiratory System	11
Digestive System	6
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	5
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	65

Total Residents Diagnosed as Mentally Ill 1

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	81	81	66	81	65	16	35	71
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	81	81	66	81	65	16	35	71

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	60
Total Admissions 2011	31
Total Discharges 2011	26
Residents on 12/31/2011	65
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1860	14.6%	11114	42.9%	0	156	8501	0	21631	73.2%	73.2%
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	1860	14.6%	11114	42.9%	0	156	8501	0	21631	73.2%	73.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	1	4	0	0	0	0	0	0	1	4	5
75 to 84	8	16	0	0	0	0	0	0	8	16	24
85+	4	29	0	0	0	0	0	0	4	29	33
TOTALS	14	51	0	0	0	0	0	0	14	51	65

HEARTLAND MANOR NURSING HOME
410 NORTHWEST THIRD
CASEY, IL. 62420

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 023

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	30	0	2	26	0	65
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	30	0	2	26	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	127
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	65	0	0	0	65
Race Unknown	0	0	0	0	0
Total	65	0	0	0	65

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	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

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	12.00
Certified Aides	37.00
Other Health Staff	0.00
Non-Health Staff	33.00
Totals	89.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
25.3%	41.5%	0.0%	0.0%	33.2%	100.0%		0.0%
934,069	1,534,569	0	0	1,229,279	3,697,917	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HEARTLAND OF CANTON
2081 NORTH MAIN STREET
CANTON, IL. 61520

Reference Numbers Facility ID 6011597
Health Service Area 002 Planning Service Area 057

Administrator
Nicole Friend

Contact Person and Telephone
Eric Talbert

Registered Agent Information

Date Completed
4/3/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	3
Mental Illness	2
Developmental Disability	0
Circulatory System	25
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	49

Total Residents Diagnosed as Mentally Ill 3

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	90	85	82	0	72	18	90	32
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	90	85	82	0	72	18	90	32

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	75
Total Admissions 2011	213
Total Discharges 2011	216
Residents on 12/31/2011	72
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3687	11.2%	13237	######	0	2138	7869	0	26931	82.0%	86.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3687	11.2%	13237	######	0	2138	7869	0	26931	82.0%	86.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	10	0	0	0	0	0	0	3	10	13
75 to 84	7	11	0	0	0	0	0	0	7	11	18
85+	8	32	0	0	0	0	0	0	8	32	40
TOTALS	18	54	0	0	0	0	0	0	18	54	72

HEARTLAND OF CANTON
2081 NORTH MAIN STREET
CANTON, IL. 61520

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 057

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	29	6	5	20	0	72
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	29	6	5	20	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	186	203
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	71	0	0	0	71
Race Unknown	0	0	0	0	0
Total	72	0	0	0	72

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	72	0	0	0	72
Total	72	0	0	0	72

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	12.00
Certified Aides	39.00
Other Health Staff	15.00
Non-Health Staff	32.00
Totals	116.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
30.1%	24.9%	4.1%	15.3%	25.5%	100.0%		0.0%
1,797,675	1,486,605	246,128	914,806	1,522,232	5,967,446	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HEARTLAND OF CHAMPAIGN
309 EAST SPRINGFIELD
CHAMPAIGN, IL. 61820

Reference Numbers Facility ID 6000301
Health Service Area 004 Planning Service Area 019

Administrator
Dawn Job

Contact Person and Telephone
Eric Talbert

Registered Agent Information

Date Completed
3/27/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	24
Respiratory System	9
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	4
Musculo-skeletal Disorders	7
Injuries and Poisonings	7
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	87

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	102	93	91	93	87	15	102	25
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	102	93	91	93	87	15	102	25

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	77
Total Admissions 2011	467
Total Discharges 2011	457
Residents on 12/31/2011	87
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10467	28.1%	5805	63.6%	385	2206	9692	0	28555	76.7%	84.1%
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	10467	28.1%	5805	63.6%	385	2206	9692	0	28555	76.7%	84.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	2	3	0	0	0	0	0	0	2	3	5
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	9	9	0	0	0	0	0	0	9	9	18
75 to 84	10	12	0	0	0	0	0	0	10	12	22
85+	8	27	0	0	0	0	0	0	8	27	35
TOTALS	33	54	0	0	0	0	0	0	33	54	87

HEARTLAND OF CHAMPAIGN
309 EAST SPRINGFIELD
CHAMPAIGN, IL. 61820

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 019

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	35	18	0	10	24	0	87
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	35	18	0	10	24	0	87

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	228	196
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawaiian/Pacific Isl.	0	0	0	0	0
White	72	0	0	0	72
Race Unknown	0	0	0	0	0
Total	87	0	0	0	87

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	87	0	0	0	87
Total	87	0	0	0	87

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	11.00
Certified Aides	31.00
Other Health Staff	14.00
Non-Health Staff	19.00
Totals	83.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
60.6%	6.6%	0.0%	11.4%	21.4%	100.0%		0.0%
5,256,472	572,816	1,065	991,908	1,858,530	8,680,791	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HEARTLAND OF DECATUR
444 WEST HARRISON STREET
DECATUR, IL. 62526

Reference Numbers Facility ID 6000285
Health Service Area 004 Planning Service Area 115

Administrator
Rachel Cassella

Contact Person and Telephone
Eric Talbert

Registered Agent Information

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	8
Blood Disorders	2
*Nervous System Non Alzheimer	52
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	4
Circulatory System	0
Respiratory System	0
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	9
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	99

Total Residents Diagnosed as Mentally Ill 3

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	117	113	113	107	99	18	117	32
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	117	113	113	107	99	18	117	32

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	103
Total Admissions 2011	292
Total Discharges 2011	296
Residents on 12/31/2011	99
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8650	20.3%	8646	74.0%	0	1547	18352	22	37217	87.1%	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	8650	20.3%	8646	74.0%	0	1547	18352	22	37217	87.1%	90.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	4	0	0	0	0	0	0	0	4	4
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	9	0	0	0	0	0	0	3	9	12
75 to 84	7	20	0	0	0	0	0	0	7	20	27
85+	13	42	0	0	0	0	0	0	13	42	55
TOTALS	23	76	0	0	0	0	0	0	23	76	99

HEARTLAND OF DECATUR
444 WEST HARRISON STREET
DECATUR, IL. 62526

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	22	0	4	48	0	99
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	25	22	0	4	48	0	99

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	235	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	97	0	0	0	97
Race Unknown	0	0	0	0	0
Total	99	0	0	0	99

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	99	0	0	0	99
Ethnicity Unknown	0	0	0	0	0
Total	99	0	0	0	99

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	18.00
Certified Aides	53.00
Other Health Staff	17.00
Non-Health Staff	39.00
Totals	141.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
45.8%	10.9%	0.0%	8.4%	34.9%	100.0%		0.0%
4,540,091	1,083,866	0	832,995	3,456,530	9,913,482	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Bed Change	1/15/2012	Facility added 5 Nursing Care beds; facility now has a total of 117 Nursing Care beds.

HEARTLAND OF GALESBURG
280 EAST LOSEY STREET
GALESBURG, IL. 61401

Reference Numbers Facility ID 6003446
Health Service Area 002 Planning Service Area 095

Administrator
Gaurav Patel

Contact Person and Telephone
Anthony Harwood
419-254-5359

Registered Agent Information

Date Completed
4/5/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	4
Mental Illness	1
Developmental Disability	0
Circulatory System	16
Respiratory System	10
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	8
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	62
Total Residents Diagnosed as Mentally Ill	34

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	84	77	72	75	62	22	84	38
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	84	77	72	75	62	22	84	38

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	64
Total Admissions 2011	277
Total Discharges 2011	279
Residents on 12/31/2011	62
Identified Offenders	6

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5692	18.6%	8988	64.8%	1893	1523	5824	0	23920	78.0%	85.1%
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	5692	18.6%	8988	64.8%	1893	1523	5824	0	23920	78.0%	85.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	1	3	0	0	0	0	0	0	1	3	4
60 to 64	3	2	0	0	0	0	0	0	3	2	5
65 to 74	3	8	0	0	0	0	0	0	3	8	11
75 to 84	10	7	0	0	0	0	0	0	10	7	17
85+	4	19	0	0	0	0	0	0	4	19	23
TOTALS	22	40	0	0	0	0	0	0	22	40	62

HEARTLAND OF GALESBURG
280 EAST LOSEY STREET
GALESBURG, IL. 61401

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	29	3	4	14	0	62
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	29	3	4	14	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	184	161
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	1	0	0	0	1
Total	62	0	0	0	62

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	61	0	0	0	61
Ethnicity Unknown	0	0	0	0	0
Total	62	0	0	0	62

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	7.00
Certified Aides	17.00
Other Health Staff	5.00
Non-Health Staff	20.00
Totals	57.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
44.9%	21.8%	5.0%	10.5%	17.8%	100.0%		0.0%
2,709,364	1,313,296	300,465	632,530	1,074,173	6,029,828	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HEARTLAND OF HENRY
1650 INDIAN TOWN ROAD
HENRY, IL. 61537

Reference Numbers Facility ID 6011613
Health Service Area 002 Planning Service Area 123

Administrator
Susan M. Legner

Contact Person and Telephone
Anthony Harwood
419-252-5359

Registered Agent Information

Date Completed
4/16/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	33
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	69

Total Residents Diagnosed as Mentally Ill 2

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	94	90	88	89	69	25	66	30
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	94	90	88	89	69	25	66	30

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	73
Total Admissions 2011	230
Total Discharges 2011	234
Residents on 12/31/2011	69
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5424	22.5%	7083	64.7%	0	1364	14373	0	28244	82.3%	86.0%
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	5424	22.5%	7083	64.7%	0	1364	14373	0	28244	82.3%	86.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	5	4	0	0	0	0	0	0	5	4	9
75 to 84	6	14	0	0	0	0	0	0	6	14	20
85+	11	28	0	0	0	0	0	0	11	28	39
TOTALS	23	46	0	0	0	0	0	0	23	46	69

HEARTLAND OF HENRY
1650 INDIAN TOWN ROAD
HENRY, IL. 61537

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 123

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	17	0	4	37	0	69
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	17	0	4	37	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	199	188
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	67	0	0	0	67
Race Unknown	0	0	0	0	0
Total	69	0	0	0	69

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	69	0	0	0	69
Ethnicity Unknown	0	0	0	0	0
Total	69	0	0	0	69

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	10.00
Certified Aides	35.00
Other Health Staff	10.00
Non-Health Staff	29.00
Totals	97.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
38.2%	11.9%	0.4%	10.1%	39.5%	100.0%		0.0%
2,681,766	835,574	27,004	710,505	2,772,480	7,027,329	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HEARTLAND OF MACOMB
#8 DOCTORS LANE
MACOMB, IL. 61455

Reference Numbers Facility ID 6005649
Health Service Area 002 Planning Service Area 109

Administrator
Christie Butler

Contact Person and Telephone
Anthony Harwood
419-254-5359

Date Completed
3/19/2013

Registered Agent Information
CT Corporation system
208 South LaSalle Street Suite 814
Chicago, IL 60604

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	3
Mental Illness	7
Developmental Disability	0
Circulatory System	21
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	2
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	65

Total Residents Diagnosed as Mentally Ill 24

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	80	80	74	80	65	15	80	52
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	80	80	74	80	65	15	80	52

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	62
Total Admissions 2011	227
Total Discharges 2011	224
Residents on 12/31/2011	65
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5461	18.7%	9292	49.0%	1063	682	7225	0	23723	81.2%	81.2%
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	5461	18.7%	9292	49.0%	1063	682	7225	0	23723	81.2%	81.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	1	0	0	0	0	0	0	3	1	4
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	3	6	0	0	0	0	0	0	3	6	9
75 to 84	6	12	0	0	0	0	0	0	6	12	18
85+	8	21	0	0	0	0	0	0	8	21	29
TOTALS	22	43	0	0	0	0	0	0	22	43	65

HEARTLAND OF MACOMB
#8 DOCTORS LANE
MACOMB, IL. 61455

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 109

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	25	0	3	22	0	65
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	25	0	3	22	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	201	171
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	64	0	0	0	64
Race Unknown	0	0	0	0	0
Total	65	0	0	0	65

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	65	0	0	0	65
Total	65	0	0	0	65

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	7.00
Certified Aides	25.00
Other Health Staff	10.00
Non-Health Staff	11.00
Totals	66.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
49.6%	20.5%	2.3%	5.1%	22.5%	100.0%		0.0%
2,888,927	1,191,739	136,147	298,863	1,308,682	5,824,358	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HEARTLAND OF MOLINE
833 SIXTEENTH AVENUE
MOLINE, IL. 61265

Reference Numbers Facility ID 6006233
Health Service Area 010 Planning Service Area 161

Administrator
Vickie J. Toomsen

Contact Person and Telephone
Vickie J. Toomsen
3097646744

Registered Agent Information
N/A

Date Completed
4/2/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	17
Mental Illness	19
Developmental Disability	0
Circulatory System	22
Respiratory System	11
Digestive System	4
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	12
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	124
Total Residents Diagnosed as Mentally Ill	22

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	149	139	138	139	124	25	149	36
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	149	139	138	139	124	25	149	36

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	130
Total Admissions 2011	604
Total Discharges 2011	610
Residents on 12/31/2011	124
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	16771	30.8%	3598	27.4%	0	3695	22087	0	46151	84.9%	91.0%
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	16771	30.8%	3598	27.4%	0	3695	22087	0	46151	84.9%	91.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	6	1	0	0	0	0	0	0	6	1	7
60 to 64	1	6	0	0	0	0	0	0	1	6	7
65 to 74	9	6	0	0	0	0	0	0	9	6	15
75 to 84	14	21	0	0	0	0	0	0	14	21	35
85+	21	39	0	0	0	0	0	0	21	39	60
TOTALS	51	73	0	0	0	0	0	0	51	73	124

HEARTLAND OF MOLINE
833 SIXTEENTH AVENUE
MOLINE, IL. 61265

Reference Numbers Facility ID **Health Service Area** 010 **Planning Service Area** 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	51	12	0	6	55	0	124
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	51	12	0	6	55	0	124

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	237	194
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	118	0	0	0	118
Race Unknown	2	0	0	0	2
Total	124	0	0	0	124

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	122	0	0	0	122
Ethnicity Unknown	0	0	0	0	0
Total	124	0	0	0	124

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	25.00
Certified Aides	60.00
Other Health Staff	22.00
Non-Health Staff	42.00
Totals	162.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
55.6%	3.3%	0.0%	9.7%	31.4%	100.0%		0.0%
8,626,963	514,705	2,282	1,499,957	4,872,714	15,516,621	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HEARTLAND OF NORMAL
510 BROADWAY
NORMAL, IL. 61761

Reference Numbers Facility ID 6000244
Health Service Area 004 Planning Service Area 113

Administrator
Raymond M. Campbell

Contact Person and Telephone
Anthony Harwood

Registered Agent Information
Heartland of Normal, TL, LLC
510 Broadway
Normal, IL 61761

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	4
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	2
Developmental Disability	0
Circulatory System	13
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	48
Total Residents Diagnosed as Mentally Ill	2

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	116	110	107	106	102	14	116	38
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	116	110	107	106	102	14	116	38

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	94
Total Admissions 2011	496
Total Discharges 2011	488
Residents on 12/31/2011	102
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	13850	32.7%	8745	63.0%	0	2399	8986	303	34283	81.0%	85.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	13850	32.7%	8745	63.0%	0	2399	8986	303	34283	81.0%	85.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	1	3	0	0	0	0	0	0	1	3	4
60 to 64	2	5	0	0	0	0	0	0	2	5	7
65 to 74	5	8	0	0	0	0	0	0	5	8	13
75 to 84	16	24	0	0	0	0	0	0	16	24	40
85+	10	27	0	0	0	0	0	0	10	27	37
TOTALS	34	68	0	0	0	0	0	0	34	68	102

HEARTLAND OF NORMAL
510 BROADWAY
NORMAL, IL. 61761

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 113

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	48	27	0	6	20	1	102
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	48	27	0	6	20	1	102

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	266	243
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	99	0	0	0	99
Race Unknown	0	0	0	0	0
Total	102	0	0	0	102

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	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

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	15.00
Certified Aides	54.00
Other Health Staff	14.00
Non-Health Staff	10.00
Totals	105.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
59.8%	9.1%	0.2%	10.0%	20.8%	100.0%		0.6%
6,886,159	1,053,804	22,330	1,157,937	2,402,392	11,522,622	68,571	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HEARTLAND OF PAXTON
1001 EAST PELLS STREET
PAXTON, IL. 60957

Reference Numbers Facility ID 6011571
Health Service Area 004 Planning Service Area 053

Administrator
Amanda Gronsky

Contact Person and Telephone
Anthony Harwood
419-254-5359

Registered Agent Information

Date Completed
3/24/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	7
Mental Illness	9
Developmental Disability	0
Circulatory System	28
Respiratory System	7
Digestive System	4
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	15
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	95

Total Residents Diagnosed as Mentally Ill 9

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	106	106	106	106	95	11	106	26
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	106	106	106	106	95	11	106	26

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	85
Total Admissions 2011	380
Total Discharges 2011	370
Residents on 12/31/2011	95
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7252	18.7%	6899	72.7%	0	2325	17293	0	33769	87.3%	87.3%
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	7252	18.7%	6899	72.7%	0	2325	17293	0	33769	87.3%	87.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	3	0	0	0	0	0	0	3	3	6
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	6	3	0	0	0	0	0	0	6	3	9
75 to 84	9	14	0	0	0	0	0	0	9	14	23
85+	11	43	0	0	0	0	0	0	11	43	54
TOTALS	31	64	0	0	0	0	0	0	31	64	95

HEARTLAND OF PAXTON
1001 EAST PELLS STREET
PAXTON, IL. 60957

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 053

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	22	0	5	48	0	95
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	22	0	5	48	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	193	174
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	94	0	0	0	94
Race Unknown	0	0	0	0	0
Total	95	0	0	0	95

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	95	0	0	0	95
Ethnicity Unknown	0	0	0	0	0
Total	95	0	0	0	95

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	23.00
Certified Aides	35.00
Other Health Staff	16.00
Non-Health Staff	29.00
Totals	119.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
42.4%	9.2%	0.2%	12.7%	35.5%	100.0%		0.0%
3,857,532	835,724	16,895	1,157,741	3,223,150	9,091,042	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HEARTLAND OF PEORIA
5600 GLEN ELM DRIVE
PEORIA, IL. 61614

Reference Numbers Facility ID 6000293
Health Service Area 002 Planning Service Area 143

Administrator
Carol Williams

Contact Person and Telephone
Carol Williams
309-693-8777

Registered Agent Information
N/A

Date Completed
4/1/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	10
Mental Illness	4
Developmental Disability	0
Circulatory System	39
Respiratory System	9
Digestive System	6
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	17
Injuries and Poisonings	20
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	135

Total Residents Diagnosed as Mentally Ill 4

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	142	142	142	0	135	7	144	44
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	142	142	142	0	135	7	144	44

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	133
Total Admissions 2011	656
Total Discharges 2011	654
Residents on 12/31/2011	135
Identified Offenders	6

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	39	0.1%	43	0.3%	7	20	26	0	135	0.3%	0.3%
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	39	0.1%	43	0.3%	7	20	26	0	135	0.3%	0.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	8	2	0	0	0	0	0	0	8	2	10
60 to 64	5	3	0	0	0	0	0	0	5	3	8
65 to 74	13	13	0	0	0	0	0	0	13	13	26
75 to 84	15	29	0	0	0	0	0	0	15	29	44
85+	14	31	0	0	0	0	0	0	14	31	45
TOTALS	57	78	0	0	0	0	0	0	57	78	135

HEARTLAND OF PEORIA
5600 GLEN ELM DRIVE
PEORIA, IL. 61614

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	39	43	7	20	26	0	135
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	39	43	7	20	26	0	135

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	234	227
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	17	0	0	0	17
Hawaiian/Pacific Isl.	0	0	0	0	0
White	118	0	0	0	118
Race Unknown	0	0	0	0	0
Total	135	0	0	0	135

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	135	0	0	0	135
Ethnicity Unknown	0	0	0	0	0
Total	135	0	0	0	135

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	20.00
Certified Aides	53.00
Other Health Staff	27.00
Non-Health Staff	44.00
Totals	156.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
49.3%	12.3%	3.1%	22.8%	12.6%	100.0%		0.0%
6,959,299	1,738,718	435,224	3,215,431	1,781,049	14,129,721	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HEARTLAND OF RIVERVIEW
500 CENTENNIAL DRIVE
EAST PEORIA, IL. 61611

Reference Numbers Facility ID 6008056
Health Service Area 002 Planning Service Area 179

Administrator
Rebecca Newble

Contact Person and Telephone
Anthony Harwood

Registered Agent Information

Date Completed
3/25/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	25
Injuries and Poisonings	3
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	59

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	71	66	66	66	59	12	71	2
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	71	66	66	66	59	12	71	2

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	57
Total Admissions 2011	534
Total Discharges 2011	532
Residents on 12/31/2011	59
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10275	39.6%	311	42.6%	0	6194	4599	0	21379	82.5%	88.7%
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	10275	39.6%	311	42.6%	0	6194	4599	0	21379	82.5%	88.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	3	0	0	0	0	0	0	0	3	0	3
65 to 74	3	5	0	0	0	0	0	0	3	5	8
75 to 84	7	12	0	0	0	0	0	0	7	12	19
85+	7	20	0	0	0	0	0	0	7	20	27
TOTALS	20	39	0	0	0	0	0	0	20	39	59

HEARTLAND OF RIVERVIEW
500 CENTENNIAL DRIVE
EAST PEORIA, IL. 61611

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	30	1	0	16	12	0	59
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	30	1	0	16	12	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	289	231
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	57	0	0	0	57
Race Unknown	0	0	0	0	0
Total	59	0	0	0	59

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	58	0	0	0	58
Ethnicity Unknown	0	0	0	0	0
Total	59	0	0	0	59

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	9.00
Certified Aides	28.00
Other Health Staff	16.00
Non-Health Staff	11.00
Totals	77.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
57.0%	0.4%	0.0%	29.1%	13.4%	100.0%		0.0%
4,923,950	37,475	0	2,519,367	1,162,439	8,643,231	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HEATHER HEALTH CARE CENTER
15600 SOUTH HONORE STREET
HARVEY, IL. 60426

Reference Numbers Facility ID 6004139
Health Service Area 007 Planning Service Area 705

Administrator
Valerie Kay

Contact Person and Telephone
CHRIS KUEHN
773/286-3883

Date Completed
4/17/2013

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Avenue, Suite 140
Chicago, IL 60646

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	2
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	58
Developmental Disability	1
Circulatory System	25
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	19
TOTALS	121
Total Residents Diagnosed as Mentally Ill	69

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	173	135	130	135	121	52	173	173
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	173	135	130	135	121	52	173	173

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	121
Total Admissions 2011	240
Total Discharges 2011	240
Residents on 12/31/2011	121
Identified Offenders	18

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1422	2.3%	41329	65.5%	609	840	731	0	44931	71.2%	91.2%
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	1422	2.3%	41329	65.5%	609	840	731	0	44931	71.2%	91.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	16	11	0	0	0	0	0	0	16	11	27
45 to 59	25	22	0	0	0	0	0	0	25	22	47
60 to 64	8	5	0	0	0	0	0	0	8	5	13
65 to 74	13	10	0	0	0	0	0	0	13	10	23
75 to 84	3	3	0	0	0	0	0	0	3	3	6
85+	3	2	0	0	0	0	0	0	3	2	5
TOTALS	68	53	0	0	0	0	0	0	68	53	121

HEATHER HEALTH CARE CENTER
15600 SOUTH HONORE STREET
HARVEY, IL. 60426

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	113	2	2	2	0	121
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	113	2	2	2	0	121

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	80	0	0	0	80
Hawaiian/Pacific Isl.	0	0	0	0	0
White	31	0	0	0	31
Race Unknown	10	0	0	0	10
Total	121	0	0	0	121

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	111	0	0	0	111
Ethnicity Unknown	2	0	0	0	2
Total	121	0	0	0	121

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.67
LPN's	10.20
Certified Aides	19.21
Other Health Staff	10.46
Non-Health Staff	19.75
Totals	64.29

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
13.0%	82.4%	1.0%	2.5%	1.1%	100.0%		0.0%
843,828	5,339,153	63,729	160,271	73,296	6,480,277	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HEIGHTS HEALTHCARE & REHAB
1629 GARDNER LANE
PEORIA HEIGHTS, IL. 61616

Reference Numbers Facility ID 6004147
Health Service Area 002 Planning Service Area 143

Administrator
Rue Anne Mills

Contact Person and Telephone
Rue Anne Mills
309-685-1545

Registered Agent Information
Stan Klem, General Council
4600 W. Toughy Ave, suite 200
Lincolnwood, IL 60712

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	7
Blood Disorders	1
*Nervous System Non Alzheimer	16
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	48
Respiratory System	2
Digestive System	4
Genitourinary System Disorders	11
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	98
Total Residents Diagnosed as Mentally Ill	68

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	110	110	109	110	98	12	24	110
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	110	110	109	110	98	12	24	110

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	88
Total Admissions 2011	82
Total Discharges 2011	72
Residents on 12/31/2011	98
Identified Offenders	9

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1407	16.1%	34031	84.8%	0	85	999	0	36522	91.0%	91.0%
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	1407	16.1%	34031	84.8%	0	85	999	0	36522	91.0%	91.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	2	0	0	0	0	0	0	1	2	3
45 to 59	15	22	0	0	0	0	0	0	15	22	37
60 to 64	7	10	0	0	0	0	0	0	7	10	17
65 to 74	12	14	0	0	0	0	0	0	12	14	26
75 to 84	3	4	0	0	0	0	0	0	3	4	7
85+	4	4	0	0	0	0	0	0	4	4	8
TOTALS	42	56	0	0	0	0	0	0	42	56	98

HEIGHTS HEALTHCARE & REHAB
1629 GARDNER LANE
PEORIA HEIGHTS, IL. 61616

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	88	0	0	2	0	98
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	88	0	0	2	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	300	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	11	0	0	0	11
Hawaiian/Pacific Isl.	0	0	0	0	0
White	87	0	0	0	87
Race Unknown	0	0	0	0	0
Total	98	0	0	0	98

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	98	0	0	0	98
Ethnicity Unknown	0	0	0	0	0
Total	98	0	0	0	98

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	14.00
Certified Aides	34.00
Other Health Staff	0.00
Non-Health Staff	31.00
Totals	88.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
1.8%	94.9%	0.0%	0.3%	2.9%	100.0%		0.0%
97,090	5,091,099	0	17,162	157,452	5,362,803	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HELIA HEALTHCARE OF BELLEVILLE
40 NORTH 64TH STREET
BELLEVILLE, IL. 62223

Reference Numbers Facility ID 6006704
Health Service Area 011 Planning Service Area 163

Administrator
Sara Farmer

Contact Person and Telephone
Sara Farmer
618-397-8400

Date Completed
4/22/2013

Registered Agent Information
Business Filings Incorporated
600 S Second St
Springfield, IL 62704

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	24
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	1
Circulatory System	14
Respiratory System	35
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	86

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	122	120	92	120	86	36	120	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	122	120	92	120	86	36	120	120

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	87
Total Admissions 2011	100
Total Discharges 2011	101
Residents on 12/31/2011	86
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3124	7.1%	25723	58.7%	0	791	1017	0	30655	68.8%	70.0%
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	3124	7.1%	25723	58.7%	0	791	1017	0	30655	68.8%	70.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	3	0	0	0	0	0	0	3	3	6
45 to 59	13	8	0	0	0	0	0	0	13	8	21
60 to 64	2	6	0	0	0	0	0	0	2	6	8
65 to 74	10	10	0	0	0	0	0	0	10	10	20
75 to 84	8	9	0	0	0	0	0	0	8	9	17
85+	1	13	0	0	0	0	0	0	1	13	14
TOTALS	37	49	0	0	0	0	0	0	37	49	86

HELIA HEALTHCARE OF BELLEVILLE
40 NORTH 64TH STREET
BELLEVILLE, IL. 62223

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	73	0	4	4	0	86
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	73	0	4	4	0	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	37	0	0	0	37
Hawaiian/Pacific Isl.	0	0	0	0	0
White	49	0	0	0	49
Race Unknown	0	0	0	0	0
Total	86	0	0	0	86

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	82	0	0	0	82
Ethnicity Unknown	0	0	0	0	0
Total	86	0	0	0	86

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	13.00
Certified Aides	33.00
Other Health Staff	10.00
Non-Health Staff	34.00
Totals	97.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
24.4%	59.3%	5.6%	5.2%	5.5%	100.0%		0.0%
1,915,779	4,658,006	443,047	410,821	428,734	7,856,387	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HELIA HEALTHCARE OF BENTON
1310 MARK FRANKLIN DRIVE
BENTON, IL. 62812

Reference Numbers Facility ID 6016091
Health Service Area 005 Planning Service Area 055

Administrator
Steven Johnson

Contact Person and Telephone
Steve Miller
312-994-2306

Date Completed
4/25/2013

Registered Agent Information
Business Filings Incorporated
600 S. Second Street
Springfield, IL 62704

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	11
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	12
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	79

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	83	83	82	83	79	4	64	65
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	83	83	82	83	79	4	64	65

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	72
Total Admissions 2011	94
Total Discharges 2011	87
Residents on 12/31/2011	79
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6533	28.0%	13904	58.6%	0	266	6646	0	27349	90.3%	90.3%
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	6533	28.0%	13904	58.6%	0	266	6646	0	27349	90.3%	90.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	4	7	0	0	0	0	0	0	4	7	11
75 to 84	4	21	0	0	0	0	0	0	4	21	25
85+	5	37	0	0	0	0	0	0	5	37	42
TOTALS	14	65	0	0	0	0	0	0	14	65	79

HELIA HEALTHCARE OF BENTON
1310 MARK FRANKLIN DRIVE
BENTON, IL. 62812

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 055

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	38	0	1	17	0	79
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	23	38	0	1	17	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	139	117
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	79	0	0	0	79
Race Unknown	0	0	0	0	0
Total	79	0	0	0	79

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	79	0	0	0	79
Ethnicity Unknown	0	0	0	0	0
Total	79	0	0	0	79

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	8.00
Certified Aides	40.00
Other Health Staff	2.00
Non-Health Staff	23.00
Totals	79.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
55.5%	27.4%	0.0%	2.1%	15.0%	100.0%		0.0%
2,809,485	1,387,719	0	106,810	762,203	5,066,217	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HELIA HEALTHCARE OF CARBONDALE
500 SOUTH LEWIS LANE
CARBONDALE, IL. 62901

Reference Numbers Facility ID 6016166
Health Service Area 005 Planning Service Area 077

Administrator
Ashley Barrett

Contact Person and Telephone
Steve Miller

Date Completed
4/23/2013

Registered Agent Information
Business Filing Incorporated
600 S. Second St.
Springfield, IL 62704

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	2
*Nervous System Non Alzheimer	12
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	53

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	118	72	72	53	53	65	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	118	72	72	53	53	65	0	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	49
Total Admissions 2011	131
Total Discharges 2011	127
Residents on 12/31/2011	53
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4430	0.0%	13083	0.0%	135	523	3895	0	22066	51.2%	84.0%
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	4430	0.0%	13083	0.0%	135	523	3895	0	22066	51.2%	84.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	5	4	0	0	0	0	0	0	5	4	9
60 to 64	3	4	0	0	0	0	0	0	3	4	7
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	3	10	0	0	0	0	0	0	3	10	13
85+	1	12	0	0	0	0	0	0	1	12	13
TOTALS	17	36	0	0	0	0	0	0	17	36	53

HELIA HEALTHCARE OF CARBONDALE
500 SOUTH LEWIS LANE
CARBONDALE, IL. 62901

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 077

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	40	0	0	7	0	53
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	40	0	0	7	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	153	187
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	44	0	0	0	44
Race Unknown	0	0	0	0	0
Total	53	0	0	0	53

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	51	0	0	0	51
Ethnicity Unknown	0	0	0	0	0
Total	53	0	0	0	53

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	7.00
Certified Aides	17.00
Other Health Staff	0.00
Non-Health Staff	12.00
Totals	42.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
47.4%	33.8%	0.4%	3.9%	14.4%	100.0%		0.0%
1,939,369	1,384,582	17,130	159,393	590,538	4,091,012	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HELIA HEALTHCARE OF CHAMPAIGN
1915 SOUTH MATTIS AVE.
CHAMPAIGN, IL. 61821

Reference Numbers Facility ID 6003800
Health Service Area 004 Planning Service Area 019

Administrator
Aracli Henson

Contact Person and Telephone
Brenda Dively
217-352-0516

Date Completed
4/23/2013

Registered Agent Information
Business Filings Inc.
600 S. Second
Springfield, IL 62704

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	2
*Nervous System Non Alzheimer	5
Alzheimer Disease	9
Mental Illness	20
Developmental Disability	2
Circulatory System	18
Respiratory System	9
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	79
Total Residents Diagnosed as Mentally Ill	29

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	118	107	98	107	79	39	118	118
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	118	107	98	107	79	39	118	118

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	83
Total Admissions 2011	78
Total Discharges 2011	82
Residents on 12/31/2011	79
Identified Offenders	3

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2367	5.5%	28973	67.3%	446	55	1134	0	32975	76.6%	84.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2367	5.5%	28973	67.3%	446	55	1134	0	32975	76.6%	84.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	5	5	0	0	0	0	0	0	5	5	10
60 to 64	7	3	0	0	0	0	0	0	7	3	10
65 to 74	7	7	0	0	0	0	0	0	7	7	14
75 to 84	6	15	0	0	0	0	0	0	6	15	21
85+	5	18	0	0	0	0	0	0	5	18	23
TOTALS	30	49	0	0	0	0	0	0	30	49	79

HELIA HEALTHCARE OF CHAMPAIGN
1915 SOUTH MATTIS AVE.
CHAMPAIGN, IL. 61821

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 019

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	70	1	0	2	0	79
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	70	1	0	2	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	22	0	0	0	22
Hawaiian/Pacific Isl.	0	0	0	0	0
White	56	0	0	0	56
Race Unknown	0	0	0	0	0
Total	79	0	0	0	79

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	79	0	0	0	79
Ethnicity Unknown	0	0	0	0	0
Total	79	0	0	0	79

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	9.00
Certified Aides	24.00
Other Health Staff	0.00
Non-Health Staff	12.00
Totals	50.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
25.4%	69.5%	1.1%	0.5%	3.5%	100.0%		0.0%
1,306,610	3,577,356	55,146	27,622	182,365	5,149,099	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HELIA HEALTHCARE OF ENERGY
210 EAST COLLEGE P.O. BOX 519
ENERGY, IL. 62933

Reference Numbers Facility ID 6005870
Health Service Area 005 Planning Service Area 199

Administrator
James Burrell

Contact Person and Telephone
Steve Miller

Registered Agent Information
Business Filings
600 S Second Street
Springfield, IL 62704

Date Completed
4/23/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	16
Mental Illness	8
Developmental Disability	5
Circulatory System	7
Respiratory System	4
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	61
Total Residents Diagnosed as Mentally Ill	26

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	91	91	78	91	61	30	84	91
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	91	91	78	91	61	30	84	91

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	67
Total Admissions 2011	166
Total Discharges 2011	172
Residents on 12/31/2011	61
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7372	24.0%	16022	48.2%	363	374	1514	0	25645	77.2%	77.2%
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	7372	24.0%	16022	48.2%	363	374	1514	0	25645	77.2%	77.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	4	4	0	0	0	0	0	0	4	4	8
60 to 64	4	6	0	0	0	0	0	0	4	6	10
65 to 74	2	7	0	0	0	0	0	0	2	7	9
75 to 84	7	6	0	0	0	0	0	0	7	6	13
85+	4	16	0	0	0	0	0	0	4	16	20
TOTALS	21	40	0	0	0	0	0	0	21	40	61

HELIA HEALTHCARE OF ENERGY
210 EAST COLLEGE P.O. BOX 519
ENERGY, IL. 62933

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 199

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	38	0	3	2	0	61
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	38	0	3	2	0	61

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	133	125
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	55	0	0	0	55
Race Unknown	0	0	0	0	0
Total	61	0	0	0	61

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	61	0	0	0	61
Ethnicity Unknown	0	0	0	0	0
Total	61	0	0	0	61

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	7.00
Certified Aides	18.00
Other Health Staff	0.00
Non-Health Staff	26.00
Totals	58.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
58.5%	25.2%	10.7%	2.6%	3.0%	100.0%		0.0%
3,299,788	1,418,404	602,004	147,407	171,059	5,638,662	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HELIA HEALTHCARE OF ENERGY - DD
210 EAST COLLEGE P.O. BOX 519
ENERGY, IL. 62933

Reference Numbers Facility ID 6016067
Health Service Area 005 Planning Service Area 199

Administrator
James Burrell

Contact Person and Telephone
Steve Miller

Date Completed
4/23/2013

Registered Agent Information
Business Filings
600 S Second
Springfield, IL 62704

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	9
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	9
Total Residents Diagnosed as Mentally Ill	9

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	48	16	12	16	9	39		48
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	48	16	12	16	9	39	0	48

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	12
Total Admissions 2011	1
Total Discharges 2011	4
Residents on 12/31/2011	9
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			3731	21.3%	0	0	0	0	3731	21.3%	63.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	3731	21.3%	0	0	0	0	3731	21.3%	63.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	1	3	0	0	1	3	4
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	1	3	0	0	1	3	4
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	2	7	0	0	2	7	9

HELIA HEALTHCARE OF ENERGY - DD
210 EAST COLLEGE P.O. BOX 519
ENERGY, IL. 62933

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 199

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		9	0	0	0	0	9
Sheltered Care			0	0	0	0	0
TOTALS	0	9	0	0	0	0	9

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	9	0	9
Race Unknown	0	0	0	0	0
Total	0	0	9	0	9

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	9	0	9
Ethnicity Unknown	0	0	0	0	0
Total	0	0	9	0	9

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	2.00
Certified Aides	6.00
Other Health Staff	1.00
Non-Health Staff	1.00
Totals	12.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HELIA HEALTHCARE OF GREENVILLE
400 E. HILLVIEW AVENUE
GREENVILLE, IL. 62246

Reference Numbers Facility ID 6004493
Health Service Area 005 Planning Service Area 005

Administrator
Heather Stich

Contact Person and Telephone
Heather Stich
618-664-1622

Date Completed
4/24/2013

Registered Agent Information
Business Filings, INC
600 S Second Street
Springfield, IL 62704

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	18
Mental Illness	13
Developmental Disability	0
Circulatory System	9
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	60
Total Residents Diagnosed as Mentally Ill	17

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	90	78	62	78	60	30	34	90
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	90	78	62	78	60	30	34	90

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	55
Total Admissions 2011	72
Total Discharges 2011	67
Residents on 12/31/2011	60
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2128	17.1%	12278	37.4%	0	100	5890	0	20396	62.1%	71.6%
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	2128	17.1%	12278	37.4%	0	100	5890	0	20396	62.1%	71.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	2	4	0	0	0	0	0	0	2	4	6
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	10	11	0	0	0	0	0	0	10	11	21
85+	5	12	0	0	0	0	0	0	5	12	17
TOTALS	25	35	0	0	0	0	0	0	25	35	60

HELIA HEALTHCARE OF GREENVILLE
400 E. HILLVIEW AVENUE
GREENVILLE, IL. 62246

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 005

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	39	0	0	16	0	60
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	39	0	0	16	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	156	126
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	0	0	0	0	0
Total	60	0	0	0	60

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	60	0	0	0	60
Ethnicity Unknown	0	0	0	0	0
Total	60	0	0	0	60

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	2.00
Certified Aides	13.00
Other Health Staff	11.00
Non-Health Staff	0.00
Totals	32.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
29.1%	44.3%	0.6%	0.5%	25.5%	100.0%		0.0%
853,930	1,298,497	16,885	15,000	746,663	2,930,975	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HELIA SOUTHBELT HEALTHCARE
101 SOUTH BELT WEST
BELLEVILLE, IL. 62220

Reference Numbers Facility ID 6003255
Health Service Area 011 Planning Service Area 163

Administrator
Amy Gibbs

Contact Person and Telephone
Amy Gibbs
6182777700

Date Completed
4/23/2013

Registered Agent Information
Business Filings Incorporated
600 South Second Street
Springfield, IL 62704

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	19
Mental Illness	0
Developmental Disability	0
Circulatory System	41
Respiratory System	6
Digestive System	7
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	2
Other Medical Conditions	26
Non-Medical Conditions	0
TOTALS	126

Total Residents Diagnosed as Mentally Ill 31

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	156	156	140	156	126	30	156	156
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	156	156	140	156	126	30	156	156

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	122
Total Admissions 2011	248
Total Discharges 2011	244
Residents on 12/31/2011	126
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6706	11.8%	26349	46.3%	3008	2168	8646	0	46877	82.3%	82.3%
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	6706	11.8%	26349	46.3%	3008	2168	8646	0	46877	82.3%	82.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	5	12	0	0	0	0	0	0	5	12	17
75 to 84	11	31	0	0	0	0	0	0	11	31	42
85+	11	52	0	0	0	0	0	0	11	52	63
TOTALS	28	98	0	0	0	0	0	0	28	98	126

HELIA SOUTHBELT HEALTHCARE
101 SOUTH BELT WEST
BELLEVILLE, IL. 62220

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	66	8	7	25	0	126
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	66	8	7	25	0	126

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	27	0	0	0	27
Hawaiian/Pacific Isl.	0	0	0	0	0
White	99	0	0	0	99
Race Unknown	0	0	0	0	0
Total	126	0	0	0	126

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	126	0	0	0	126
Ethnicity Unknown	0	0	0	0	0
Total	126	0	0	0	126

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	16.00
Certified Aides	45.00
Other Health Staff	0.00
Non-Health Staff	28.00
Totals	99.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
37.8%	32.3%	3.8%	9.2%	16.9%	100.0%		0.0%
3,146,153	2,685,619	316,576	767,651	1,407,519	8,323,518	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HENDERSON COUNTY RETIREMENT CENTER
604 OAKWOOD DRIVE
STRONGHURST, IL. 61480

Reference Numbers Facility ID 6012066
Health Service Area 002 Planning Service Area 071

Administrator
Angelia D. Cozadd

Contact Person and Telephone
Dianne Kircher
309-924-1123

Registered Agent Information

Date Completed
4/16/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	38

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	60	60	42	60	38	22	59	59
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	60	60	42	60	38	22	59	59

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	41
Total Admissions 2011	64
Total Discharges 2011	67
Residents on 12/31/2011	38
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1871	8.7%	5934	27.6%	0	0	5894	0	13699	62.6%	62.6%
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	1871	8.7%	5934	27.6%	0	0	5894	0	13699	62.6%	62.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	1	4	0	0	0	0	0	0	1	4	5
75 to 84	1	6	0	0	0	0	0	0	1	6	7
85+	4	19	0	0	0	0	0	0	4	19	23
TOTALS	6	32	0	0	0	0	0	0	6	32	38

HENDERSON COUNTY RETIREMENT CENTER
604 OAKWOOD DRIVE
STRONGHURST, IL. 61480

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 071

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	17	0	0	13	0	38
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	17	0	0	13	0	38

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	134
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	38	0	0	0	38
Race Unknown	0	0	0	0	0
Total	38	0	0	0	38

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	38	0	0	0	38
Ethnicity Unknown	0	0	0	0	0
Total	38	0	0	0	38

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	5.00
Certified Aides	14.00
Other Health Staff	4.00
Non-Health Staff	13.00
Totals	40.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
31.7%	29.2%	0.0%	0.0%	39.1%	100.0%		0.0%
795,948	732,436	0	0	981,152	2,509,536	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Bed Change	4/23/2012	Added 1 bed to existing facility; facility now has 60 Nursing Care beds.

HERBSTRITT HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6010292
Health Service Area 006 Planning Service Area 601

Administrator
Joe Ferrara

Contact Person and Telephone
MARY PAT O'BRIEN
773-273-4169

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.
Chicago, IL 60660

Date Completed
4/1/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	12
Total Residents Diagnosed as Mentally Ill	6

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	12	0		12
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	12	0	0	12

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	12
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	12
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4301	98.2%	0	0	0	0	4301	98.2%	98.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4301	98.2%	0	0	0	0	4301	98.2%	98.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	7	0	0	0	7	0	7
45 to 59	0	0	0	0	4	0	0	0	4	0	4
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	12	0	0	0	12	0	12

HERBSTRITT HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	218	218
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.06
Director of Nursing	0.00
Registered Nurses	0.11
LPN's	0.00
Certified Aides	7.43
Other Health Staff	2.18
Non-Health Staff	0.27
Totals	10.30

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	89.7%	10.0%	0.0%	0.3%	100.0%		0.0%
0	693,336	77,002	0	2,274	772,612	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE FIFTY-THREE
4601 53RD STREET
MOLINE, IL. 61265

Reference Numbers Facility ID 6004196
Health Service Area 010 Planning Service Area 161

Administrator
Susan Smith

Contact Person and Telephone
SUSAN SMITH
309-764-4974

Date Completed
4/8/2013

Registered Agent Information
Kyle R. Rick
4016 9th Street
Rock Island, IL 61201

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	48
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	48
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	48	48	48	48	48	0		48
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	48	48	48	48	48	0	0	48

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	47
Total Admissions 2011	5
Total Discharges 2011	4
Residents on 12/31/2011	48
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			17084	97.5%	0	0	0	0	17084	97.5%	97.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	17084	97.5%	0	0	0	0	17084	97.5%	97.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	9	9	0	0	9	9	18
45 to 59	0	0	0	0	12	8	0	0	12	8	20
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	3	3	0	0	3	3	6
75 to 84	0	0	0	0	1	1	0	0	1	1	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	26	22	0	0	26	22	48

HERITAGE FIFTY-THREE
4601 53RD STREET
MOLINE, IL. 61265

Reference Numbers Facility ID **Health Service Area** 010 **Planning Service Area** 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		48	0	0	0	0	48
Sheltered Care			0	0	0	0	0
TOTALS	0	48	0	0	0	0	48

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	169
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	1	0	1
Black	0	0	5	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	42	0	42
Race Unknown	0	0	0	0	0
Total	0	0	48	0	48

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	47	0	47
Ethnicity Unknown	0	0	0	0	0
Total	0	0	48	0	48

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	8.00
Certified Aides	0.00
Other Health Staff	50.00
Non-Health Staff	11.00
Totals	71.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	94.5%	3.3%	0.0%	2.2%	100.0%		0.0%
0	2,860,739	100,194	0	65,591	3,026,524	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE HEALTH - BLOOMINGTON
700 EAST WALNUT
BLOOMINGTON, IL. 61701

Reference Numbers Facility ID 6004261
Health Service Area 004 Planning Service Area 113

Administrator
Susan Holifield

Contact Person and Telephone
Rabecca Howard
309-828-4361

Date Completed
4/16/2013

Registered Agent Information
Steve Wannemacher
115 W. Jefferson St.

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	1
Circulatory System	19
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	3
Injuries and Poisonings	3
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	70

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	111	111	89	111	70	41	111	59
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	111	111	89	111	70	41	111	59

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	86
Total Admissions 2011	188
Total Discharges 2011	204
Residents on 12/31/2011	70
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6057	15.0%	14159	65.7%	0	0	8230	0	28446	70.2%	70.2%
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	6057	15.0%	14159	65.7%	0	0	8230	0	28446	70.2%	70.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	6	5	0	0	0	0	0	0	6	5	11
75 to 84	6	9	0	0	0	0	0	0	6	9	15
85+	12	28	0	0	0	0	0	0	12	28	40
TOTALS	26	44	0	0	0	0	0	0	26	44	70

HERITAGE HEALTH - BLOOMINGTON
700 EAST WALNUT
BLOOMINGTON, IL. 61701

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 113

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	28	0	0	21	0	70
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	28	0	0	21	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	63	0	0	0	63
Race Unknown	0	0	0	0	0
Total	70	0	0	0	70

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	70	0	0	0	70
Ethnicity Unknown	0	0	0	0	0
Total	70	0	0	0	70

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	6.00
Certified Aides	20.00
Other Health Staff	27.00
Non-Health Staff	0.00
Totals	64.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
43.1%	23.7%	0.0%	0.0%	33.2%	100.0%		0.0%
2,914,593	1,600,359	0	0	2,243,153	6,758,105	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE HEALTH - CARLINVILLE
1200 UNIVERSITY AVENUE
CARLINVILLE, IL. 62626

Reference Numbers Facility ID 6000723
Health Service Area 003 Planning Service Area 117

Administrator
Donna Weeks

Contact Person and Telephone
Rabecca Howard

Registered Agent Information

Date Completed
4/12/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	3
*Nervous System Non Alzheimer	0
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	2
Digestive System	4
Genitourinary System Disorders	1
Skin Disorders	8
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	26
TOTALS	63

Total Residents Diagnosed as Mentally Ill 4

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	108	87	78	87	63	45	108	108
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	108	87	78	87	63	45	108	108

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	68
Total Admissions 2011	24
Total Discharges 2011	29
Residents on 12/31/2011	63
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2950	7.5%	14250	36.1%	0	0	9387	0	26587	67.4%	83.7%
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	2950	7.5%	14250	36.1%	0	0	9387	0	26587	67.4%	83.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	7	0	0	0	0	0	0	2	7	9
75 to 84	8	7	0	0	0	0	0	0	8	7	15
85+	2	35	0	0	0	0	0	0	2	35	37
TOTALS	13	50	0	0	0	0	0	0	13	50	63

HERITAGE HEALTH - CARLINVILLE
1200 UNIVERSITY AVENUE
CARLINVILLE, IL. 62626

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 117

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	36	0	0	21	0	63
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	36	0	0	21	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	159	129
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	63	0	0	0	63
Race Unknown	0	0	0	0	0
Total	63	0	0	0	63

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	63	0	0	0	63
Ethnicity Unknown	0	0	0	0	0
Total	63	0	0	0	63

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	7.00
Certified Aides	35.00
Other Health Staff	1.00
Non-Health Staff	26.00
Totals	74.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
32.9%	33.1%	0.0%	0.0%	34.0%	100.0%		0.0%
1,536,784	1,544,735	0	0	1,587,283	4,668,802	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE HEALTH - DWIGHT
300 EAST MAZON AVENUE
DWIGHT, IL. 60420

Reference Numbers Facility ID 6002083
Health Service Area 004 Planning Service Area 105

Administrator
William R. Provence

Contact Person and Telephone
Randy Provence
815-584-1240

Registered Agent Information
Steve Wannemacher
115 W. Jefferson St., Suite 404
Bloomington, IL 61701

Date Completed
4/9/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	1
Mental Illness	2
Developmental Disability	0
Circulatory System	31
Respiratory System	2
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	8
Injuries and Poisonings	2
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	81
Total Residents Diagnosed as Mentally Ill	66

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	92	92	88	92	81	11	19	92
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	92	92	88	92	81	11	19	92

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	84
Total Admissions 2011	114
Total Discharges 2011	117
Residents on 12/31/2011	81
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3424	49.4%	15881	47.3%	0	0	9816	0	29121	86.7%	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	3424	49.4%	15881	47.3%	0	0	9816	0	29121	86.7%	86.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	1	4	0	0	0	0	0	0	1	4	5
75 to 84	6	14	0	0	0	0	0	0	6	14	20
85+	10	44	0	0	0	0	0	0	10	44	54
TOTALS	18	63	0	0	0	0	0	0	18	63	81

HERITAGE HEALTH - DWIGHT
300 EAST MAZON AVENUE
DWIGHT, IL. 60420

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 105

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	40	0	0	27	0	81
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	40	0	0	27	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	196	169
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	80	0	0	0	80
Race Unknown	0	0	0	0	0
Total	81	0	0	0	81

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	81	0	0	0	81
Ethnicity Unknown	0	0	0	0	0
Total	81	0	0	0	81

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	2.00
Certified Aides	33.00
Other Health Staff	0.00
Non-Health Staff	35.00
Totals	83.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
28.2%	34.8%	0.0%	0.0%	37.0%	100.0%		0.0%
1,587,977	1,962,905	0	0	2,088,337	5,639,219	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE HEALTH - ELGIN
355 RAYMOND STREET
ELGIN, IL. 60120

Reference Numbers Facility ID 6006902
Health Service Area 008 Planning Service Area 089

Administrator
Linda S. Hartmann

Contact Person and Telephone
Rabecca Howard
309-828-4361

Registered Agent Information

Date Completed
4/12/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	2
*Nervous System Non Alzheimer	3
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	49
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	5
TOTALS	78

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	94	94	90	94	78	16	94	94
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	94	94	90	94	78	16	94	94

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	78
Total Admissions 2011	69
Total Discharges 2011	69
Residents on 12/31/2011	78
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3506	10.2%	23093	67.3%	0	0	3043	0	29642	86.4%	86.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3506	10.2%	23093	67.3%	0	0	3043	0	29642	86.4%	86.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	0	0	0	0	0	0	0	2	0	2
75 to 84	8	18	0	0	0	0	0	0	8	18	26
85+	10	40	0	0	0	0	0	0	10	40	50
TOTALS	20	58	0	0	0	0	0	0	20	58	78

HERITAGE HEALTH - ELGIN
355 RAYMOND STREET
ELGIN, IL. 60120

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	56	0	0	15	0	78
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	56	0	0	15	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	74	0	0	0	74
Race Unknown	0	0	0	0	0
Total	78	0	0	0	78

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	73	0	0	0	73
Ethnicity Unknown	0	0	0	0	0
Total	78	0	0	0	78

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	3.00
Certified Aides	33.00
Other Health Staff	17.00
Non-Health Staff	11.00
Totals	80.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
36.6%	50.7%	0.0%	0.0%	12.7%	100.0%		0.0%
2,315,223	3,203,832	0	0	801,305	6,320,360	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE HEALTH - GIBSON CITY
620 EAST FIRST STREET
GIBSON CITY, IL. 60936

Reference Numbers Facility ID 6003560
Health Service Area 004 Planning Service Area 053

Administrator
Jason Grill

Contact Person and Telephone
Rabecca Howard
309-823-7139

Date Completed
4/8/2013

Registered Agent Information
Steve Wannemacher
23 Monarch Drive
Bloomington, IL 61704

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	4
*Nervous System Non Alzheimer	2
Alzheimer Disease	8
Mental Illness	2
Developmental Disability	0
Circulatory System	18
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	60

Total Residents Diagnosed as Mentally Ill 12

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	75	65	62	65	60	15	75	75
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	75	65	62	65	60	15	75	75

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	55
Total Admissions 2011	80
Total Discharges 2011	75
Residents on 12/31/2011	60
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1411	5.2%	14588	53.3%	0	0	4851	0	20850	76.2%	87.9%
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	1411	5.2%	14588	53.3%	0	0	4851	0	20850	76.2%	87.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	6	0	0	0	0	0	0	0	6	6
75 to 84	4	14	0	0	0	0	0	0	4	14	18
85+	9	27	0	0	0	0	0	0	9	27	36
TOTALS	13	47	0	0	0	0	0	0	13	47	60

HERITAGE HEALTH - GIBSON CITY
620 EAST FIRST STREET
GIBSON CITY, IL. 60936

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 053

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	36	0	0	18	0	60
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	36	0	0	18	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	155
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	0	0	0	0	0
Total	60	0	0	0	60

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	60	0	0	0	60
Ethnicity Unknown	0	0	0	0	0
Total	60	0	0	0	60

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	5.00
Certified Aides	24.00
Other Health Staff	0.00
Non-Health Staff	20.00
Totals	56.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
25.5%	45.6%	0.0%	0.0%	28.9%	100.0%		0.0%
828,763	1,482,204	0	0	939,976	3,250,943	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE HEALTH - GILLESPIE
7588 STAUNTON ROAD
GILLESPIE, IL. 62033

Reference Numbers Facility ID 6000681
Health Service Area 003 Planning Service Area 117

Administrator
Jean Strausbaugh

Contact Person and Telephone
Rabecca Howard

Registered Agent Information
Steve Wannemacher
115 West Jefferson
Bloomington, IL 61701

Date Completed
4/12/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System Non Alzheimer	10
Alzheimer Disease	14
Mental Illness	0
Developmental Disability	0
Circulatory System	22
Respiratory System	10
Digestive System	6
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	5
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	84

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	118	108	97	108	84	34	118	118
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	118	108	97	108	84	34	118	118

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	94
Total Admissions 2011	68
Total Discharges 2011	78
Residents on 12/31/2011	84
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3644	8.5%	18262	42.4%	0	0	11839	0	33745	78.3%	85.6%
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	3644	8.5%	18262	42.4%	0	0	11839	0	33745	78.3%	85.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	5	14	0	0	0	0	0	0	5	14	19
85+	7	54	0	0	0	0	0	0	7	54	61
TOTALS	14	70	0	0	0	0	0	0	14	70	84

HERITAGE HEALTH - GILLESPIE
7588 STAUNTON ROAD
GILLESPIE, IL. 62033

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 117

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	54	0	0	28	0	84
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	54	0	0	28	0	84

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	84	0	0	0	84
Race Unknown	0	0	0	0	0
Total	84	0	0	0	84

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	84	0	0	0	84
Ethnicity Unknown	0	0	0	0	0
Total	84	0	0	0	84

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	11.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	13.00
Certified Aides	45.00
Other Health Staff	2.00
Non-Health Staff	31.00
Totals	111.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
28.8%	35.9%	0.0%	0.0%	35.4%	100.0%		0.0%
1,808,318	2,255,824	0	0	2,225,568	6,289,710	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE HEALTH - HOOPESTON
423 N Dixie Highway
HOOPESTON, IL. 60942

Reference Numbers Facility ID 6004592
Health Service Area 004 Planning Service Area 183

Administrator
Beth Totheroh

Contact Person and Telephone
Rabecca Howard
309-828-4361

Date Completed
4/9/2013

Registered Agent Information
Craig Ater
115 W Jefferson Street, Suite 401
Bloomington, IL 61701

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	27
Mental Illness	0
Developmental Disability	0
Circulatory System	22
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	3
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	73
Total Residents Diagnosed as Mentally Ill	4

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	75	75	75	75	73	2	75	75
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	75	75	75	75	73	2	75	75

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	66
Total Admissions 2011	88
Total Discharges 2011	81
Residents on 12/31/2011	73
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1823	6.7%	16463	60.1%	0	265	7447	0	25998	95.0%	95.0%
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	1823	6.7%	16463	60.1%	0	265	7447	0	25998	95.0%	95.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	3	0	0	0	0	0	0	1	3	4
75 to 84	4	13	0	0	0	0	0	0	4	13	17
85+	11	41	0	0	0	0	0	0	11	41	52
TOTALS	16	57	0	0	0	0	0	0	16	57	73

HERITAGE HEALTH - HOOPESTON
423 N Dixie Highway
HOOPESTON, IL. 60942

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 183

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	48	0	1	19	0	73
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	48	0	1	19	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	182	172
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	73	0	0	0	73
Race Unknown	0	0	0	0	0
Total	73	0	0	0	73

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	73	0	0	0	73
Ethnicity Unknown	0	0	0	0	0
Total	73	0	0	0	73

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.50
LPN's	5.20
Certified Aides	24.10
Other Health Staff	4.50
Non-Health Staff	20.10
Totals	61.40

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
15.6%	53.1%	0.0%	2.4%	28.9%	100.0%		0.0%
580,929	1,974,061	0	88,227	1,073,519	3,716,736	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	11/1/2012	Formerly 'Hoopeston Community Memorial Nursing Home'.
CHOW	11/1/2012	Change of Ownership occurred.

HERITAGE HEALTH - JACKSONVILLE
873 GROVE STREET
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6000756
Health Service Area 003 Planning Service Area 137

Administrator
Michael Schneider

Contact Person and Telephone
Rabecca Howard

Registered Agent Information
Steve Wanamacker
115 W Jefferson St, Suite401
Bloomington, IL 61720

Date Completed
4/9/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	41
Mental Illness	0
Developmental Disability	0
Circulatory System	45
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	37
Injuries and Poisonings	0
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	157

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	185	183	182	183	149	36	185	185
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	24	24	20	24	8	16		
TOTAL BEDS	209	207	202	207	157	52	185	185

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	176
Total Admissions 2011	135
Total Discharges 2011	154
Residents on 12/31/2011	157
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6515	9.6%	26506	39.3%	0	0	24902	0	57923	85.8%	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	3186	0	3186	36.4%	36.4%
TOTALS	6515	9.6%	26506	39.3%	0	0	28088	0	61109	80.1%	80.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	5	5	0	0	0	0	0	1	5	6	11
75 to 84	6	37	0	0	0	0	0	2	6	39	45
85+	16	80	0	0	0	0	1	4	17	84	101
TOTALS	27	122	0	0	0	0	1	7	28	129	157

HERITAGE HEALTH - JACKSONVILLE
873 GROVE STREET
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 137

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	67	0	0	66	0	149
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	8	0	8
TOTALS	16	67	0	0	74	0	157

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	169	159
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	110	90

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	147	0	0	8	155
Race Unknown	0	0	0	0	0
Total	149	0	0	8	157

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	149	0	0	8	157
Ethnicity Unknown	0	0	0	0	0
Total	149	0	0	8	157

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	24.00
Certified Aides	68.00
Other Health Staff	5.00
Non-Health Staff	57.00
Totals	164.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
29.5%	25.1%	0.0%	0.0%	45.4%	100.0%		0.0%
3,303,698	2,804,302	0	0	5,079,701	11,187,701	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE HEALTH - LITCHFIELD
628 SOUTH ILLINOIS AVENUE
LITCHFIELD, IL. 62056

Reference Numbers Facility ID 6000699
Health Service Area 003 Planning Service Area 135

Administrator
Margery A. Oblinger

Contact Person and Telephone
Rabecca Howard

Date Completed
4/15/2013

Registered Agent Information
Steve Wannemacher
115 West Jefferson Street Suite 401
Bloomington, IL 61702

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	2
*Nervous System Non Alzheimer	2
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	27
Respiratory System	7
Digestive System	4
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	12
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	79

Total Residents Diagnosed as Mentally Ill 1

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	102	90	89	90	79	23	102	102
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	102	90	89	90	79	23	102	102

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	80
Total Admissions 2011	114
Total Discharges 2011	115
Residents on 12/31/2011	79
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4189	11.3%	16962	45.6%	0	0	8164	0	29315	78.7%	89.2%
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	4189	11.3%	16962	45.6%	0	0	8164	0	29315	78.7%	89.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	4	11	0	0	0	0	0	0	4	11	15
85+	4	53	0	0	0	0	0	0	4	53	57
TOTALS	10	69	0	0	0	0	0	0	10	69	79

HERITAGE HEALTH - LITCHFIELD
628 SOUTH ILLINOIS AVENUE
LITCHFIELD, IL. 62056

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 135

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	42	0	0	25	0	79
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	42	0	0	25	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	186	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	79	0	0	0	79
Race Unknown	0	0	0	0	0
Total	79	0	0	0	79

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	79	0	0	0	79
Ethnicity Unknown	0	0	0	0	0
Total	79	0	0	0	79

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	15.00
Certified Aides	39.00
Other Health Staff	0.00
Non-Health Staff	28.00
Totals	86.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
39.1%	31.3%	0.0%	0.0%	29.6%	100.0%		0.0%
2,118,398	1,693,415	0	0	1,600,256	5,412,069	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE HEALTH - MOUNT ZION
1225 WOODLAND DRIVE
MOUNT ZION, IL. 62549

Reference Numbers Facility ID 6010128
Health Service Area 004 Planning Service Area 115

Administrator
Stephenie Taylor

Contact Person and Telephone
Rabecca Howard

Registered Agent Information

Date Completed
4/10/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	8
Mental Illness	16
Developmental Disability	0
Circulatory System	13
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	4
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	73
Total Residents Diagnosed as Mentally Ill	25

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	75	73	73	73	73	2	75	75
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	75	73	73	73	73	2	75	75

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	69
Total Admissions 2011	74
Total Discharges 2011	70
Residents on 12/31/2011	73
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4344	15.9%	17473	63.8%	0	0	3491	0	25308	92.4%	95.0%
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	4344	15.9%	17473	63.8%	0	0	3491	0	25308	92.4%	95.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	0	3	0	0	0	0	0	0	0	3	3
75 to 84	6	27	0	0	0	0	0	0	6	27	33
85+	7	29	0	0	0	0	0	0	7	29	36
TOTALS	13	60	0	0	0	0	0	0	13	60	73

HERITAGE HEALTH - MOUNT ZION
1225 WOODLAND DRIVE
MOUNT ZION, IL. 62549

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	53	0	1	9	0	73
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	53	0	1	9	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	72	0	0	0	72
Race Unknown	0	0	0	0	0
Total	73	0	0	0	73

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	73	0	0	0	73
Ethnicity Unknown	0	0	0	0	0
Total	73	0	0	0	73

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	6.00
Certified Aides	36.00
Other Health Staff	16.00
Non-Health Staff	0.00
Totals	67.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
40.8%	44.0%	0.0%	0.0%	15.2%	100.0%		0.0%
2,118,426	2,286,931	0	0	792,475	5,197,832	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE HEALTH - MT. STERLING
435 CAMDEN ROAD
MOUNT STERLING, IL. 62353

Reference Numbers Facility ID 6004287
Health Service Area 003 Planning Service Area 009

Administrator
Shirley Cathleen Koch

Contact Person and Telephone
Rabecca Howard
309-828-4361

Date Completed
4/8/2013

Registered Agent Information
Steve Wannemacher
435 Camden Road
Mt. Sterling, IL 62353

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System Non Alzheimer	8
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	1
Circulatory System	7
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	25
TOTALS	63

Total Residents Diagnosed as Mentally Ill 16

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	87	74	74	74	63	24	87	87
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	87	74	74	74	63	24	87	87

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	66
Total Admissions 2011	48
Total Discharges 2011	51
Residents on 12/31/2011	63
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1356	4.3%	16609	52.3%	0	0	8185	0	26150	82.3%	96.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1356	4.3%	16609	52.3%	0	0	8185	0	26150	82.3%	96.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	1	4	0	0	0	0	0	0	1	4	5
75 to 84	3	16	0	0	0	0	0	0	3	16	19
85+	4	33	0	0	0	0	0	0	4	33	37
TOTALS	9	54	0	0	0	0	0	0	9	54	63

HERITAGE HEALTH - MT. STERLING
435 CAMDEN ROAD
MOUNT STERLING, IL. 62353

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 009

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	38	0	1	21	0	63
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	38	0	1	21	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	168	138
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	1	0	0	0	1
White	62	0	0	0	62
Race Unknown	0	0	0	0	0
Total	63	0	0	0	63

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	63	0	0	0	63
Ethnicity Unknown	0	0	0	0	0
Total	63	0	0	0	63

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	8.00
Certified Aides	23.00
Other Health Staff	2.00
Non-Health Staff	17.00
Totals	55.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
20.7%	43.7%	0.0%	0.0%	35.6%	100.0%		0.0%
808,463	1,705,557	0	0	1,390,893	3,904,913	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE HEALTH - NORMAL
509 NORTH ADELAIDE
NORMAL, IL. 61761

Reference Numbers Facility ID 6008510
Health Service Area 004 Planning Service Area 113

Administrator
Cindy Wegner

Contact Person and Telephone
Sharon Bounds
309-452-7468

Date Completed
4/11/2013

Registered Agent Information
Steve Wannamacher
115 W. Jefferson St
Bloomington, IL 61701

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	24
Mental Illness	41
Developmental Disability	0
Circulatory System	24
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	120

Total Residents Diagnosed as Mentally Ill 41

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	164	164	147	164	120	44	141	164
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	164	164	147	164	120	44	141	164

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	132
Total Admissions 2011	128
Total Discharges 2011	140
Residents on 12/31/2011	120
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2417	4.7%	24503	40.9%	0	0	22244	0	49164	82.1%	82.1%
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	2417	4.7%	24503	40.9%	0	0	22244	0	49164	82.1%	82.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	1	5	0	0	0	0	0	0	1	5	6
75 to 84	8	18	0	0	0	0	0	0	8	18	26
85+	21	65	0	0	0	0	0	0	21	65	86
TOTALS	32	88	0	0	0	0	0	0	32	88	120

HERITAGE HEALTH - NORMAL
509 NORTH ADELAIDE
NORMAL, IL. 61761

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 113

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	58	0	0	54	0	120
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	58	0	0	54	0	120

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	227	182
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	119	0	0	0	119
Race Unknown	0	0	0	0	0
Total	120	0	0	0	120

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	120	0	0	0	120
Ethnicity Unknown	0	0	0	0	0
Total	120	0	0	0	120

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	10.00
Certified Aides	68.00
Other Health Staff	4.00
Non-Health Staff	52.00
Totals	151.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
16.9%	29.7%	0.0%	0.0%	53.4%	100.0%		0.0%
1,561,603	2,753,703	0	0	4,951,640	9,266,946	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE HEALTH - PANA
1000 EAST SIXTH STREET ROAD
PANA, IL. 62557

Reference Numbers Facility ID 6000707
Health Service Area 003 Planning Service Area 021

Administrator
Nancy L. Pryor

Contact Person and Telephone
Rabecca Howard

Date Completed
4/9/2013

Registered Agent Information
Steven Wannemacher
115 West Jefferson Street, Suite 401
Bloomington, IL 61701

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	4
*Nervous System Non Alzheimer	1
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	2
Circulatory System	26
Respiratory System	2
Digestive System	7
Genitourinary System Disorders	8
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	38
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	114

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	151	128	118	126	114	37	151	151
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	151	128	118	126	114	37	151	151

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	107
Total Admissions 2011	154
Total Discharges 2011	147
Residents on 12/31/2011	114
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7113	12.9%	25851	46.9%	0	0	8014	0	40978	74.3%	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	7113	12.9%	25851	46.9%	0	0	8014	0	40978	74.3%	87.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	5	8	0	0	0	0	0	0	5	8	13
75 to 84	11	27	0	0	0	0	0	0	11	27	38
85+	9	47	0	0	0	0	0	0	9	47	56
TOTALS	28	86	0	0	0	0	0	0	28	86	114

HERITAGE HEALTH - PANA
1000 EAST SIXTH STREET ROAD
PANA, IL. 62557

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 021

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	68	0	2	23	0	114
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	68	0	2	23	0	114

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	182	153
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	114	0	0	0	114
Race Unknown	0	0	0	0	0
Total	114	0	0	0	114

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	114	0	0	0	114
Ethnicity Unknown	0	0	0	0	0
Total	114	0	0	0	114

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	13.00
Certified Aides	49.00
Other Health Staff	4.00
Non-Health Staff	32.00
Totals	104.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
44.6%	34.7%	0.0%	0.0%	20.8%	100.0%		0.0%
3,676,106	2,858,304	0	0	1,713,459	8,247,869	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE HEALTH - SPRINGFIELD
900 NORTH RUTLEDGE
SPRINGFIELD, IL. 62702

Reference Numbers Facility ID 6004279
Health Service Area 003 Planning Service Area 167

Administrator
Kiel Peregrin

Contact Person and Telephone
Kiel Peregrin
217-789-0930

Date Completed
4/10/2013

Registered Agent Information
Steve Wannemacher
115 W. Jefferson Suite 401
Bloomington, IL 61702

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	10
Blood Disorders	1
*Nervous System Non Alzheimer	10
Alzheimer Disease	12
Mental Illness	0
Developmental Disability	1
Circulatory System	24
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	9
Injuries and Poisonings	2
Other Medical Conditions	79
Non-Medical Conditions	0
TOTALS	158

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	178	176	172	176	158	20	177	177
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	178	176	172	176	158	20	177	177

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	160
Total Admissions 2011	501
Total Discharges 2011	503
Residents on 12/31/2011	158
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12162	18.8%	37092	57.4%	0	0	9026	0	58280	89.7%	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	12162	18.8%	37092	57.4%	0	0	9026	0	58280	89.7%	90.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	6	8	0	0	0	0	0	0	6	8	14
75 to 84	10	34	0	0	0	0	0	0	10	34	44
85+	22	74	0	0	0	0	0	0	22	74	96
TOTALS	38	120	0	0	0	0	0	0	38	120	158

HERITAGE HEALTH - SPRINGFIELD
900 NORTH RUTLEDGE
SPRINGFIELD, IL. 62702

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	32	91	0	0	35	0	158
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	32	91	0	0	35	0	158

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	214	203
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawaiian/Pacific Isl.	0	0	0	0	0
White	143	0	0	0	143
Race Unknown	0	0	0	0	0
Total	158	0	0	0	158

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	158	0	0	0	158
Ethnicity Unknown	0	0	0	0	0
Total	158	0	0	0	158

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	26.00
Certified Aides	69.00
Other Health Staff	8.00
Non-Health Staff	36.00
Totals	152.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
43.2%	37.2%	0.0%	0.0%	19.6%	100.0%		0.0%
5,148,420	4,436,239	0	0	2,340,954	11,925,613	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE HEALTH - STAUNTON
215 WEST PENNSYLVANIA STREET
STAUNTON, IL. 62088

Reference Numbers Facility ID 6000715
Health Service Area 003 Planning Service Area 117

Administrator
Karla Lounsbury

Contact Person and Telephone
Karla Lounsbury
618-635-5577

Registered Agent Information

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	8
Mental Illness	1
Developmental Disability	0
Circulatory System	7
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	40
Non-Medical Conditions	0
TOTALS	75

Total Residents Diagnosed as Mentally Ill 1

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	99	90	75	90	75	24	99	99
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	90	75	90	75	24	99	99

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	75
Total Admissions 2011	100
Total Discharges 2011	100
Residents on 12/31/2011	75
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2951	8.2%	15992	44.3%	0	0	8332	0	27275	75.5%	83.0%
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	2951	8.2%	15992	44.3%	0	0	8332	0	27275	75.5%	83.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	5	0	0	0	0	0	0	2	5	7
75 to 84	5	15	0	0	0	0	0	0	5	15	20
85+	8	38	0	0	0	0	0	0	8	38	46
TOTALS	16	59	0	0	0	0	0	0	16	59	75

HERITAGE HEALTH - STAUNTON
215 WEST PENNSYLVANIA STREET
STAUNTON, IL. 62088

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 117

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	44	0	0	25	0	75
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	44	0	0	25	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	194	149
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	75	0	0	0	75
Race Unknown	0	0	0	0	0
Total	75	0	0	0	75

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	75	0	0	0	75
Ethnicity Unknown	0	0	0	0	0
Total	75	0	0	0	75

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	10.00
Certified Aides	18.00
Other Health Staff	0.00
Non-Health Staff	21.00
Totals	55.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
31.6%	38.2%	0.0%	0.0%	30.2%	100.0%		0.0%
1,566,618	1,893,017	0	0	1,498,990	4,958,625	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE MANOR - BEARDSTOWN SOUTH
8306 ST. LUKES DRIVE
BEARDSTOWN, IL. 62618

Reference Numbers Facility ID 6000780
Health Service Area 003 Planning Service Area 017

Administrator
Dennis I. Toohill

Contact Person and Telephone
Rabecca Howard

Registered Agent Information
Steve Wannemacher
8306 St. Lukes Drive
Beardstown, IL 62618

Date Completed
4/8/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	26
Respiratory System	9
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	73

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	79	79	77	79	73	6	79	79
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	79	79	77	79	73	6	79	79

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	73
Total Admissions 2011	73
Total Discharges 2011	73
Residents on 12/31/2011	73
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2543	8.8%	18008	62.5%	0	0	6858	0	27409	95.1%	95.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2543	8.8%	18008	62.5%	0	0	6858	0	27409	95.1%	95.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	6	0	0	0	0	0	0	3	6	9
75 to 84	5	12	0	0	0	0	0	0	5	12	17
85+	4	43	0	0	0	0	0	0	4	43	47
TOTALS	12	61	0	0	0	0	0	0	12	61	73

HERITAGE MANOR - BEARDSTOWN SOUTH
8306 ST. LUKES DRIVE
BEARDSTOWN, IL. 62618

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 017

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	46	0	0	23	0	73
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	46	0	0	23	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	208	157
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	73	0	0	0	73
Race Unknown	0	0	0	0	0
Total	73	0	0	0	73

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	73	0	0	0	73
Ethnicity Unknown	0	0	0	0	0
Total	73	0	0	0	73

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	11.00
Certified Aides	29.00
Other Health Staff	0.00
Non-Health Staff	27.00
Totals	74.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
27.1%	41.8%	0.0%	0.0%	31.1%	100.0%		0.0%
1,268,495	1,953,414	0	0	1,456,679	4,678,588	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE MANOR - CHILLICOTHE
1028 HILLCREST DRIVE
CHILLICOTHE, IL. 61523

Reference Numbers Facility ID 6007199
Health Service Area 002 Planning Service Area 143

Administrator
Wade Cies

Contact Person and Telephone
Rabecca Howard
309-828-4361

Date Completed
4/17/2013

Registered Agent Information
Steven J. Wannemacher
115 W. Jefferson St. Suite 401
Bloomington, IL 61702

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	9
Mental Illness	33
Developmental Disability	0
Circulatory System	12
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	4
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	91
Total Residents Diagnosed as Mentally Ill	33

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	110	110	105	110	91	19	110	110
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	110	110	105	110	91	19	110	110

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	105
Total Admissions 2011	88
Total Discharges 2011	102
Residents on 12/31/2011	91
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3862	9.6%	21262	53.0%	0	0	9114	0	34238	85.3%	85.3%
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	3862	9.6%	21262	53.0%	0	0	9114	0	34238	85.3%	85.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	2	0	0	0	0	0	0	1	2	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	4	4	0	0	0	0	0	0	4	4	8
75 to 84	11	14	0	0	0	0	0	0	11	14	25
85+	3	52	0	0	0	0	0	0	3	52	55
TOTALS	19	72	0	0	0	0	0	0	19	72	91

HERITAGE MANOR - CHILLICOTHE
1028 HILLCREST DRIVE
CHILLICOTHE, IL. 61523

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	54	0	2	23	0	91
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	54	0	2	23	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	213	174
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	91	0	0	0	91
Race Unknown	0	0	0	0	0
Total	91	0	0	0	91

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	91	0	0	0	91
Ethnicity Unknown	0	0	0	0	0
Total	91	0	0	0	91

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	16.00
Certified Aides	44.00
Other Health Staff	0.00
Non-Health Staff	27.00
Totals	95.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
30.5%	38.9%	0.0%	0.0%	30.6%	100.0%		0.0%
1,953,464	2,496,259	0	0	1,962,113	6,411,836	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE MANOR - EL PASO
555 EAST CLAY
EL PASO, IL. 61738

Reference Numbers Facility ID 6005920
Health Service Area 002 Planning Service Area 203

Administrator
Caroline Daugherity

Contact Person and Telephone
Rabecca Howard
1-800-397-1313

Date Completed
4/15/2013

Registered Agent Information
Heritage Enterprises, Inc.
115 W. Jefferson St., Suite 401
Bloomington, IL 61701

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	1
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	2
Other Medical Conditions	5
Non-Medical Conditions	14
TOTALS	55

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	65	65	62	62	55	10	65	65
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	65	65	62	62	55	10	65	65

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	53
Total Admissions 2011	59
Total Discharges 2011	57
Residents on 12/31/2011	55
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1126	4.7%	8931	37.6%	0	0	9919	0	19976	84.2%	84.2%
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	1126	4.7%	8931	37.6%	0	0	9919	0	19976	84.2%	84.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	3	0	0	0	0	0	0	0	3	3
75 to 84	1	14	0	0	0	0	0	0	1	14	15
85+	6	30	0	0	0	0	0	0	6	30	36
TOTALS	8	47	0	0	0	0	0	0	8	47	55

HERITAGE MANOR - EL PASO
555 EAST CLAY
EL PASO, IL. 61738

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 203

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	22	0	0	26	0	55
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	22	0	0	26	0	55

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	201	184
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	55	0	0	0	55
Race Unknown	0	0	0	0	0
Total	55	0	0	0	55

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	55	0	0	0	55
Ethnicity Unknown	0	0	0	0	0
Total	55	0	0	0	55

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	4.00
Certified Aides	14.00
Other Health Staff	0.00
Non-Health Staff	14.00
Totals	39.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
18.4%	27.7%	0.0%	0.0%	53.9%	100.0%		0.0%
710,207	1,069,235	0	0	2,079,195	3,858,637	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE MANOR - LASALLE
1445 CHARTRES STREET
LASALLE, IL. 61301

Reference Numbers Facility ID 6001440
Health Service Area 002 Planning Service Area 099

Administrator
Lori Walsh

Contact Person and Telephone
Rabecca Howard
309-828-4361

Registered Agent Information

Date Completed
4/8/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	3
Mental Illness	14
Developmental Disability	0
Circulatory System	22
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	6
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	1
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	83
Total Residents Diagnosed as Mentally Ill	33

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	101	98	91	98	83	18	50	101
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	101	98	91	98	83	18	50	101

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	89
Total Admissions 2011	57
Total Discharges 2011	63
Residents on 12/31/2011	83
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2369	13.0%	23703	64.3%	0	0	4872	0	30944	83.9%	86.5%
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	2369	13.0%	23703	64.3%	0	0	4872	0	30944	83.9%	86.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	5	0	0	0	0	0	0	2	5	7
75 to 84	3	17	0	0	0	0	0	0	3	17	20
85+	6	50	0	0	0	0	0	0	6	50	56
TOTALS	11	72	0	0	0	0	0	0	11	72	83

HERITAGE MANOR - LASALLE
1445 CHARTRES STREET
LASALLE, IL. 61301

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	64	0	0	11	0	83
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	64	0	0	11	0	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	231	213
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	82	0	0	0	82
Race Unknown	0	0	0	0	0
Total	83	0	0	0	83

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	82	0	0	0	82
Ethnicity Unknown	0	0	0	0	0
Total	83	0	0	0	83

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	12.00
Certified Aides	38.00
Other Health Staff	0.00
Non-Health Staff	31.00
Totals	91.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
23.7%	50.8%	0.0%	0.0%	25.5%	100.0%		0.0%
1,092,957	2,342,394	0	0	1,175,348	4,610,699	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE MANOR - MENDOTA
1201 FIRST AVENUE
MENDOTA, IL. 61342

Reference Numbers Facility ID 6004253
Health Service Area 002 Planning Service Area 099

Administrator
Catherine McDowell

Contact Person and Telephone
Rabecca Howard
309-828-4361

Registered Agent Information

Date Completed
4/12/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	4
Mental Illness	13
Developmental Disability	2
Circulatory System	23
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	3
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	67
Total Residents Diagnosed as Mentally Ill	13

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	99	99	75	0	67	32	99	99
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	75	0	67	32	99	99

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	75
Total Admissions 2011	114
Total Discharges 2011	121
Residents on 12/31/2011	68
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2870	7.9%	13860	38.4%	0	0	6687	0	23417	64.8%	64.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2870	7.9%	13860	38.4%	0	0	6687	0	23417	64.8%	64.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	6	15	0	0	0	0	0	0	6	15	21
85+	9	30	0	0	0	0	0	0	9	30	39
TOTALS	17	50	0	0	0	0	0	0	17	50	67

HERITAGE MANOR - MENDOTA
1201 FIRST AVENUE
MENDOTA, IL. 61342

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	35	0	1	23	0	67
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	35	0	1	23	0	67

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	227	168
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	67	0	0	0	67
Race Unknown	0	0	0	0	0
Total	67	0	0	0	67

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	67	0	0	0	67
Ethnicity Unknown	0	0	0	0	0
Total	67	0	0	0	67

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	5.00
Certified Aides	24.00
Other Health Staff	2.00
Non-Health Staff	18.00
Totals	57.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
32.7%	32.5%	0.0%	0.0%	34.8%	100.0%		0.0%
1,412,619	1,401,943	0	0	1,500,594	4,315,156	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE MANOR - MINONK
201 LOCUST
MINONK, IL. 61760

Reference Numbers Facility ID 6005367
Health Service Area 002 Planning Service Area 203

Administrator
Kimberly Seaman

Contact Person and Telephone
Rabecca Howard

Registered Agent Information **Date Completed** 4/8/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	11
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	9
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	50

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	49	49	49	49	40	9	49	49
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	23	23	23	23	10	13		
TOTAL BEDS	72	72	72	72	50	22	49	49

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	39
Total Admissions 2011	47
Total Discharges 2011	36
Residents on 12/31/2011	50
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1646	9.2%	7073	39.5%	0	0	5017	0	13736	76.8%	76.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	3225	0	3225	38.4%	38.4%
TOTALS	1646	9.2%	7073	39.5%	0	0	8242	0	16961	64.5%	64.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	1	0	1	1	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	0	0	0	0	0	0	0	1	0	1
75 to 84	4	6	0	0	0	0	2	2	6	8	14
85+	3	25	0	0	0	0	0	5	3	30	33
TOTALS	8	32	0	0	0	0	3	7	11	39	50

HERITAGE MANOR - MINONK
201 LOCUST
MINONK, IL. 61760

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 203

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	16	0	0	17	0	40
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	10	0	10
TOTALS	7	16	0	0	27	0	50

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	193	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	120	101

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	40	0	0	10	50
Race Unknown	0	0	0	0	0
Total	40	0	0	10	50

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	40	0	0	10	50
Ethnicity Unknown	0	0	0	0	0
Total	40	0	0	10	50

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	2.00
Certified Aides	25.00
Other Health Staff	25.00
Non-Health Staff	0.00
Totals	63.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
26.9%	24.0%	0.0%	0.0%	49.1%	100.0%		0.0%
845,957	757,442	0	0	1,546,337	3,149,736	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE MANOR - PERU
1301 21ST STREET
PERU, IL. 61354

Reference Numbers Facility ID 6004303
Health Service Area 002 Planning Service Area 099

Administrator
Susan Morris

Contact Person and Telephone
Rabecca Howard
1-800-397-1313

Date Completed
4/12/2013

Registered Agent Information
Heritage Enterprises, Inc.
115 W. Jefferson St., Suite 401
Bloomington, IL 61702

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	2
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	43
Non-Medical Conditions	0
TOTALS	82

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	129	101	93	101	82	47	129	129
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	129	101	93	101	82	47	129	129

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	94
Total Admissions 2011	132
Total Discharges 2011	144
Residents on 12/31/2011	82
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5513	11.7%	19723	41.9%	0	0	5778	0	31014	65.9%	84.1%
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	5513	11.7%	19723	41.9%	0	0	5778	0	31014	65.9%	84.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	3	4	0	0	0	0	0	0	3	4	7
75 to 84	5	14	0	0	0	0	0	0	5	14	19
85+	6	49	0	0	0	0	0	0	6	49	55
TOTALS	14	68	0	0	0	0	0	0	14	68	82

HERITAGE MANOR - PERU
1301 21ST STREET
PERU, IL. 61354

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	49	0	2	14	0	82
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	49	0	2	14	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	219	173
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	82	0	0	0	82
Race Unknown	0	0	0	0	0
Total	82	0	0	0	82

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	82	0	0	0	82
Ethnicity Unknown	0	0	0	0	0
Total	82	0	0	0	82

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	7.00
Certified Aides	50.00
Other Health Staff	0.00
Non-Health Staff	34.00
Totals	110.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
39.1%	39.2%	0.0%	0.0%	21.7%	100.0%		0.0%
2,447,013	2,450,215	0	0	1,357,626	6,254,854	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE MANOR - STREATOR
1525 EAST MAIN STREET
STREATOR, IL. 61364

Reference Numbers Facility ID 6004311
Health Service Area 002 Planning Service Area 099

Administrator
Janette Strabala

Contact Person and Telephone
Rabecca Howard
309-828-4361

Registered Agent Information

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	5
Blood Disorders	2
*Nervous System Non Alzheimer	17
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	0
Circulatory System	28
Respiratory System	4
Digestive System	5
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	37
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	125

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	130	130	130	130	125	5	130	110
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	130	130	130	130	125	5	130	110

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	124
Total Admissions 2011	198
Total Discharges 2011	197
Residents on 12/31/2011	125
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7342	15.5%	24779	61.7%	0	0	12555	0	44676	94.2%	94.2%
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	7342	15.5%	24779	61.7%	0	0	12555	0	44676	94.2%	94.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	5	8	0	0	0	0	0	0	5	8	13
75 to 84	9	26	0	0	0	0	0	0	9	26	35
85+	21	52	0	0	0	0	0	0	21	52	73
TOTALS	37	88	0	0	0	0	0	0	37	88	125

HERITAGE MANOR - STREATOR
1525 EAST MAIN STREET
STREATOR, IL. 61364

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	62	1	3	37	0	125
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	22	62	1	3	37	0	125

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	222	177
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	125	0	0	0	125
Race Unknown	0	0	0	0	0
Total	125	0	0	0	125

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	125	0	0	0	125
Ethnicity Unknown	0	0	0	0	0
Total	125	0	0	0	125

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	12.00
Certified Aides	38.00
Other Health Staff	0.00
Non-Health Staff	34.00
Totals	97.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
34.3%	34.8%	0.0%	0.0%	30.8%	100.0%		0.0%
3,000,910	3,042,648	0	0	2,694,664	8,738,222	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERITAGE SQUARE
620 NORTH OTTAWA AVENUE
DIXON, IL. 61021

Reference Numbers Facility ID 6004337
Health Service Area 001 Planning Service Area 103

Administrator
Bonnie O'Connell

Contact Person and Telephone
BONNIE O'CONNELL
815-288-2251

Registered Agent Information
William Reigle
412 Fieldstone
Dixon, IL 61021

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	18
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	22
Respiratory System	3
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	67

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	27	27	26	27	26	1	0	25
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	49	49	41	49	41	8		
TOTAL BEDS	76	76	67	76	67	9	0	25

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	70
Total Admissions 2011	20
Total Discharges 2011	23
Residents on 12/31/2011	67
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	1830	20.1%	0	730	6835	0	9395	95.3%	95.3%
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	1095	13181	730	15006	83.9%	83.9%
TOTALS	0	0.0%	1830	20.1%	0	1825	20016	730	24401	88.0%	88.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	1	0	1	0	1
75 to 84	2	2	0	0	0	0	2	3	4	5	9
85+	7	15	0	0	0	0	7	28	14	43	57
TOTALS	9	17	0	0	0	0	10	31	19	48	67

HERITAGE SQUARE
620 NORTH OTTAWA AVENUE
DIXON, IL. 61021

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 103

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	5	0	2	19	0	26
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	3	36	2	41
TOTALS	0	5	0	5	55	2	67

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	153	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	87	87

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	26	0	0	41	67
Race Unknown	0	0	0	0	0
Total	26	0	0	41	67

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	26	0	0	41	67
Ethnicity Unknown	0	0	0	0	0
Total	26	0	0	41	67

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	4.00
Certified Aides	14.00
Other Health Staff	2.00
Non-Health Staff	2.00
Totals	29.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	5.5%	0.0%	0.0%	94.5%	100.0%		1.7%
0	151,920	0	0	2,626,642	2,778,562	48,617	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HERRIN REHAB AND NURSING CTR
1900 NORTH PARK STREET
HERRIN, IL. 62948

Reference Numbers Facility ID 6003362
Health Service Area 005 Planning Service Area 199

Administrator
Katina Beane

Contact Person and Telephone
Katina Beane
314-799-385

Date Completed
4/18/2013

Registered Agent Information
Lawrence Schwardz
8170 N. McCormick Blvd St. # 219
SKOKIE, IL 60076

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	0
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	49	1,519	777	0	25	24	0	49
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	49	1,519	777	0	25	24	0	49

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	25
Total Admissions 2011	52
Total Discharges 2011	15
Residents on 12/31/2011	62
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	811	0.0%	7803	43.6%	66	0	1526	0	10206	57.1%	1.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	811	0.0%	7803	43.6%	66	0	1526	0	10206	57.1%	1.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	2	5	0	0	0	0	0	0	2	5	7
75 to 84	0	13	0	0	0	0	0	0	0	13	13
85+	0	2	0	0	0	0	0	0	0	2	2
TOTALS	2	23	0	0	0	0	0	0	2	23	25

HERRIN REHAB AND NURSING CTR
1900 NORTH PARK STREET
HERRIN, IL. 62948

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 199

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	20	0	0	1	0	25
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	20	0	0	1	0	25

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	110
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	25	0	0	0	25
Race Unknown	0	0	0	0	0
Total	25	0	0	0	25

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	25	0	0	0	25
Ethnicity Unknown	0	0	0	0	0
Total	25	0	0	0	25

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	3.00
Certified Aides	8.00
Other Health Staff	0.00
Non-Health Staff	9.00
Totals	25.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
22.2%	68.3%	0.0%	1.5%	8.0%	100.0%		0.0%
390,636	1,202,319	0	25,840	141,226	1,760,021	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HICKORY NURSING PAVILION
9246 SOUTH ROBERTS ROAD
HICKORY HILLS, IL. 60457

Reference Numbers Facility ID 6004352
Health Service Area 007 Planning Service Area 705

Administrator
KENAN WEEKLEY

Contact Person and Telephone
KENAN WEEKLEY
708-598-4040

Registered Agent Information
ABRAHAM STERN
10 S. WACKER
Chicago, IL 60606

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	20
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	1
Mental Illness	19
Developmental Disability	3
Circulatory System	2
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	55

Total Residents Diagnosed as Mentally Ill 19

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	74	74	67	74	55	19	13	74
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	74	74	67	74	55	19	13	74

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	64
Total Admissions 2011	40
Total Discharges 2011	49
Residents on 12/31/2011	55
Identified Offenders	6

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1524	32.1%	20843	77.2%	0	0	85	0	22452	83.1%	83.1%
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	1524	32.1%	20843	77.2%	0	0	85	0	22452	83.1%	83.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	3	0	0	0	0	0	0	0	3	3
45 to 59	9	8	0	0	0	0	0	0	9	8	17
60 to 64	10	1	0	0	0	0	0	0	10	1	11
65 to 74	6	7	0	0	0	0	0	0	6	7	13
75 to 84	1	5	0	0	0	0	0	0	1	5	6
85+	2	3	0	0	0	0	0	0	2	3	5
TOTALS	28	27	0	0	0	0	0	0	28	27	55

HICKORY NURSING PAVILION
9246 SOUTH ROBERTS ROAD
HICKORY HILLS, IL. 60457

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	52	0	0	0	0	55
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	52	0	0	0	0	55

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	16	0	0	0	16
Hawaiian/Pacific Isl.	0	0	0	0	0
White	37	0	0	0	37
Race Unknown	1	0	0	0	1
Total	55	0	0	0	55

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	53	0	0	0	53
Ethnicity Unknown	1	0	0	0	1
Total	55	0	0	0	55

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	6.00
Certified Aides	19.00
Other Health Staff	3.00
Non-Health Staff	20.00
Totals	52.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
10.0%	88.8%	0.0%	0.0%	1.2%	100.0%		0.0%
349,493	3,100,825	0	0	43,159	3,493,477	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HICKORY POINT CHRISTIAN VILLAGE
565 MARION AVENUE
FORSYTH, IL. 62535

Reference Numbers Facility ID 6016687
Health Service Area 004 Planning Service Area 115

Administrator
Laurie Brown

Contact Person and Telephone
Laurie Brown
217-872-5899

Date Completed
4/17/2013

Registered Agent Information
Timothy Phillippe
622 Emerson Rd, Suite 310
St Louis, MO 63141

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	20
Non-Medical Conditions	0
TOTALS	44
Total Residents Diagnosed as Mentally Ill	11

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	47	47	47	47	44	3	47	5
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	47	47	47	47	44	3	47	5

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	28
Total Admissions 2011	347
Total Discharges 2011	331
Residents on 12/31/2011	44
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	11992	69.9%	274	15.0%	0	912	2326	0	15504	90.4%	90.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	11992	69.9%	274	15.0%	0	912	2326	0	15504	90.4%	90.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	6	0	0	0	0	0	0	1	6	7
75 to 84	2	8	0	0	0	0	0	0	2	8	10
85+	10	17	0	0	0	0	0	0	10	17	27
TOTALS	13	31	0	0	0	0	0	0	13	31	44

HICKORY POINT CHRISTIAN VILLAGE
565 MARION AVENUE
FORSYTH, IL. 62535

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	2	0	5	12	0	44
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	25	2	0	5	12	0	44

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	300	250
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	44	0	0	0	44
Race Unknown	0	0	0	0	0
Total	44	0	0	0	44

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	44	0	0	0	44
Ethnicity Unknown	0	0	0	0	0
Total	44	0	0	0	44

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	8.00
Certified Aides	28.00
Other Health Staff	0.00
Non-Health Staff	32.00
Totals	80.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
83.3%	0.0%	0.0%	8.1%	8.5%	100.0%		0.0%
2,735,881	125	0	266,947	279,750	3,282,705	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HICKORY POINT TERRACE
260 EAST LUCILLE AVENUE
FORSYTH, IL. 62535

Reference Numbers Facility ID 6010623
Health Service Area 004 Planning Service Area 115

Administrator
kristi nottelmann

Contact Person and Telephone
JEREMY MAUPIN
217-422-6361

Date Completed
3/27/2013

Registered Agent Information
Christopher Ellis
202 South Franklin Street 2nd Floor
Decatur, IL 62523

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 6

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5775	98.9%	0	0	0	0	5775	98.9%	98.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5775	98.9%	0	0	0	0	5775	98.9%	98.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	6	0	0	6	6	12
45 to 59	0	0	0	0	0	1	0	0	0	1	1
60 to 64	0	0	0	0	2	0	0	0	2	0	2
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

HICKORY POINT TERRACE
260 EAST LUCILLE AVENUE
FORSYTH, IL. 62535

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	240	120
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	13.00
Non-Health Staff	0.00
Totals	15.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	84.1%	0.0%	0.0%	15.9%	100.0%		0.0%
0	746,489	0	0	141,368	887,857	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HICKORY STREET PLACE
3905 EAST HICKORY STREET
DECATUR, IL. 62521

Reference Numbers Facility ID 6012819
Health Service Area 004 Planning Service Area 115

Administrator
VALERIE POLING

Contact Person and Telephone
DAVE JACOBUS
217-763-2191

Registered Agent Information
DAVE JACOBUS
2576 N. GREENWAY RD.
Cerro Gordo, IL 61818

Date Completed
3/28/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	6
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	6
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	6
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			2188	99.9%	8	0	0	0	2196	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2188	99.9%	8	0	0	0	2196	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	0	0	0	1	0	1
45 to 59	0	0	0	0	1	1	0	0	1	1	2
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	1	1	0	0	1	1	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	3	3	0	0	3	3	6

HICKORY STREET PLACE
3905 EAST HICKORY STREET
DECATUR, IL. 62521

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	170	170
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	6	0	6
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	6	0	6
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	4.00
Other Health Staff	0.00
Non-Health Staff	0.25
Totals	5.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	94.7%	0.0%	0.0%	5.3%	100.0%		0.0%
0	360,861	0	0	20,368	381,229	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HIGHLAND HEALTH CARE CENTER
1450 26TH STREET
HIGHLAND, IL. 62249

Reference Numbers Facility ID 6001663
Health Service Area 011 Planning Service Area 119

Administrator
Jerry Nelson

Contact Person and Telephone
JERRY NELSON
618-654-2368

Date Completed
4/16/2013

Registered Agent Information
C.T. Corporation
208 LaSalle, Suite 814
Chicago, IL 60604

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	7
Alzheimer Disease	7
Mental Illness	8
Developmental Disability	0
Circulatory System	14
Respiratory System	7
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	3
Musculo-skeletal Disorders	3
Injuries and Poisonings	5
Other Medical Conditions	7
Non-Medical Conditions	3
TOTALS	79

Total Residents Diagnosed as Mentally Ill 8

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	128	92	85	92	79	49	82	95
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	128	92	85	92	79	49	82	95

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	74
Total Admissions 2011	208
Total Discharges 2011	203
Residents on 12/31/2011	79
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4246	14.2%	17650	50.9%	1070	606	4158	0	27730	59.4%	82.6%
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	4246	14.2%	17650	50.9%	1070	606	4158	0	27730	59.4%	82.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	5	2	0	0	0	0	0	0	5	2	7
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	5	9	0	0	0	0	0	0	5	9	14
75 to 84	11	13	0	0	0	0	0	0	11	13	24
85+	5	29	0	0	0	0	0	0	5	29	34
TOTALS	26	53	0	0	0	0	0	0	26	53	79

HIGHLAND HEALTH CARE CENTER
1450 26TH STREET
HIGHLAND, IL. 62249

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	50	2	1	15	0	79
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	50	2	1	15	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	78	0	0	0	78
Race Unknown	0	0	0	0	0
Total	79	0	0	0	79

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	79	0	0	0	79
Ethnicity Unknown	0	0	0	0	0
Total	79	0	0	0	79

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	10.00
Certified Aides	27.00
Other Health Staff	0.00
Non-Health Staff	23.00
Totals	69.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
43.6%	35.3%	6.1%	3.5%	11.6%	100.0%		0.0%
2,477,547	2,004,006	344,092	198,839	659,434	5,683,918	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HIGHLAND PARK NURSING & REHAB
50 PLEASANT AVENUE
HIGHWOOD, IL. 60040

Reference Numbers Facility ID 6007280
Health Service Area 008 Planning Service Area 097

Administrator
Heather Levine

Contact Person and Telephone
Heather Levine
847-432-9142

Registered Agent Information
Frederick Frankel
8131 N. Monticello Avenue
SKOKIE, IL 60076

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	3
*Nervous System Non Alzheimer	1
Alzheimer Disease	26
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	21
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	18
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	81
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	104	104	96	104	81	23	104	104
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	104	104	96	104	81	23	104	104

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	91
Total Admissions 2011	181
Total Discharges 2011	191
Residents on 12/31/2011	81
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			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%	0	0	0	0	0	0.0%	0.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	0	4	0	0	0	0	0	0	0	4	4
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	4	20	0	0	0	0	0	0	4	20	24
85+	6	35	0	0	0	0	0	0	6	35	41
TOTALS	17	64	0	0	0	0	0	0	17	64	81

HIGHLAND PARK NURSING & REHAB
50 PLEASANT AVENUE
HIGHWOOD, IL. 60040

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	38	0	1	26	0	81
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	38	0	1	26	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	195
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	73	0	0	0	73
Race Unknown	0	0	0	0	0
Total	81	0	0	0	81

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	80	0	0	0	80
Ethnicity Unknown	0	0	0	0	0
Total	81	0	0	0	81

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	9.00
LPN's	8.00
Certified Aides	37.00
Other Health Staff	2.00
Non-Health Staff	32.00
Totals	92.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
17.4%	51.7%	0.0%	4.2%	26.6%	100.0%		0.0%
931,535	2,767,698	1,610	227,187	1,424,627	5,352,657	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HIGHVIEW TERRACE
409 NORTH HIGH STREET
PARIS, IL. 61944

Reference Numbers Facility ID 6010359
Health Service Area 004 Planning Service Area 045

Administrator
Tara Wright

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/5/2013

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 62401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 3

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	1
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5825	99.7%	0	0	0	0	5825	99.7%	99.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5825	99.7%	0	0	0	0	5825	99.7%	99.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	7	2	0	0	7	2	9
45 to 59	0	0	0	0	3	3	0	0	3	3	6
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	10	5	0	0	10	5	15

HIGHVIEW TERRACE
409 NORTH HIGH STREET
PARIS, IL. 61944

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 045

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	114
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	75.5%	0.0%	0.0%	24.5%	100.0%		0.0%
0	496,943	0	0	160,941	657,885	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HILLCREST HOME
14688 IL HIGHWAY 82
GENESEO, IL. 61254

Reference Numbers Facility ID 6004402
Health Service Area 010 Planning Service Area 073

Administrator
Mary Bergren

Contact Person and Telephone
Julie Kaufman
309-944-2147

Registered Agent Information

Date Completed
4/3/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	21
Mental Illness	2
Developmental Disability	0
Circulatory System	17
Respiratory System	6
Digestive System	4
Genitourinary System Disorders	2
Skin Disorders	3
Musculo-skeletal Disorders	11
Injuries and Poisonings	2
Other Medical Conditions	21
Non-Medical Conditions	0
TOTALS	99

Total Residents Diagnosed as Mentally Ill 44

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	106	106	103	106	99	7	106	106
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	106	106	103	106	99	7	106	106

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	101
Total Admissions 2011	68
Total Discharges 2011	70
Residents on 12/31/2011	99
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1205	3.1%	16745	43.3%	199	309	18036	0	36494	94.3%	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	1205	3.1%	16745	43.3%	199	309	18036	0	36494	94.3%	94.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	4	9	0	0	0	0	0	0	4	9	13
75 to 84	7	15	0	0	0	0	0	0	7	15	22
85+	10	53	0	0	0	0	0	0	10	53	63
TOTALS	22	77	0	0	0	0	0	0	22	77	99

HILLCREST HOME
14688 IL HIGHWAY 82
GENESEO, IL. 61254

Reference Numbers Facility ID **Health Service Area** 010 **Planning Service Area** 073

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	43	0	4	51	0	99
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	43	0	4	51	0	99

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	101	101
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	99	0	0	0	99
Race Unknown	0	0	0	0	0
Total	99	0	0	0	99

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	99	0	0	0	99
Ethnicity Unknown	0	0	0	0	0
Total	99	0	0	0	99

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	10.00
Certified Aides	26.00
Other Health Staff	2.00
Non-Health Staff	24.00
Totals	71.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
9.2%	49.8%	0.6%	2.5%	37.9%	100.0%		0.0%
437,979	2,359,082	30,095	117,328	1,794,092	4,738,576	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HILLCREST NURSING & REHAB CTR
777 DRAPER
JOLIET, IL. 60432

Reference Numbers Facility ID 6016786
Health Service Area 009 Planning Service Area 197

Administrator
ALICE APARA-OLUJIMI

Contact Person and Telephone
ALICE APARA-OLUJIMI
815-727-4794

Date Completed
4/12/2013

Registered Agent Information
David Aronin
2201 W. Main Street
Evanston, IL 60202

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	1
Mental Illness	17
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	27

Total Residents Diagnosed as Mentally Ill 17

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	168	168	128	168	27	141	84	168
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	168	168	128	168	27	141	84	168

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	121
Total Admissions 2011	0
Total Discharges 2011	94
Residents on 12/31/2011	27
Identified Offenders	4

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	486	1.6%	11798	19.2%	125	0	6084	0	18493	30.2%	30.2%
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	486	1.6%	11798	19.2%	125	0	6084	0	18493	30.2%	30.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	0	0	0	0	0	0	0	4	0	4
45 to 59	7	3	0	0	0	0	0	0	7	3	10
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	3	3	0	0	0	0	0	0	3	3	6
75 to 84	2	2	0	0	0	0	0	0	2	2	4
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	18	9	0	0	0	0	0	0	18	9	27

HILLCREST NURSING & REHAB CTR
777 DRAPER
JOLIET, IL. 60432

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	24	0	0	3	0	27
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	24	0	0	3	0	27

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	20	0	0	0	20
Race Unknown	0	0	0	0	0
Total	27	0	0	0	27

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	26	0	0	0	26
Ethnicity Unknown	0	0	0	0	0
Total	27	0	0	0	27

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	6.00
Certified Aides	14.00
Other Health Staff	0.00
Non-Health Staff	38.00
Totals	62.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
6.7%	78.8%	0.9%	0.0%	13.7%	100.0%		0.0%
123,620	1,464,768	16,093	0	253,694	1,858,175	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

New ID 12/10/2012 Facility ID number changed from 6002604 to 6016786.

HILLCREST RETIREMENT VILLAGE
1740 NORTH CIRCUIT DRIVE
ROUND LAKE BEACH, IL. 60073

Reference Numbers Facility ID 6004410
Health Service Area 008 Planning Service Area 097

Administrator
Alan Rosenbaum

Contact Person and Telephone
Alan Rosenbaum
224-577-0100

Registered Agent Information
Karla Biship
1740 North Circuit Drive
Round Lake Beach, IL 60073

Date Completed
1/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	12
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	9
Mental Illness	22
Developmental Disability	0
Circulatory System	25
Respiratory System	4
Digestive System	4
Genitourinary System Disorders	12
Skin Disorders	1
Musculo-skeletal Disorders	25
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	123
Total Residents Diagnosed as Mentally Ill	22

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	144	144	144	144	123	21	0	140
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	144	144	144	144	123	21	0	140

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	136
Total Admissions 2011	82
Total Discharges 2011	95
Residents on 12/31/2011	123
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4190	0.0%	36171	70.8%	3253	0	4981	0	48595	92.5%	92.5%
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	4190	0.0%	36171	70.8%	3253	0	4981	0	48595	92.5%	92.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	5	0	0	0	0	0	0	0	5	0	5
65 to 74	12	15	0	0	0	0	0	0	12	15	27
75 to 84	9	26	0	0	0	0	0	0	9	26	35
85+	6	49	0	0	0	0	0	0	6	49	55
TOTALS	33	90	0	0	0	0	0	0	33	90	123

HILLCREST RETIREMENT VILLAGE
1740 NORTH CIRCUIT DRIVE
ROUND LAKE BEACH, IL. 60073

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	101	0	0	9	0	123
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	101	0	0	9	0	123

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	210
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	116	0	0	0	116
Race Unknown	0	0	0	0	0
Total	123	0	0	0	123

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	114	0	0	0	114
Ethnicity Unknown	0	0	0	0	0
Total	123	0	0	0	123

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.00
LPN's	4.00
Certified Aides	74.00
Other Health Staff	0.00
Non-Health Staff	52.00
Totals	153.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
1.6%	84.3%	0.0%	0.0%	14.1%	100.0%		0.0%
109,526	5,756,299	0	0	960,222	6,826,047	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HILLSBORO REHAB & HEALTHCARE
1300 EAST TREMONT STREET
HILLSBORO, IL. 62049

Reference Numbers Facility ID 6004428
Health Service Area 003 Planning Service Area 135

Administrator
Mary Joann Newell

Contact Person and Telephone
MARY JOANN NEWELL
217-532-6191

Date Completed
4/3/2013

Registered Agent Information
Daniel Maher
412 E. Lawrence Ave.
Springfield, IL 62703

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	1
*Nervous System Non Alzheimer	11
Alzheimer Disease	10
Mental Illness	17
Developmental Disability	2
Circulatory System	17
Respiratory System	4
Digestive System	3
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	4
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	94

Total Residents Diagnosed as Mentally Ill 17

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	121	118	106	118	94	27	121	121
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	121	118	106	118	94	27	121	121

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	101
Total Admissions 2011	90
Total Discharges 2011	97
Residents on 12/31/2011	94
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3236	7.3%	22937	51.9%	772	159	9762	0	36866	83.5%	85.6%
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	3236	7.3%	22937	51.9%	772	159	9762	0	36866	83.5%	85.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	5	5	0	0	0	0	0	0	5	5	10
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	8	6	0	0	0	0	0	0	8	6	14
75 to 84	13	20	0	0	0	0	0	0	13	20	33
85+	7	27	0	0	0	0	0	0	7	27	34
TOTALS	34	60	0	0	0	0	0	0	34	60	94

HILLSBORO REHAB & HEALTHCARE
1300 EAST TREMONT STREET
HILLSBORO, IL. 62049

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 135

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	64	1	0	23	0	94
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	64	1	0	23	0	94

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	156	108
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	91	0	0	0	91
Race Unknown	0	0	0	0	0
Total	94	0	0	0	94

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	94	0	0	0	94
Ethnicity Unknown	0	0	0	0	0
Total	94	0	0	0	94

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	11.00
Certified Aides	21.00
Other Health Staff	1.00
Non-Health Staff	7.00
Totals	45.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
30.5%	46.6%	0.0%	1.3%	21.7%	100.0%		0.0%
1,801,777	2,752,611	0	74,198	1,283,399	5,911,985	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HILLSIDE REHAB & CARE CENTER
1308 GAME FARM ROAD
YORKVILLE, IL. 60560

Reference Numbers Facility ID 6004451
Health Service Area 009 Planning Service Area 093

Administrator
Cara Wahmann

Contact Person and Telephone
Cara Wahmann
63055385811

Registered Agent Information

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	8
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	25
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	11
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	59

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	79	72	72	60	59	20	79	58
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	79	72	72	60	59	20	79	58

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	68
Total Admissions 2011	111
Total Discharges 2011	120
Residents on 12/31/2011	59
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2156	7.5%	11539	54.5%	1277	274	8484	0	23730	82.3%	90.3%
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	2156	7.5%	11539	54.5%	1277	274	8484	0	23730	82.3%	90.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	0	3	0	0	0	0	0	0	0	3	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	5	0	0	0	0	0	0	1	5	6
75 to 84	4	10	0	0	0	0	0	0	4	10	14
85+	5	30	0	0	0	0	0	0	5	30	35
TOTALS	10	49	0	0	0	0	0	0	10	49	59

HILLSIDE REHAB & CARE CENTER
1308 GAME FARM ROAD
YORKVILLE, IL. 60560

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 093

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	22	6	0	22	0	59
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	22	6	0	22	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	223	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	58	0	0	0	58
Race Unknown	0	0	0	0	0
Total	59	0	0	0	59

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	58	0	0	0	58
Ethnicity Unknown	0	0	0	0	0
Total	59	0	0	0	59

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.50
LPN's	1.40
Certified Aides	20.20
Other Health Staff	1.30
Non-Health Staff	14.40
Totals	47.80

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
25.4%	32.2%	3.6%	3.2%	35.6%	100.0%		0.0%
1,052,911	1,333,552	147,885	131,698	1,472,246	4,138,292	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HILLTOP SKILLED NURSING & REHAB
910 WEST POLK STREET
CHARLESTON, IL. 61920

Reference Numbers Facility ID 6004477
Health Service Area 004 Planning Service Area 029

Administrator
Angela Towle

Contact Person and Telephone
Angela Towle
217-345-7066

Registered Agent Information

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	1
Circulatory System	13
Respiratory System	16
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	6
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	56

Total Residents Diagnosed as Mentally Ill 3

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	108	83	61	83	56	52	36	108
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	108	83	61	83	56	52	36	108

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	59
Total Admissions 2011	147
Total Discharges 2011	150
Residents on 12/31/2011	56
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2889	22.0%	9694	24.6%	324	404	6259	0	19570	49.6%	64.6%
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	2889	22.0%	9694	24.6%	324	404	6259	0	19570	49.6%	64.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	4	0	0	0	0	0	0	0	4	0	4
65 to 74	4	2	0	0	0	0	0	0	4	2	6
75 to 84	7	8	0	0	0	0	0	0	7	8	15
85+	6	24	0	0	0	0	0	0	6	24	30
TOTALS	21	35	0	0	0	0	0	0	21	35	56

HILLTOP SKILLED NURSING & REHAB
910 WEST POLK STREET
CHARLESTON, IL. 61920

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 029

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	30	0	0	14	0	56
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	30	0	0	14	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	156	132
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	56	0	0	0	56
Race Unknown	0	0	0	0	0
Total	56	0	0	0	56

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	56	0	0	0	56
Ethnicity Unknown	0	0	0	0	0
Total	56	0	0	0	56

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	5.00
LPN's	10.00
Certified Aides	28.00
Other Health Staff	0.00
Non-Health Staff	25.00
Totals	69.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
44.2%	26.9%	3.0%	2.3%	23.5%	100.0%		0.0%
1,571,146	958,292	108,346	82,838	836,984	3,557,606	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HILLVIEW HEALTHCARE CENTER
512 NORTH 11TH STREET
VIENNA, IL. 62995

Reference Numbers Facility ID 6004485
Health Service Area 005 Planning Service Area 087

Administrator
Rachel Thomas

Contact Person and Telephone
RACHEL THOMAS
618-658.2951

Registered Agent Information

Date Completed
4/15/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	3
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	43

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	58	68	45	57	43	15	58	58
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	58	68	45	57	43	15	58	58

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	42
Total Admissions 2011	47
Total Discharges 2011	46
Residents on 12/31/2011	43
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1521	7.2%	10050	47.5%	194	57	2602	0	14424	68.1%	58.1%
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	1521	7.2%	10050	47.5%	194	57	2602	0	14424	68.1%	58.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	1	1	0	0	0	0	0	0	1	1	2
75 to 84	2	12	0	0	0	0	0	0	2	12	14
85+	3	19	0	0	0	0	0	0	3	19	22
TOTALS	9	34	0	0	0	0	0	0	9	34	43

HILLVIEW HEALTHCARE CENTER
512 NORTH 11TH STREET
VIENNA, IL. 62995

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 087

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	31	1	0	6	0	43
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	31	1	0	6	0	43

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	99	99
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	43	0	0	0	43
Race Unknown	0	0	0	0	0
Total	43	0	0	0	43

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	43	0	0	0	43
Ethnicity Unknown	0	0	0	0	0
Total	43	0	0	0	43

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	6.00
Certified Aides	14.00
Other Health Staff	1.00
Non-Health Staff	18.00
Totals	43.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
32.1%	31.6%	0.5%	7.3%	28.6%	100.0%		1.7%
614,773	606,189	8,864	139,836	547,591	1,917,255	31,990	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Bed Change 12/11/2012 Discontinued 11 Nursing Care beds; facility now has 58 Nursing Care beds.

HITZ MEMORIAL HOME
BELLE STREET P.O. BOX 79
ALHAMBRA, IL. 62001

Reference Numbers Facility ID 6004501
Health Service Area 011 Planning Service Area 119

Administrator
Susan Tudor

Contact Person and Telephone
SUSAN TUDOR
618-488-2355

Date Completed
3/28/2013

Registered Agent Information
Kathy Corbitt
201 Belle St. P.O. Box 79
Alhambra, IL 62001

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	1
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	43
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	67	59	50	59	43	24	34	59
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	67	59	50	59	43	24	34	59

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	46
Total Admissions 2011	31
Total Discharges 2011	34
Residents on 12/31/2011	43
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1230	9.9%	7813	36.3%	0	0	7792	22	16857	68.9%	78.3%
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	1230	9.9%	7813	36.3%	0	0	7792	22	16857	68.9%	78.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	3	1	0	0	0	0	0	0	3	1	4
75 to 84	3	14	0	0	0	0	0	0	3	14	17
85+	2	16	0	0	0	0	0	0	2	16	18
TOTALS	11	32	0	0	0	0	0	0	11	32	43

HITZ MEMORIAL HOME
BELLE STREET P.O. BOX 79
ALHAMBRA, IL. 62001

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	21	0	20	0	0	43
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	21	0	20	0	0	43

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	139
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	43	0	0	0	43
Race Unknown	0	0	0	0	0
Total	43	0	0	0	43

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	43	0	0	0	43
Ethnicity Unknown	0	0	0	0	0
Total	43	0	0	0	43

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.85
LPN's	9.15
Certified Aides	21.23
Other Health Staff	2.00
Non-Health Staff	17.49
Totals	54.72

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
23.0%	37.6%	0.0%	0.0%	39.5%	100.0%		0.1%
636,106	1,040,270	0	0	1,093,314	2,769,690	3,732	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HOLBROOK CENTER
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6014690
Health Service Area 006 Planning Service Area 601

Administrator
Rose Kasarda

Contact Person and Telephone
MARY PAT O'BRIEN
773-273-4169

Date Completed
3/29/2013

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.
Chicago, IL 60660

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	53
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	53

Total Residents Diagnosed as Mentally Ill 13

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	53	53	53	53	53	0		53
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	53	53	53	53	53	0	0	53

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	52
Total Admissions 2011	1
Total Discharges 2011	0
Residents on 12/31/2011	53
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			19318	99.9%	0	0	0	0	19318	99.9%	99.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	19318	99.9%	0	0	0	0	19318	99.9%	99.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	10	19	0	0	10	19	29
45 to 59	0	0	0	0	4	12	0	0	4	12	16
60 to 64	0	0	0	0	0	5	0	0	0	5	5
65 to 74	0	0	0	0	0	3	0	0	0	3	3
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	14	39	0	0	14	39	53

HOLBROOK CENTER
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		53	0	0	0	0	53
Sheltered Care			0	0	0	0	0
TOTALS	0	53	0	0	0	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	218	218
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	1	0	1
White	0	0	50	0	50
Race Unknown	0	0	0	0	0
Total	0	0	53	0	53

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	53	0	53
Ethnicity Unknown	0	0	0	0	0
Total	0	0	53	0	53

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.17
Physicians	0.06
Director of Nursing	1.00
Registered Nurses	2.54
LPN's	1.06
Certified Aides	49.34
Other Health Staff	11.00
Non-Health Staff	12.59
Totals	78.76

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	86.1%	13.8%	0.0%	0.1%	100.0%		0.0%
0	2,926,749	469,343	0	1,921	3,398,015	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HOLLAND TERRACE
15175 STATE STREET
SOUTH HOLLAND, IL. 60473

Reference Numbers Facility ID 6014732
Health Service Area 007 Planning Service Area 705

Administrator
Annette Whitlock

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 62401

Date Completed
4/5/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 2

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5856	######	0	0	0	0	5856	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5856	######	0	0	0	0	5856	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	2	0	0	3	2	5
45 to 59	0	0	0	0	5	2	0	0	5	2	7
60 to 64	0	0	0	0	0	2	0	0	0	2	2
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	0	1	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

HOLLAND TERRACE
15175 STATE STREET
SOUTH HOLLAND, IL. 60473

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	149
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	8	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	8	0	8
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	87.8%	0.5%	0.0%	11.7%	100.0%		0.0%
0	758,532	4,010	0	101,214	863,757	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HOLY FAMILY VILLA
12220 SOUTH WILL COOK ROAD
PALOS PARK, IL. 60464

Reference Numbers Facility ID 6004550
Health Service Area 007 Planning Service Area 705

Administrator
Roberta Magurany

Contact Person and Telephone
KATHI GRABEN
630-257-2291

Registered Agent Information
Rev. Monsignor Micheal Boland
721 N. LaSalle
Chicago, IL 60654

Date Completed
4/19/2012

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	5
Mental Illness	12
Developmental Disability	0
Circulatory System	54
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	90

Total Residents Diagnosed as Mentally Ill 71

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	99	99	99	99	90	9	99	65
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	99	99	90	9	99	65

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	94
Total Admissions 2011	77
Total Discharges 2011	81
Residents on 12/31/2011	90
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3868	10.7%	14777	62.3%	0	130	15379	260	34414	95.2%	95.2%
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	3868	10.7%	14777	62.3%	0	130	15379	260	34414	95.2%	95.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	2	1	0	0	0	0	0	0	2	1	3
75 to 84	4	14	0	0	0	0	0	0	4	14	18
85+	9	57	0	0	0	0	0	0	9	57	66
TOTALS	18	72	0	0	0	0	0	0	18	72	90

HOLY FAMILY VILLA
12220 SOUTH WILL COOK ROAD
PALOS PARK, IL. 60464

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	37	0	0	44	0	90
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	37	0	0	44	0	90

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	284	260
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	88	0	0	0	88
Race Unknown	0	0	0	0	0
Total	90	0	0	0	90

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	89	0	0	0	89
Ethnicity Unknown	0	0	0	0	0
Total	90	0	0	0	90

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	6.00
Certified Aides	27.00
Other Health Staff	1.00
Non-Health Staff	47.00
Totals	96.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
26.6%	28.8%	0.0%	1.3%	43.3%	100.0%		0.9%
2,014,939	2,184,745	0	97,733	3,287,710	7,585,127	71,896	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HOME BRIDGE CENTER
1701 5TH AVENUE
BELVIDERE, IL. 61008

Reference Numbers Facility ID 6003073
Health Service Area 001 Planning Service Area 007

Administrator
Patrick Scales

Contact Person and Telephone
PATRICK SCALES
815-547-5451

Date Completed
4/19/2013

Registered Agent Information
Hovde and Tufo PC
107 S. 3rd St. suite #3
Bloomingdale, IL 60108

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	17
Alzheimer Disease	6
Mental Illness	2
Developmental Disability	2
Circulatory System	6
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	56
Total Residents Diagnosed as Mentally Ill	2

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	80	80	67	56	56	24	0	80
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	80	80	67	56	56	24	0	80

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	58
Total Admissions 2011	89
Total Discharges 2011	93
Residents on 12/31/2011	54
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2188	0.0%	18037	61.8%	0	433	664	0	21322	73.0%	73.0%
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	2188	0.0%	18037	61.8%	0	433	664	0	21322	73.0%	73.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	1	2	0	0	0	0	0	0	1	2	3
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	6	5	0	0	0	0	0	0	6	5	11
75 to 84	6	16	0	0	0	0	0	0	6	16	22
85+	4	10	0	0	0	0	0	0	4	10	14
TOTALS	20	36	0	0	0	0	0	0	20	36	56

HOME BRIDGE CENTER
1701 5TH AVENUE
BELVIDERE, IL. 61008

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 007

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	48	0	1	0	0	56
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	48	0	1	0	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	300	250
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	54	0	0	0	54
Race Unknown	0	0	0	0	0
Total	56	0	0	0	56

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	52	0	0	0	52
Ethnicity Unknown	0	0	0	0	0
Total	56	0	0	0	56

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	4.00
Certified Aides	18.00
Other Health Staff	3.00
Non-Health Staff	24.00
Totals	59.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
26.2%	64.5%	0.0%	4.6%	4.8%	100.0%		0.0%
893,989	2,203,951	0	155,675	163,289	3,416,904	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HOMESTEAD HOUSE
1120 NORTH DIVISION STREET
CARTERVILLE, IL. 62918

Reference Numbers Facility ID 6011647
Health Service Area 005 Planning Service Area 055

Administrator
WILLIAM J. MATTINGLY

Contact Person and Telephone
LORI JONES
618-985-8351

Registered Agent Information

Date Completed
4/2/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	12
Total Residents Diagnosed as Mentally Ill	6

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	12	16	12	4		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	12	16	12	4	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	2
Total Discharges 2011	6
Residents on 12/31/2011	12
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4380	75.0%	0	0	0	0	4380	75.0%	75.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4380	75.0%	0	0	0	0	4380	75.0%	75.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	0	0	0	2	0	2
45 to 59	0	0	0	0	7	0	0	0	7	0	7
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	3	0	0	0	3	3
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	9	3	0	0	9	3	12

HOMESTEAD HOUSE
1120 NORTH DIVISION STREET
CARTERVILLE, IL. 62918

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 055

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	206	103
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.33
LPN's	0.00
Certified Aides	8.00
Other Health Staff	1.00
Non-Health Staff	2.00
Totals	12.33

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	80.1%	3.7%	0.0%	16.1%	100.0%		0.0%
0	429,461	19,918	0	86,466	535,845	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HOPE CREEK CARE CENTER
4343 Kennedy Drive
EAST MOLINE, IL. 61244

Reference Numbers Facility ID 6006761
Health Service Area 010 Planning Service Area 161

Administrator
TRUDY WHITTINGTON

Contact Person and Telephone
TRUDY WHITTINGTON
(309) 796-6600

Date Completed
4/19/2013

Registered Agent Information
PHILLIP BANASZEK, COUNTY BOARD
1504 - THIRD AVENUE
Rock Island, IL 61201

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	17
Blood Disorders	4
*Nervous System Non Alzheimer	17
Alzheimer Disease	20
Mental Illness	0
Developmental Disability	0
Circulatory System	59
Respiratory System	8
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	2
Other Medical Conditions	89
Non-Medical Conditions	0
TOTALS	223

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	245	245	243	245	223	22	245	245
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	245	245	243	245	223	22	245	245

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	231
Total Admissions 2011	289
Total Discharges 2011	297
Residents on 12/31/2011	223
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9408	10.5%	54049	60.4%	691	23	20144	0	84315	94.3%	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	9408	10.5%	54049	60.4%	691	23	20144	0	84315	94.3%	94.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	2	0	0	0	0	0	0	3	2	5
60 to 64	2	5	0	0	0	0	0	0	2	5	7
65 to 74	9	12	0	0	0	0	0	0	9	12	21
75 to 84	15	45	0	0	0	0	0	0	15	45	60
85+	18	112	0	0	0	0	0	0	18	112	130
TOTALS	47	176	0	0	0	0	0	0	47	176	223

HOPE CREEK CARE CENTER
4343 Kennedy Drive
EAST MOLINE, IL. 61244

Reference Numbers Facility ID **Health Service Area** 010 **Planning Service Area** 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	143	1	2	57	0	223
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	143	1	2	57	0	223

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	178	158
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	212	0	0	0	212
Race Unknown	2	0	0	0	2
Total	223	0	0	0	223

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	218	0	0	0	218
Ethnicity Unknown	2	0	0	0	2
Total	223	0	0	0	223

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	19.00
LPN's	37.00
Certified Aides	126.00
Other Health Staff	2.00
Non-Health Staff	84.00
Totals	271.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
24.9%	49.5%	0.0%	1.5%	24.0%	100.0%		0.0%
3,564,589	7,091,693	0	216,675	3,441,566	14,314,524	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HOPE HOUSE
106 EAST SECOND SOUTH STREET
ARCOLA, IL. 61910

Reference Numbers Facility ID 6011563
Health Service Area 004 Planning Service Area 041

Administrator
Sherry Newton

Contact Person and Telephone
Sherry Newton
217 398 0754 ext 13

Date Completed
4/17/2013

Registered Agent Information
Dave krchak
30 E Main St
Champaign, IL 61821

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	14

Total Residents Diagnosed as Mentally Ill 13

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	14	2	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	1
Total Discharges 2011	2
Residents on 12/31/2011	14
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5302	90.8%	0	0	0	0	5302	90.8%	90.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5302	90.8%	0	0	0	0	5302	90.8%	90.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	2	0	0	4	2	6
45 to 59	0	0	0	0	2	3	0	0	2	3	5
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	2	1	0	0	2	1	3
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	6	0	0	8	6	14

HOPE HOUSE
106 EAST SECOND SOUTH STREET
ARCOLA, IL. 61910

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 041

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	147	147
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	10	0	10
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	10.50
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	89.0%	11.0%	0.0%	0.0%	100.0%		0.0%
0	575,138	71,393	0	0	646,532	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HOPEDALE NURSING HOME
107 TREMONT STR. P.O. BOX 267
HOPEDALE, IL. 61747

Reference Numbers Facility ID 6004626
Health Service Area 002 Planning Service Area 179

Administrator
Larry L. Noreuil

Contact Person and Telephone
TIMOTHY W. SONDAG
309-449-4145

Registered Agent Information

Date Completed
3/21/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	1
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	31
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	47

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	54	52	52	52	47	7	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	54	52	52	52	47	7	0	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	44
Total Admissions 2011	49
Total Discharges 2011	46
Residents on 12/31/2011	47
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	366	14060	2728	17154	87.0%	90.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	0	0.0%	0	366	14060	2728	17154	87.0%	90.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	4	6	0	0	0	0	0	0	4	6	10
85+	2	33	0	0	0	0	0	0	2	33	35
TOTALS	6	41	0	0	0	0	0	0	6	41	47

HOPEDALE NURSING HOME
107 TREMONT STR. P.O. BOX 267
HOPEDALE, IL. 61747

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	1	39	7	47
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	1	39	7	47

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	47	0	0	0	47
Race Unknown	0	0	0	0	0
Total	47	0	0	0	47

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	47	0	0	0	47
Ethnicity Unknown	0	0	0	0	0
Total	47	0	0	0	47

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	9.00
Certified Aides	22.00
Other Health Staff	0.00
Non-Health Staff	3.00
Totals	38.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	1.1%	98.9%	100.0%		12.5%
0	0	0	25,620	2,218,226	2,243,846	280,049	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Bed Change 7/24/2012 Facility discontinued 20 Nursing Care beds; facility now has 54 Nursing Care beds.

HUNT TERRACE
1180 SOUTH 4TH AVENUE
KANKAKEE, IL. 60901

Reference Numbers Facility ID 6012421
Health Service Area 009 Planning Service Area 091

Administrator
Jennifer Allsopp

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 62401

Date Completed
4/5/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 2

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	1
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5511	94.4%	0	0	0	0	5511	94.4%	94.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5511	94.4%	0	0	0	0	5511	94.4%	94.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	3	0	0	5	3	8
45 to 59	0	0	0	0	1	3	0	0	1	3	4
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	7	8	0	0	7	8	15

HUNT TERRACE
1180 SOUTH 4TH AVENUE
KANKAKEE, IL. 60901

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	125
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	1	0	1
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	79.7%	1.4%	0.0%	18.9%	100.0%		0.0%
0	571,656	10,137	0	135,196	716,990	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

HUNTER HOUSE
505 NORTHEAST PERRY STREET
PEORIA, IL. 61603

Reference Numbers Facility ID 6004659
Health Service Area 002 Planning Service Area 143

Administrator
Marie Dixon

Contact Person and Telephone
MARIE DIXON
309-673-2676

Registered Agent Information

Date Completed
4/15/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	9
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	9
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	10	15	9	6		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	10	15	9	6	0	15

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	10
Total Admissions 2011	0
Total Discharges 2011	1
Residents on 12/31/2011	9
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			3592	65.6%	0	0	0	0	3592	65.6%	65.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	3592	65.6%	0	0	0	0	3592	65.6%	65.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	0	0	0	1	0	1
45 to 59	0	0	0	0	4	2	0	0	4	2	6
60 to 64	0	0	0	0	0	2	0	0	0	2	2
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	5	4	0	0	5	4	9

HUNTER HOUSE
505 NORTHEAST PERRY STREET
PEORIA, IL. 61603

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		9	0	0	0	0	9
Sheltered Care			0	0	0	0	0
TOTALS	0	9	0	0	0	0	9

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	105
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	7	0	7
Race Unknown	0	0	0	0	0
Total	0	0	9	0	9

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	9	0	9
Ethnicity Unknown	0	0	0	0	0
Total	0	0	9	0	9

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	7.00
Non-Health Staff	1.00
Totals	9.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	72.3%	0.0%	27.7%	100.0%		0.0%
0	0	317,828	0	121,962	439,790	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

IL VETERANS HOME AT LASALLE
1015 O'CONOR
LASALLE, IL. 61301

Reference Numbers Facility ID 6015481
Health Service Area 002 Planning Service Area 099

Administrator
John Koehler

Contact Person and Telephone
John Koehler
(815)223-0303, ext 200

Date Completed
4/1/2013

Registered Agent Information
IDVA
833 S. Spring St.
Springfield, IL 62794

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	47
Mental Illness	7
Developmental Disability	0
Circulatory System	54
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	172

Total Residents Diagnosed as Mentally Ill 54

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	200	200	182	0	172	28	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	200	200	182	0	172	28	0	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	182
Total Admissions 2011	56
Total Discharges 2011	66
Residents on 12/31/2011	172
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	65093	0	0	65093	89.2%	89.2%
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%	0	65093	0	0	65093	89.2%	89.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	8	0	0	0	0	0	0	0	8	0	8
65 to 74	16	0	0	0	0	0	0	0	16	0	16
75 to 84	46	0	0	0	0	0	0	0	46	0	46
85+	96	6	0	0	0	0	0	0	96	6	102
TOTALS	166	6	0	0	0	0	0	0	166	6	172

IL VETERANS HOME AT LASALLE
1015 O'CONOR
LASALLE, IL. 61301

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	172	0	172
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	172	0	172

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	171	0	0	0	171
Race Unknown	0	0	0	0	0
Total	172	0	0	0	172

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	169	0	0	0	169
Ethnicity Unknown	0	0	0	0	0
Total	172	0	0	0	172

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	30.00
LPN's	6.00
Certified Aides	82.00
Other Health Staff	14.00
Non-Health Staff	56.00
Totals	190.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.9%	0.0%	76.5%	0.1%	22.5%	100.0%		0.0%
90,694	0	7,913,913	9,166	2,325,368	10,339,141	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

IL VETERANS HOME AT MANTENO
1 VETERANS DRIVE
MANTENO, IL. 60901

Reference Numbers Facility ID 6014948
Health Service Area 009 Planning Service Area 091

Administrator
Reginald L. Booker

Contact Person and Telephone
ELAINE SCHWASS
815-468-6581

Date Completed
4/8/2013

Registered Agent Information
Illinois Department of Veterans Affairs
833 S. Spring St.
Springfield, IL 62794

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	35
Alzheimer Disease	57
Mental Illness	58
Developmental Disability	0
Circulatory System	58
Respiratory System	2
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	14
Musculo-skeletal Disorders	8
Injuries and Poisonings	29
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	277
Total Residents Diagnosed as Mentally Ill	155

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	340	292	292	292	277	63	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	340	292	292	292	277	63	0	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	292
Total Admissions 2011	87
Total Discharges 2011	102
Residents on 12/31/2011	277
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	105233	0	105233	84.8%	98.7%
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	0	0.0%	0	0.0%	0	0	105233	0	105233	84.8%	98.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	4	0	0	0	0	0	0	0	4	0	4
60 to 64	18	1	0	0	0	0	0	0	18	1	19
65 to 74	25	0	0	0	0	0	0	0	25	0	25
75 to 84	60	2	0	0	0	0	0	0	60	2	62
85+	152	15	0	0	0	0	0	0	152	15	167
TOTALS	259	18	0	0	0	0	0	0	259	18	277

IL VETERANS HOME AT MANTENO
1 VETERANS DRIVE
MANTENO, IL. 60901

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	277	0	0	277
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	277	0	0	277

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	92	92
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	20	0	0	0	20
Hawaiian/Pacific Isl.	0	0	0	0	0
White	255	0	0	0	255
Race Unknown	2	0	0	0	2
Total	277	0	0	0	277

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	275	0	0	0	275
Total	277	0	0	0	277

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	11.00
Physicians	3.00
Director of Nursing	1.00
Registered Nurses	50.00
LPN's	24.00
Certified Aides	141.00
Other Health Staff	23.00
Non-Health Staff	82.00
Totals	335.00

NET REVENUE BY PAYOR 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%	0.0%	76.0%	0.3%	22.3%	100.0%		0.0%
253,000	0	13,270,000	45,000	3,900,000	17,468,000	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

IL VETERANS HOME AT QUINCY
1707 N. 12TH STREET
QUINCY, IL. 62301

Reference Numbers Facility ID 6015473
Health Service Area 003 Planning Service Area 001

Administrator
Bruce Vaca

Contact Person and Telephone
TANE TEMPLE
217-222-8621 ext 202

Registered Agent Information

Date Completed
4/10/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	26
Blood Disorders	1
*Nervous System Non Alzheimer	43
Alzheimer Disease	25
Mental Illness	119
Developmental Disability	0
Circulatory System	114
Respiratory System	16
Digestive System	2
Genitourinary System Disorders	8
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	2
Other Medical Conditions	10
Non-Medical Conditions	3
TOTALS	380
Total Residents Diagnosed as Mentally Ill	264

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	551	551	380	551	380	171	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	551	551	380	551	380	171	0	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	385
Total Admissions 2011	137
Total Discharges 2011	142
Residents on 12/31/2011	380
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	137186	0	137186	68.2%	68.2%
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%	0	0	137186	0	137186	68.2%	68.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	8	0	0	0	0	0	0	0	8	0	8
60 to 64	15	0	0	0	0	0	0	0	15	0	15
65 to 74	42	0	0	0	0	0	0	0	42	0	42
75 to 84	109	0	0	0	0	0	0	0	109	0	109
85+	156	50	0	0	0	0	0	0	156	50	206
TOTALS	330	50	0	0	0	0	0	0	330	50	380

IL VETERANS HOME AT QUINCY
1707 N. 12TH STREET
QUINCY, IL. 62301

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 001

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	15	365	0	380
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	15	365	0	380

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	289	289
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	371	0	0	0	371
Race Unknown	3	0	0	0	3
Total	380	0	0	0	380

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	377	0	0	0	377
Ethnicity Unknown	0	0	0	0	0
Total	380	0	0	0	380

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	3.00
Director of Nursing	1.00
Registered Nurses	55.00
LPN's	51.00
Certified Aides	156.00
Other Health Staff	22.00
Non-Health Staff	232.00
Totals	521.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
3.9%	0.0%	65.4%	0.6%	30.0%	100.0%		0.0%
693,145	0	11,667,521	110,284	5,357,253	17,828,203	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ILLINI HERITAGE REHAB & NURSING CENTER
1315 CURT DRIVE BOX 6179
CHAMPAIGN, IL. 61826

Reference Numbers Facility ID 6004212
Health Service Area 004 Planning Service Area 019

Administrator
Chris Collins

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/17/2013

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	0
Circulatory System	19
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	9
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	53
Total Residents Diagnosed as Mentally Ill	38

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	60	58	58	58	53	7	60	60
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	60	58	58	58	53	7	60	60

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	47
Total Admissions 2011	68
Total Discharges 2011	62
Residents on 12/31/2011	53
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	967	4.4%	13110	59.9%	1046	0	4068	0	19191	87.6%	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	967	4.4%	13110	59.9%	1046	0	4068	0	19191	87.6%	90.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	4	2	0	0	0	0	0	0	4	2	6
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	2	10	0	0	0	0	0	0	2	10	12
75 to 84	1	11	0	0	0	0	0	0	1	11	12
85+	4	17	0	0	0	0	0	0	4	17	21
TOTALS	12	41	0	0	0	0	0	0	12	41	53

ILLINI HERITAGE REHAB & NURSING CENTER
1315 CURT DRIVE BOX 6179
CHAMPAIGN, IL. 61826

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 019

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	41	0	0	9	0	53
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	41	0	0	9	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	115
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pacific Isl.	0	0	0	0	0
White	39	0	0	0	39
Race Unknown	1	0	0	0	1
Total	53	0	0	0	53

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	52	0	0	0	52
Ethnicity Unknown	0	0	0	0	0
Total	53	0	0	0	53

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	7.00
Certified Aides	22.00
Other Health Staff	1.00
Non-Health Staff	18.00
Totals	51.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
6.6%	72.7%	0.0%	0.0%	20.7%	100.0%		0.3%
160,748	1,763,420	0	0	501,200	2,425,368	7,009	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ILLINOIS KNIGHTS TEMPLAR HOME
450 EAST FULTON STREET
PAXTON, IL. 60957

Reference Numbers Facility ID 6004675
Health Service Area 004 Planning Service Area 053

Administrator
Kathy Laube

Contact Person and Telephone
HOLLY BERG
217-379-2116

Date Completed
4/19/2013

Registered Agent Information
Nicolas Lynn
190 South Lasalle St. Suite 3700
Chicago, IL 60603

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	14
Mental Illness	2
Developmental Disability	1
Circulatory System	7
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	3
Other Medical Conditions	3
Non-Medical Conditions	2
TOTALS	53

Total Residents Diagnosed as Mentally Ill 2

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	75	75	65	75	53	22	75	26
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	75	75	65	75	53	22	75	26

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	63
Total Admissions 2011	55
Total Discharges 2011	65
Residents on 12/31/2011	53
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2182	8.0%	8437	88.9%	0	85	11268	0	21972	80.3%	80.3%
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	2182	8.0%	8437	88.9%	0	85	11268	0	21972	80.3%	80.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	0	0	0	0	0	0	0	2	0	2
75 to 84	2	8	0	0	0	0	0	0	2	8	10
85+	10	31	0	0	0	0	0	0	10	31	41
TOTALS	14	39	0	0	0	0	0	0	14	39	53

ILLINOIS KNIGHTS TEMPLAR HOME
450 EAST FULTON STREET
PAXTON, IL. 60957

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 053

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	19	0	0	28	0	53
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	19	0	0	28	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	155
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	53	0	0	0	53
Race Unknown	0	0	0	0	0
Total	53	0	0	0	53

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	53	0	0	0	53
Ethnicity Unknown	0	0	0	0	0
Total	53	0	0	0	53

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	4.00
Certified Aides	25.00
Other Health Staff	2.00
Non-Health Staff	35.00
Totals	75.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
27.5%	22.4%	0.0%	3.0%	47.0%	100.0%		0.7%
1,140,912	929,922	0	126,449	1,949,266	4,146,549	27,066	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ILLINOIS PRESBYTERIAN HOME
2005 WEST LAWRENCE
SPRINGFIELD, IL. 62704

Reference Numbers Facility ID 6004709
Health Service Area 003 Planning Service Area 167

Administrator
THOMAS P. O'FALLON

Contact Person and Telephone
THOMAS P. O'FALLON
217-546-5622

Date Completed
4/3/2013

Registered Agent Information
HARVEY M. STEPHENS
205 S. FIFTH STREET, SUITE 700
Springfield, IL 62701

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	1
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	35
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	56

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	15	9	8	9	5	10	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	73	65	54	65	51	22		
TOTAL BEDS	88	74	62	74	56	32	0	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	52
Total Admissions 2011	39
Total Discharges 2011	35
Residents on 12/31/2011	56
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	1383	559	1942	35.5%	59.1%
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	12972	5245	18217	68.4%	76.8%
TOTALS	0	0.0%	0	0.0%	0	0	14355	5804	20159	62.8%	74.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	1	0	1	1
65 to 74	0	0	0	0	0	0	0	1	0	1	1
75 to 84	0	2	0	0	0	0	0	5	0	7	7
85+	1	2	0	0	0	0	10	34	11	36	47
TOTALS	1	4	0	0	0	0	10	41	11	45	56

ILLINOIS PRESBYTERIAN HOME
2005 WEST LAWRENCE
SPRINGFIELD, IL. 62704

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	5	0	5
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	51	0	51
TOTALS	0	0	0	0	56	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	94	82
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	46	42

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	5	0	0	51	56
Race Unknown	0	0	0	0	0
Total	5	0	0	51	56

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	5	0	0	51	56
Ethnicity Unknown	0	0	0	0	0
Total	5	0	0	51	56

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.50
Physicians	0.00
Director of Nursing	0.70
Registered Nurses	0.50
LPN's	4.30
Certified Aides	4.80
Other Health Staff	1.30
Non-Health Staff	11.70
Totals	24.80

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		28.8%
0	0	0	0	1,231,403	1,231,403	354,436	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ILLINOIS VETERANS HOME AT ANNA
792 NORTH MAIN
ANNA, IL. 62906

Reference Numbers Facility ID 6014120
Health Service Area 005 Planning Service Area 181

Administrator
Lenard F. Winnicki

Contact Person and Telephone
Lenard F. Winnicki
618-833-6302 ext 226

Date Completed
4/18/2013

Registered Agent Information
Illinois Department of Veterans Affairs-Mr
833 South Spring Street POB 19432
Springfield, IL 62794

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	10
Mental Illness	14
Developmental Disability	0
Circulatory System	9
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	48

Total Residents Diagnosed as Mentally Ill 14

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	50	50	50	50	48	2	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	50	50	50	50	48	2	0	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	48
Total Admissions 2011	24
Total Discharges 2011	24
Residents on 12/31/2011	48
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	16613	0	16613	91.0%	91.0%
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	0	0.0%	0	0.0%	0	0	16613	0	16613	91.0%	91.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	0	0	0	0	0	0	0	3	0	3
75 to 84	16	2	0	0	0	0	0	0	16	2	18
85+	25	2	0	0	0	0	0	0	25	2	27
TOTALS	44	4	0	0	0	0	0	0	44	4	48

ILLINOIS VETERANS HOME AT ANNA
792 NORTH MAIN
ANNA, IL. 62906

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 181

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	48	0	48
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	48	0	48

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	223
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	48	0	0	0	48
Race Unknown	0	0	0	0	0
Total	48	0	0	0	48

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	48	0	0	0	48
Ethnicity Unknown	0	0	0	0	0
Total	48	0	0	0	48

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	6.00
Certified Aides	27.00
Other Health Staff	0.00
Non-Health Staff	33.00
Totals	78.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.3%	0.0%	74.3%	0.0%	25.3%	100.0%		0.0%
9,053	0	1,951,253	1,222	664,044	2,625,574	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

IMBODEN CREEK LIVING CENTER
180 WEST IMBODEN DRIVE
DECATUR, IL. 62521

Reference Numbers Facility ID 6012579
Health Service Area 004 Planning Service Area 115

Administrator
Molly Carpenter

Contact Person and Telephone
MOLLY CARPENTER
217-422-6464

Registered Agent Information

Date Completed
4/15/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	8
Mental Illness	9
Developmental Disability	0
Circulatory System	7
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	2
Other Medical Conditions	28
Non-Medical Conditions	1
TOTALS	84

Total Residents Diagnosed as Mentally Ill 9

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	95	87	87	87	84	11	95	95
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	95	87	87	87	84	11	95	95

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	80
Total Admissions 2011	102
Total Discharges 2011	98
Residents on 12/31/2011	84
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4302	12.4%	7400	21.3%	0	267	17371	0	29340	84.6%	92.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4302	12.4%	7400	21.3%	0	267	17371	0	29340	84.6%	92.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	8	17	0	0	0	0	0	0	8	17	25
85+	16	43	0	0	0	0	0	0	16	43	59
TOTALS	24	60	0	0	0	0	0	0	24	60	84

IMBODEN CREEK LIVING CENTER
180 WEST IMBODEN DRIVE
DECATUR, IL. 62521

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	21	0	0	49	0	84
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	21	0	0	49	0	84

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	172
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	84	0	0	0	84
Race Unknown	0	0	0	0	0
Total	84	0	0	0	84

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	84	0	0	0	84
Ethnicity Unknown	0	0	0	0	0
Total	84	0	0	0	84

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	19.00
Certified Aides	46.00
Other Health Staff	4.00
Non-Health Staff	49.00
Totals	123.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
28.2%	15.7%	0.0%	2.0%	54.1%	100.0%		0.0%
1,652,773	922,994	0	116,868	3,176,749	5,869,385	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

IMPERIAL GROVE PAVILION
1366 WEST FULLERTON AVENUE
CHICAGO, IL. 60614

Reference Numbers Facility ID 6004733
Health Service Area 006 Planning Service Area 602

Administrator
GINA McCARTHY

Contact Person and Telephone
GINA McCARTHY
773-248-9300

Date Completed
5/2/2013

Registered Agent Information
MURCH SHELIST
191 NORTH WACKER DRIVE
Chicago, IL 60606

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	8
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	248	248	228	248	228	20	248	248
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	248	248	228	248	228	20	248	248

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	233
Total Admissions 2011	876
Total Discharges 2011	881
Residents on 12/31/2011	228
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	16509	18.2%	54338	60.0%	0	7063	4683	0	82593	91.2%	91.2%
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	16509	18.2%	54338	60.0%	0	7063	4683	0	82593	91.2%	91.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	1	0	0	0	0	0	0	2	1	3
45 to 59	5	3	0	0	0	0	0	0	5	3	8
60 to 64	15	20	0	0	0	0	0	0	15	20	35
65 to 74	40	40	0	0	0	0	0	0	40	40	80
75 to 84	40	30	0	0	0	0	0	0	40	30	70
85+	23	9	0	0	0	0	0	0	23	9	32
TOTALS	125	103	0	0	0	0	0	0	125	103	228

IMPERIAL GROVE PAVILION
1366 WEST FULLERTON AVENUE
CHICAGO, IL. 60614

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	46	143	6	23	10	0	228
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	46	143	6	23	10	0	228

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	200
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	0	5
American Indian	1	0	0	0	1
Black	86	0	0	0	86
Hawaiian/Pacific Isl.	26	0	0	0	26
White	110	0	0	0	110
Race Unknown	0	0	0	0	0
Total	228	0	0	0	228

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	32	0	0	0	32
Non-Hispanic	196	0	0	0	196
Ethnicity Unknown	0	0	0	0	0
Total	228	0	0	0	228

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	50.00
LPN's	23.00
Certified Aides	100.00
Other Health Staff	62.00
Non-Health Staff	49.00
Totals	286.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
39.3%	38.3%	0.0%	14.3%	8.2%	100.0%		0.0%
8,401,753	8,191,117	0	3,055,217	1,749,807	21,397,894	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

INTERNATIONAL NURSING & REHAB CENTER
4815 SOUTH WESTERN BLVD
CHICAGO, IL. 60609

Reference Numbers Facility ID 6014617
Health Service Area 006 Planning Service Area 603

Administrator
Charles Slagle

Contact Person and Telephone
CHARLES SLAGLE
773-927-4200

Registered Agent Information
Fred Frankel of Yam Management
8131 N Monticello Ave.
SKOKIE, IL 60076

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	29
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	63
Mental Illness	1
Developmental Disability	0
Circulatory System	20
Respiratory System	18
Digestive System	0
Genitourinary System Disorders	15
Skin Disorders	3
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	154

Total Residents Diagnosed as Mentally Ill 1

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	218	180	154	180	154	64	218	218
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	218	180	154	180	154	64	218	218

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	132
Total Admissions 2011	212
Total Discharges 2011	190
Residents on 12/31/2011	154
Identified Offenders	6

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12534	15.8%	34830	43.8%	0	813	596	0	48773	61.3%	74.2%
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	12534	15.8%	34830	43.8%	0	813	596	0	48773	61.3%	74.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	8	6	0	0	0	0	0	0	8	6	14
60 to 64	10	3	0	0	0	0	0	0	10	3	13
65 to 74	22	16	0	0	0	0	0	0	22	16	38
75 to 84	26	27	0	0	0	0	0	0	26	27	53
85+	8	26	0	0	0	0	0	0	8	26	34
TOTALS	76	78	0	0	0	0	0	0	76	78	154

INTERNATIONAL NURSING & REHAB CENTER
4815 SOUTH WESTERN BLVD
CHICAGO, IL. 60609

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	55	98	0	0	1	0	154
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	55	98	0	0	1	0	154

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	225
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	69	0	0	0	69
Hawaiian/Pacific Isl.	0	0	0	0	0
White	84	0	0	0	84
Race Unknown	0	0	0	0	0
Total	154	0	0	0	154

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	53	0	0	0	53
Non-Hispanic	101	0	0	0	101
Ethnicity Unknown	0	0	0	0	0
Total	154	0	0	0	154

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	38.46
Certified Aides	52.30
Other Health Staff	12.85
Non-Health Staff	46.65
Totals	159.26

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
25.1%	72.6%	0.0%	0.9%	1.3%	100.0%		0.0%
2,148,112	6,203,216	0	80,433	114,238	8,545,999	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

IONA GLOS SPECIAL LIVING CENTER
50 SOUTH FAIRBANK STREET
ADDISON, IL. 60101

Reference Numbers Facility ID 6004782
Health Service Area 007 Planning Service Area 703

Administrator
Marianne Scaccia

Contact Person and Telephone
ALAN BLUM
630-543-2440

Registered Agent Information

Date Completed
3/21/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	100
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	100

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	100	100	100	100	100	0		100
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	100	100	100	100	100	0	0	100

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	100
Total Admissions 2011	5
Total Discharges 2011	5
Residents on 12/31/2011	100
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			365	1.0%	0	0	0	0	365	1.0%	1.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	365	1.0%	0	0	0	0	365	1.0%	1.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	9	4	0	0	9	4	13
45 to 59	0	0	0	0	29	25	0	0	29	25	54
60 to 64	0	0	0	0	9	10	0	0	9	10	19
65 to 74	0	0	0	0	8	3	0	0	8	3	11
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	58	42	0	0	58	42	100

IONA GLOS SPECIAL LIVING CENTER
50 SOUTH FAIRBANK STREET
ADDISON, IL. 60101

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		100	0	0	0	0	100
Sheltered Care			0	0	0	0	0
TOTALS	0	100	0	0	0	0	100

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	3	0	3
American Indian	0	0	0	0	0
Black	0	0	11	0	11
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	86	0	86
Race Unknown	0	0	0	0	0
Total	0	0	100	0	100

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	3	0	3
Non-Hispanic	0	0	97	0	97
Ethnicity Unknown	0	0	0	0	0
Total	0	0	100	0	100

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	7.00
Certified Aides	71.00
Other Health Staff	0.00
Non-Health Staff	22.00
Totals	110.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	83.7%	1.5%	0.0%	14.8%	100.0%		0.0%
0	4,942,028	88,055	0	871,077	5,901,160	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

IROQUOIS RESIDENT HOME
200 FAIRMAN AVENUE
WATSEKA, IL. 60970

Reference Numbers Facility ID 6004790
Health Service Area 004 Planning Service Area 075

Administrator
Tom McCann

Contact Person and Telephone
JANET BURTON
815-432-7970

Registered Agent Information

Date Completed
4/16/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	32

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	44	35	34	35	32	12	35	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	44	35	34	35	32	12	35	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	22
Total Admissions 2011	134
Total Discharges 2011	124
Residents on 12/31/2011	32
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1766	13.8%	0	0.0%	0	489	7321	0	9576	59.6%	75.0%
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	1766	13.8%	0	0.0%	0	489	7321	0	9576	59.6%	75.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	2	9	0	0	0	0	0	0	2	9	11
85+	5	12	0	0	0	0	0	0	5	12	17
TOTALS	8	24	0	0	0	0	0	0	8	24	32

IROQUOIS RESIDENT HOME
200 FAIRMAN AVENUE
WATSEKA, IL. 60970

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 075

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	0	0	1	26	0	32
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	0	0	1	26	0	32

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	215	195
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	32	0	0	0	32
Race Unknown	0	0	0	0	0
Total	32	0	0	0	32

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	32	0	0	0	32
Ethnicity Unknown	0	0	0	0	0
Total	32	0	0	0	32

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.10
Director of Nursing	1.00
Registered Nurses	1.30
LPN's	6.90
Certified Aides	13.60
Other Health Staff	0.00
Non-Health Staff	2.30
Totals	25.20

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
28.0%	0.0%	0.0%	1.9%	70.1%	100.0%		0.0%
581,923	0	0	38,961	1,456,782	2,077,666	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

JACKSON SQUARE NURSING & REHAB CTR
5130 WEST JACKSON BOULEVARD
CHICAGO, IL. 60644

Reference Numbers Facility ID 6004832
Health Service Area 006 Planning Service Area 602

Administrator
Rick Walworth

Contact Person and Telephone
Rick Walworth

Date Completed
4/9/2013

Registered Agent Information
Much Shelist Denenberg Ament and Rub
191 N. Wacker Drive #1800
Chicago, IL 60606

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	30
Blood Disorders	15
*Nervous System Non Alzheimer	15
Alzheimer Disease	25
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	41
Digestive System	10
Genitourinary System Disorders	10
Skin Disorders	3
Musculo-skeletal Disorders	10
Injuries and Poisonings	15
Other Medical Conditions	20
Non-Medical Conditions	0
TOTALS	204

Total Residents Diagnosed as Mentally Ill 75

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	234	218	204	218	204	30	234	234
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	234	218	204	218	204	30	234	234

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	195
Total Admissions 2011	320
Total Discharges 2011	311
Residents on 12/31/2011	204
Identified Offenders	15

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8718	10.2%	56678	66.4%	1792	547	541	0	68276	79.9%	85.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	8718	10.2%	56678	66.4%	1792	547	541	0	68276	79.9%	85.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	5	1	0	0	0	0	0	0	5	1	6
45 to 59	25	15	0	0	0	0	0	0	25	15	40
60 to 64	20	11	0	0	0	0	0	0	20	11	31
65 to 74	25	13	0	0	0	0	0	0	25	13	38
75 to 84	20	30	0	0	0	0	0	0	20	30	50
85+	9	30	0	0	0	0	0	0	9	30	39
TOTALS	104	100	0	0	0	0	0	0	104	100	204

JACKSON SQUARE NURSING & REHAB CTR
5130 WEST JACKSON BOULEVARD
CHICAGO, IL. 60644

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	166	13	2	2	0	204
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	166	13	2	2	0	204

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	3	0	0	0	3
Black	100	0	0	0	100
Hawaiian/Pacific Isl.	0	0	0	0	0
White	100	0	0	0	100
Race Unknown	0	0	0	0	0
Total	204	0	0	0	204

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	64	0	0	0	64
Non-Hispanic	140	0	0	0	140
Ethnicity Unknown	0	0	0	0	0
Total	204	0	0	0	204

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	30.00
Certified Aides	66.00
Other Health Staff	15.00
Non-Health Staff	35.00
Totals	166.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
17.5%	77.4%	4.2%	0.0%	0.8%	100.0%		0.0%
1,952,315	8,611,637	472,852	0	93,072	11,129,876	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

JACKSONVILLE SKILLED NURS & REHAB
1517 WEST WALNUT STREET
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6004840
Health Service Area 003 Planning Service Area 137

Administrator
JENNIFER HUBBERT

Contact Person and Telephone
JENNIFER HUBBERT
(217) 243-6451

Registered Agent Information

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	20
Mental Illness	1
Developmental Disability	0
Circulatory System	15
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	8
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	66
Total Residents Diagnosed as Mentally Ill	3

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	88	88	85	88	75	13	27	88
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	88	88	85	88	75	13	27	88

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	73
Total Admissions 2011	108
Total Discharges 2011	106
Residents on 12/31/2011	75
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5511	55.9%	15332	47.7%	0	155	6827	0	27825	86.6%	86.6%
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	5511	55.9%	15332	47.7%	0	155	6827	0	27825	86.6%	86.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	7	5	0	0	0	0	0	0	7	5	12
75 to 84	8	13	0	0	0	0	0	0	8	13	21
85+	6	35	0	0	0	0	0	0	6	35	41
TOTALS	21	54	0	0	0	0	0	0	21	54	75

JACKSONVILLE SKILLED NURS & REHAB
1517 WEST WALNUT STREET
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 137

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	42	0	0	22	0	75
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	42	0	0	22	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	137	137
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	71	0	0	0	71
Race Unknown	0	0	0	0	0
Total	75	0	0	0	75

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	75	0	0	0	75
Ethnicity Unknown	0	0	0	0	0
Total	75	0	0	0	75

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	12.00
Certified Aides	38.00
Other Health Staff	0.00
Non-Health Staff	19.00
Totals	75.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
53.0%	28.5%	0.0%	1.1%	17.4%	100.0%		0.0%
2,951,484	1,586,101	421	59,382	970,478	5,567,866	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

JAMES R. THOMPSON HOUSE
805 EAST JOHNS STREET
DECATUR, IL. 62521

Reference Numbers Facility ID 6004873
Health Service Area 004 Planning Service Area 115

Administrator
ANNA BRACKENBUSH

Contact Person and Telephone
ANNA BRACKENBUSH
2177103195

Date Completed
4/4/2013

Registered Agent Information
E. Robert Anderson
1204 N. Main Street
Paris, IL 61944

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	14

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	14	2	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	2
Residents on 12/31/2011	14
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5603	95.9%	0	0	0	0	5603	95.9%	95.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5603	95.9%	0	0	0	0	5603	95.9%	95.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	2	0	0	2	2	4
45 to 59	0	0	0	0	3	2	0	0	3	2	5
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	2	1	0	0	2	1	3
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	6	0	0	8	6	14

JAMES R. THOMPSON HOUSE
805 EAST JOHNS STREET
DECATUR, IL. 62521

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	119	119
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	10	0	10
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.11
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.16
LPN's	0.00
Certified Aides	7.35
Other Health Staff	1.05
Non-Health Staff	0.68
Totals	9.35

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	83.6%	0.0%	0.0%	16.4%	100.0%		0.0%
0	551,114	0	0	107,992	659,106	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

JENNINGS TERRACE
275 SOUTH LASALLE
AURORA, IL. 60505

Reference Numbers Facility ID 6004899
Health Service Area 008 Planning Service Area 089

Administrator
David F. Scarpetta

Contact Person and Telephone
DAVID F. SCARPETTA
630-897-6947 Ext 13

Date Completed
4/18/2013

Registered Agent Information
James E. Cheatham
6S487 Densmore Rd
Aurora, IL 60506

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System Non Alzheimer	13
Alzheimer Disease	15
Mental Illness	0
Developmental Disability	0
Circulatory System	46
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	1
TOTALS	119

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	60	60	55	60	51	9	0	8
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	103	103	72	103	68	35		
TOTAL BEDS	163	163	127	163	119	44	0	8

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	121
Total Admissions 2011	160
Total Discharges 2011	162
Residents on 12/31/2011	119
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	2785	95.4%	0	0	15442	0	18227	83.2%	83.2%
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	25391	0	25391	67.5%	67.5%
TOTALS	0	0.0%	2785	95.4%	0	0	40833	0	43618	73.3%	73.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	1	1	2	1	3
60 to 64	0	1	0	0	0	0	1	0	1	1	2
65 to 74	3	1	0	0	0	0	6	4	9	5	14
75 to 84	5	10	0	0	0	0	0	14	5	24	29
85+	6	24	0	0	0	0	12	29	18	53	71
TOTALS	15	36	0	0	0	0	20	48	35	84	119

JENNINGS TERRACE
275 SOUTH LASALLE
AURORA, IL. 60505

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	7	0	0	44	0	51
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	68	0	68
TOTALS	0	7	0	0	112	0	119

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	155
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	38	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	50	0	0	68	118
Race Unknown	0	0	0	0	0
Total	51	0	0	68	119

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	51	0	0	68	119
Ethnicity Unknown	0	0	0	0	0
Total	51	0	0	68	119

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.50
LPN's	6.00
Certified Aides	28.00
Other Health Staff	16.00
Non-Health Staff	26.50
Totals	85.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	6.7%	0.0%	0.0%	93.3%	100.0%		0.0%
0	244,735	0	0	3,414,141	3,658,876	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

JERSEYVILLE MANOR
1251 NORTH STATE STREET
JERSEYVILLE, IL. 62052

Reference Numbers Facility ID 6013312
Health Service Area 003 Planning Service Area 083

Administrator
Dana Bainter

Contact Person and Telephone
DANA BAINTER
618-498-6441

Registered Agent Information
Mike Bibo
285 S Farnham
Galesburg, IL 61401

Date Completed
4/23/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	20
Mental Illness	0
Developmental Disability	0
Circulatory System	27
Respiratory System	7
Digestive System	10
Genitourinary System Disorders	7
Skin Disorders	15
Musculo-skeletal Disorders	11
Injuries and Poisonings	14
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	118

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	160	160	131	160	118	42	160	160
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	160	160	131	160	118	42	160	160

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	122
Total Admissions 2011	231
Total Discharges 2011	235
Residents on 12/31/2011	118
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5580	9.6%	24802	42.5%	1	1	13452	0	43836	75.1%	75.1%
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	5580	9.6%	24802	42.5%	1	1	13452	0	43836	75.1%	75.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	5	11	0	0	0	0	0	0	5	11	16
75 to 84	17	25	0	0	0	0	0	0	17	25	42
85+	12	45	0	0	0	0	0	0	12	45	57
TOTALS	35	83	0	0	0	0	0	0	35	83	118

JERSEYVILLE MANOR
1251 NORTH STATE STREET
JERSEYVILLE, IL. 62052

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 083

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	65	1	1	37	0	118
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	65	1	1	37	0	118

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	118	0	0	0	118
Race Unknown	0	0	0	0	0
Total	118	0	0	0	118

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	117	0	0	0	117
Ethnicity Unknown	0	0	0	0	0
Total	118	0	0	0	118

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	9.00
Certified Aides	62.00
Other Health Staff	3.00
Non-Health Staff	47.00
Totals	136.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
59.1%	18.4%	0.1%	0.5%	21.8%	100.0%		0.0%
5,378,707	1,679,050	11,736	49,657	1,984,280	9,103,430	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

JERSEYVILLE NSG & REHAB CENTER
1001 SOUTH STATE STREET
JERSEYVILLE, IL. 62052

Reference Numbers Facility ID 6004907
Health Service Area 003 Planning Service Area 083

Administrator
MARK WEIBLE

Contact Person and Telephone
AMY ELIK
618-465-7717

Date Completed
4/16/2013

Registered Agent Information
Mark Weible
1001 S. State St.
Jerseyville, IL 62052

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	33
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	18
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	101

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	111	111	108	111	101	10	111	111
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	111	111	108	111	101	10	111	111

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	101
Total Admissions 2011	102
Total Discharges 2011	102
Residents on 12/31/2011	101
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6729	16.6%	15331	37.8%	488	0	12820	0	35368	87.3%	87.3%
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	6729	16.6%	15331	37.8%	488	0	12820	0	35368	87.3%	87.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	6	7	0	0	0	0	0	0	6	7	13
75 to 84	13	23	0	0	0	0	0	0	13	23	36
85+	10	41	0	0	0	0	0	0	10	41	51
TOTALS	29	72	0	0	0	0	0	0	29	72	101

JERSEYVILLE NSG & REHAB CENTER
1001 SOUTH STATE STREET
JERSEYVILLE, IL. 62052

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 083

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	45	2	1	33	0	101
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	45	2	1	33	0	101

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	130
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	101	0	0	0	101
Race Unknown	0	0	0	0	0
Total	101	0	0	0	101

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	101	0	0	0	101
Ethnicity Unknown	0	0	0	0	0
Total	101	0	0	0	101

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	10.00
Certified Aides	39.00
Other Health Staff	3.00
Non-Health Staff	27.00
Totals	86.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
43.2%	30.4%	0.9%	0.0%	25.6%	100.0%		0.0%
3,047,434	2,140,794	61,046	0	1,803,170	7,052,444	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

JOHN C PROCTOR ENDOW HOME
2724 WEST RESERVOIR BLVD
PEORIA, IL. 61615

Reference Numbers Facility ID 6007611
Health Service Area 002 Planning Service Area 143

Administrator
Donna J. Malone

Contact Person and Telephone
DONNA J. MALONE
309-685-6580

Registered Agent Information **Date Completed** 4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	1
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	20
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	48
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	59	59	55	59	48	11	59	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	59	59	55	59	48	11	59	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	48
Total Admissions 2011	72
Total Discharges 2011	72
Residents on 12/31/2011	48
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	14873	3718	18591	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	0	0.0%	0	0.0%	0	0	14873	3718	18591	86.3%	86.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	1	2	0	0	0	0	0	0	1	2	3
85+	8	37	0	0	0	0	0	0	8	37	45
TOTALS	9	39	0	0	0	0	0	0	9	39	48

JOHN C PROCTOR ENDOW HOME
2724 WEST RESERVOIR BLVD
PEORIA, IL. 61615

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	48	0	48
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	48	0	48

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	48	0	0	0	48
Race Unknown	0	0	0	0	0
Total	48	0	0	0	48

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	48	0	0	0	48
Ethnicity Unknown	0	0	0	0	0
Total	48	0	0	0	48

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.40
LPN's	7.10
Certified Aides	22.10
Other Health Staff	0.80
Non-Health Staff	2.80
Totals	41.20

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		22.7%
0	0	0	0	1,898,217	1,898,217	430,507	

*Charity Care Expense does not include expenses which may be considered a community benefit.

JOLIET TERRACE
2230 MCDONOUGH
JOLIET, IL. 60436

Reference Numbers Facility ID 6004964
Health Service Area 009 Planning Service Area 197

Administrator
Diane Calderone

Contact Person and Telephone
DIANE CALDERONE
8157293801

Date Completed
4/15/2013

Registered Agent Information
TM Healthcare Management, LLC
1S443 Summit Ave, Suites 204 A&B
Oakbrook Terrace, IL 60181

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	8
Mental Illness	107
Developmental Disability	9
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	124
Total Residents Diagnosed as Mentally Ill	107

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	120	120	120	116	4	0	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	120	120	116	4	0	120

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	117
Total Admissions 2011	34
Total Discharges 2011	35
Residents on 12/31/2011	116
Identified Offenders	12

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	20880	47.7%	0	0	462	0	21342	48.7%	48.7%
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	0	0.0%	20880	47.7%	0	0	462	0	21342	48.7%	48.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	17	6	0	0	0	0	0	0	17	6	23
45 to 59	30	14	0	0	0	0	0	0	30	14	44
60 to 64	12	8	0	0	0	0	0	0	12	8	20
65 to 74	11	11	0	0	0	0	0	0	11	11	22
75 to 84	1	6	0	0	0	0	0	0	1	6	7
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	71	45	0	0	0	0	0	0	71	45	116

JOLIET TERRACE
2230 MCDONOUGH
JOLIET, IL. 60436

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	112	0	0	4	0	116
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	112	0	0	4	0	116

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	131
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	25	0	0	0	25
Hawaiian/Pacific Isl.	0	0	0	0	0
White	88	0	0	0	88
Race Unknown	0	0	0	0	0
Total	116	0	0	0	116

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	114	0	0	0	114
Ethnicity Unknown	0	0	0	0	0
Total	116	0	0	0	116

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	6.00
Certified Aides	27.00
Other Health Staff	2.00
Non-Health Staff	47.00
Totals	87.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	97.4%	0.0%	0.0%	2.6%	100.0%		0.0%
0	2,069,705	0	0	55,806	2,125,511	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	6/27/2012	Formerly 'Joliet Terrace'.
CHOW	6/27/2012	Change of ownership occurred.

JONESBORO REHAB & HLTHCARE CTR
ROUTE 127 SOUTH P.O. BOX B
JONESBORO, IL. 62952

Reference Numbers Facility ID 6005433
Health Service Area 005 Planning Service Area 181

Administrator
Stephen Hopkins

Contact Person and Telephone
Marikay Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
3/29/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	1
Circulatory System	9
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	13
TOTALS	56
Total Residents Diagnosed as Mentally Ill	11

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	77	73	62	73	56	21	19	77
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	77	73	62	73	56	21	19	77

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	54
Total Admissions 2011	97
Total Discharges 2011	95
Residents on 12/31/2011	56
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3011	43.4%	15042	53.5%	150	90	2411	0	20704	73.7%	77.7%
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	3011	43.4%	15042	53.5%	150	90	2411	0	20704	73.7%	77.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	3	7	0	0	0	0	0	0	3	7	10
75 to 84	10	13	0	0	0	0	0	0	10	13	23
85+	1	18	0	0	0	0	0	0	1	18	19
TOTALS	17	39	0	0	0	0	0	0	17	39	56

JONESBORO REHAB & HLTHCARE CTR
ROUTE 127 SOUTH P.O. BOX B
JONESBORO, IL. 62952

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 181

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	38	0	0	9	0	56
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	38	0	0	9	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	122	108
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	54	0	0	0	54
Race Unknown	0	0	0	0	0
Total	56	0	0	0	56

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	56	0	0	0	56
Ethnicity Unknown	0	0	0	0	0
Total	56	0	0	0	56

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	11.00
Certified Aides	24.00
Other Health Staff	2.00
Non-Health Staff	22.00
Totals	64.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
25.0%	65.5%	0.0%	0.0%	9.6%	100.0%		0.0%
691,108	1,812,737	0	0	264,879	2,768,724	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

JOSHUA MANOR
120 WEST LOCUST STREET
HOYLETON, IL. 62803

Reference Numbers Facility ID 6012058
Health Service Area 005 Planning Service Area 189

Administrator
Melissa A. Reed

Contact Person and Telephone
Melissa A. Reed
618-231-1713

Registered Agent Information
John Mirecki
3615 Park Drive, Suite 100
Olympia Fields, IL 60461

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	13
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	13

Total Residents Diagnosed as Mentally Ill 5

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	14	16	13	3		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	14	16	13	3	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	14
Total Admissions 2011	0
Total Discharges 2011	1
Residents on 12/31/2011	13
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4947	84.7%	0	0	0	0	4947	84.7%	84.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4947	84.7%	0	0	0	0	4947	84.7%	84.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	1	0	0	1	1	2
45 to 59	0	0	0	0	5	3	0	0	5	3	8
60 to 64	0	0	0	0	1	2	0	0	1	2	3
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	7	6	0	0	7	6	13

JOSHUA MANOR
120 WEST LOCUST STREET
HOYLETON, IL. 62803

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 189

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		13	0	0	0	0	13
Sheltered Care			0	0	0	0	0
TOTALS	0	13	0	0	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	121	111
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	5	0	5
White	0	0	0	0	0
Race Unknown	0	0	8	0	8
Total	0	0	13	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	13	0	13

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	10.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	623,816	0	0	0	623,816	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

KANKAKEE COURT
260 SOUTH CHICAGO AVENUE
KANAKKEE, IL. 60901

Reference Numbers Facility ID 6013874
Health Service Area 009 Planning Service Area 091

Administrator
Jennifer Allsopp

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Registered Agent Information
J. Michael Bibo
285 S. Farnham St.
Galesburg, IL 61401

Date Completed
4/6/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	4
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	4
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	4
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1464	######	0	0	0	0	1464	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1464	######	0	0	0	0	1464	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	0	0	0	2	0	2
45 to 59	0	0	0	0	2	0	0	0	2	0	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	4	0	0	0	4	0	4

KANKAKEE COURT
260 SOUTH CHICAGO AVENUE
KANAKKEE, IL. 60901

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	231
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	1	0	1
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	3	0	3
Race Unknown	0	0	0	0	0
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	4	0	4
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	6.50
Other Health Staff	0.25
Non-Health Staff	0.00
Totals	7.59

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	90.4%	0.6%	9.0%	0.0%	100.0%		0.0%
0	305,373	1,991	30,383	0	337,747	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

KANTHAK HOUSE
724 SECOND AVENUE
OTTAWA, IL. 61350

Reference Numbers Facility ID 6013270
Health Service Area 002 Planning Service Area 099

Administrator
Joni Thompson

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Registered Agent Information
J. Michael Bibo
285 S. Farnham St.,
Galesburg, IL 61401

Date Completed
4/6/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	14

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	14	16	14	2		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	14	16	14	2	0	15

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	1
Total Discharges 2011	2
Residents on 12/31/2011	14
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5110	93.3%	0	0	0	0	5110	87.5%	87.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5110	93.3%	0	0	0	0	5110	87.5%	87.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	4	0	0	3	4	7
45 to 59	0	0	0	0	2	0	0	0	2	0	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	1	2	0	0	1	2	3
75 to 84	0	0	0	0	0	2	0	0	0	2	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	6	8	0	0	6	8	14

KANTHAK HOUSE
724 SECOND AVENUE
OTTAWA, IL. 61350

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	122
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	83.8%	1.5%	0.0%	14.7%	100.0%		0.0%
0	551,772	9,976	0	96,917	658,666	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

KEPLEY HOUSE
408 EAST WASHINGTON
PITTSFIELD, IL. 62363

Reference Numbers Facility ID 6010920
Health Service Area 003 Planning Service Area 013

Administrator
Angel Heming

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Registered Agent Information
J. Michael Bibo
285 S, Farnham St.
Galesburg, IL 61401

Date Completed
4/6/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5856	######	0	0	0	0	5856	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5856	######	0	0	0	0	5856	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	7	0	0	0	7	7
45 to 59	0	0	0	0	1	3	0	0	1	3	4
60 to 64	0	0	0	0	0	3	0	0	0	3	3
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	1	0	0	0	1	0	1
TOTALS	0	0	0	0	2	14	0	0	2	14	16

KEPLEY HOUSE
408 EAST WASHINGTON
PITTSFIELD, IL. 62363

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 013

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	118
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	86.0%	0.7%	0.0%	13.3%	100.0%		0.0%
0	596,325	4,638	0	92,039	693,003	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

KEWANEE CARE
144 JUNIOR AVENUE
KEWANEE, IL. 61443

Reference Numbers Facility ID 6005011
Health Service Area 010 Planning Service Area 073

Administrator
Michelle Young

Contact Person and Telephone
Marikay L. Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	24
Mental Illness	0
Developmental Disability	0
Circulatory System	9
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	67

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	84	84	67	84	67	17	27	84
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	84	84	67	84	67	17	27	84

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	58
Total Admissions 2011	128
Total Discharges 2011	119
Residents on 12/31/2011	67
Identified Offenders	3

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2794	28.4%	9967	32.5%	2068	493	5253	0	20575	67.1%	67.1%
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	2794	28.4%	9967	32.5%	2068	493	5253	0	20575	67.1%	67.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	1	3	0	0	0	0	0	0	1	3	4
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	3	5	0	0	0	0	0	0	3	5	8
75 to 84	9	9	0	0	0	0	0	0	9	9	18
85+	9	25	0	0	0	0	0	0	9	25	34
TOTALS	22	45	0	0	0	0	0	0	22	45	67

KEWANEE CARE
144 JUNIOR AVENUE
KEWANEE, IL. 61443

Reference Numbers Facility ID **Health Service Area** 010 **Planning Service Area** 073

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	35	0	1	21	0	67
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	35	0	1	21	0	67

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	138
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	64	0	0	0	64
Race Unknown	0	0	0	0	0
Total	67	0	0	0	67

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	67	0	0	0	67
Ethnicity Unknown	0	0	0	0	0
Total	67	0	0	0	67

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	13.00
Certified Aides	41.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	61.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
23.6%	52.5%	0.0%	0.0%	24.0%	100.1%		0.3%
705,203	1,569,000	0	-2,100	717,425	2,989,528	8,603	

*Charity Care Expense does not include expenses which may be considered a community benefit.

KILKER-PINE ACRES GROUP HOME
922 WASHINGTON AVENUE
DIXON, IL. 61021

Reference Numbers Facility ID 6007405
Health Service Area 001 Planning Service Area 103

Administrator
Connie K. Foster

Contact Person and Telephone
CONNIE FOSTER
815-288-6691 ext.295

Date Completed
4/17/2013

Registered Agent Information
Jeffrey Stauter
500 Anchor Road
Dixon, IL 61021

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	7
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	7

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	10	10	10	10	7	3		10
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	10	10	10	10	7	3	0	10

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	10
Total Admissions 2011	0
Total Discharges 2011	3
Residents on 12/31/2011	7
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			3136	85.9%	0	0	0	0	3136	85.9%	85.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	3136	85.9%	0	0	0	0	3136	85.9%	85.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	0	0	0	1	0	1
45 to 59	0	0	0	0	2	1	0	0	2	1	3
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	1	1	0	0	1	1	2
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	5	2	0	0	5	2	7

KILKER-PINE ACRES GROUP HOME
922 WASHINGTON AVENUE
DIXON, IL. 61021

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 103

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		7	0	0	0	0	7
Sheltered Care			0	0	0	0	0
TOTALS	0	7	0	0	0	0	7

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	134	127
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	6	0	6
Race Unknown	0	0	0	0	0
Total	0	0	7	0	7

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	7	0	7
Total	0	0	7	0	7

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	5.50
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	7.25

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	19.0%	79.6%	0.0%	1.5%	100.0%		0.0%
0	83,805	351,781	0	6,536	442,122	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

KING-BRUWAERT HOUSE
6101 S. COUNTY LINE ROAD
BURR RIDGE, IL. 60527

Reference Numbers Facility ID 6005037
Health Service Area 007 Planning Service Area 705

Administrator
Carl Baker

Contact Person and Telephone
CARL BAKER
630-230-9502

Registered Agent Information **Date Completed** 4/18/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	1
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	4
Blood Disorders	3
*Nervous System Non Alzheimer	1
Alzheimer Disease	42
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	8
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	87

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	49	49	47	49	46	3	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	76	55	51	55	41	35		
TOTAL BEDS	125	104	98	104	87	38	0	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	94
Total Admissions 2011	18
Total Discharges 2011	25
Residents on 12/31/2011	87
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	11732	5109	16841	94.2%	94.2%
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	13472	2190	15662	56.5%	78.0%
TOTALS	0	0.0%	0	0.0%	0	0	25204	7299	32503	71.2%	85.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	3	4	0	0	0	0	1	7	4	11	15
85+	14	25	0	0	0	0	5	28	19	53	72
TOTALS	17	29	0	0	0	0	6	35	23	64	87

KING-BRUWAERT HOUSE
6101 S. COUNTY LINE ROAD
BURR RIDGE, IL. 60527

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	32	14	46
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	35	6	41
TOTALS	0	0	0	0	67	20	87

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	295	261
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	215	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	46	0	0	41	87
Race Unknown	0	0	0	0	0
Total	46	0	0	41	87

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	46	0	0	41	87
Ethnicity Unknown	0	0	0	0	0
Total	46	0	0	41	87

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	26.00
LPN's	2.00
Certified Aides	32.00
Other Health Staff	0.00
Non-Health Staff	65.00
Totals	127.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		19.1%
0	0	0	0	7,058,651	7,058,651	########	

*Charity Care Expense does not include expenses which may be considered a community benefit.

KNIGHT HOUSE
6600 SOUTH STEWART
CHICAGO, IL. 60621

Reference Numbers Facility ID 6005052
Health Service Area 006 Planning Service Area 603

Administrator
Linda Darling

Contact Person and Telephone
LINDA DARLING
773-918-6209

Date Completed
3/25/2013

Registered Agent Information
Adrienne Golembiewski
1359 West Washington
Chicago, IL 60607

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	14

Total Residents Diagnosed as Mentally Ill 5

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	15	15	14	1		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	15	15	14	1	0	15

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	0
Total Discharges 2011	1
Residents on 12/31/2011	14
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5110	93.3%	0	0	0	0	5110	93.3%	93.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5110	93.3%	0	0	0	0	5110	93.3%	93.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	0	0	0	4	0	4
45 to 59	0	0	0	0	8	0	0	0	8	0	8
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	1	0	0	0	1	0	1
TOTALS	0	0	0	0	14	0	0	0	14	0	14

KNIGHT HOUSE
6600 SOUTH STEWART
CHICAGO, IL. 60621

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	123	123
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	11	0	11
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	2	0	2
Race Unknown	0	0	1	0	1
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	3.00
LPN's	0.00
Certified Aides	8.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	14.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	542,875	0	0	0	542,875	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

KNOX COUNTY NURSING HOME
800 NORTH MARKET STREET
KNOXVILLE, IL. 61448

Reference Numbers Facility ID 6005060
Health Service Area 002 Planning Service Area 095

Administrator
Kathryn D.Kopsack

Contact Person and Telephone
KATHRYN KOPSACK
309-289-2338

Registered Agent Information

Date Completed
4/2/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System Non Alzheimer	16
Alzheimer Disease	20
Mental Illness	0
Developmental Disability	0
Circulatory System	27
Respiratory System	4
Digestive System	6
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	32
Non-Medical Conditions	0
TOTALS	133

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	169	150	141	150	133	36	169	157
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	169	150	141	150	133	36	169	157

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	120
Total Admissions 2011	112
Total Discharges 2011	99
Residents on 12/31/2011	133
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4392	7.1%	28855	50.4%	0	292	14629	0	48168	78.1%	88.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4392	7.1%	28855	50.4%	0	292	14629	0	48168	78.1%	88.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	1	2	0	0	0	0	0	0	1	2	3
60 to 64	3	6	0	0	0	0	0	0	3	6	9
65 to 74	5	8	0	0	0	0	0	0	5	8	13
75 to 84	20	22	0	0	0	0	0	0	20	22	42
85+	16	49	0	0	0	0	0	0	16	49	65
TOTALS	46	87	0	0	0	0	0	0	46	87	133

KNOX COUNTY NURSING HOME
800 NORTH MARKET STREET
KNOXVILLE, IL. 61448

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	80	0	0	40	0	133
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	80	0	0	40	0	133

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	173	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	131	0	0	0	131
Race Unknown	0	0	0	0	0
Total	133	0	0	0	133

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	132	0	0	0	132
Ethnicity Unknown	0	0	0	0	0
Total	133	0	0	0	133

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.10
LPN's	24.20
Certified Aides	75.90
Other Health Staff	17.50
Non-Health Staff	39.20
Totals	168.90

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
20.3%	29.2%	13.0%	6.0%	31.5%	100.0%		0.0%
1,372,787	1,969,462	876,677	405,152	2,127,077	6,751,155	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

KNOX ESTATES
P.O. BOX 706 ENGLE DRIVE
STREATOR, IL. 61364

Reference Numbers Facility ID 6005078
Health Service Area 002 Planning Service Area 099

Administrator
Julie A. Carstens

Contact Person and Telephone
JULIE A. CARSTENS
815-257-5727

Date Completed
3/28/2013

Registered Agent Information
John Mallaney
305 N. Sterling St.
Streator, IL 61364

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	0
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	16	16	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	0	16	16	0	0	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	16
Residents on 12/31/2011	0
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1408	0.0%	0	0	0	0	1408	0.0%	24.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1408	24.1%	0	0	0	0	1408	#Div/0!	24.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	0	0	0	0	0	0

KNOX ESTATES
P.O. BOX 706 ENGLE DRIVE
STREATOR, IL. 61364

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	0	0	0

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	122
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	0	0	0	0	0
Total	0	0	0	0	0

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	0.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	79.1%	0.8%	0.0%	20.1%	100.0%		0.0%
0	431,284	4,624	0	109,489	545,398	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Closure 3/28/2012 Facility ceased operations; 16 ICF/DD beds removed from inventory.

KRYPTON
502 WEST 8TH STREET P.O. 709
METROPOLIS, IL. 62960

Reference Numbers Facility ID 6005110
Health Service Area 005 Planning Service Area 087

Administrator
JAMES A. KELLER

Contact Person and Telephone
JOSH ALLEY
618-713-8270

Date Completed
4/17/2013

Registered Agent Information
JOHN RENDLEMAN
2001 WEST MAIN STREET P.O. BOX 1570
Carbondale, IL 62906

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 3

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	14
Total Admissions 2011	1
Total Discharges 2011	0
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5345	91.5%	0	0	0	0	5345	91.5%	91.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5345	91.5%	0	0	0	0	5345	91.5%	91.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	1	0	0	4	1	5
45 to 59	0	0	0	0	0	3	0	0	0	3	3
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	2	1	0	0	2	1	3
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	8	7	0	0	8	7	15

KRYPTON
502 WEST 8TH STREET P.O. 709
METROPOLIS, IL. 62960

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 087

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	105	96
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.10
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.50
LPN's	0.50
Certified Aides	10.00
Other Health Staff	1.00
Non-Health Staff	0.50
Totals	12.60

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	78.3%	21.5%	0.0%	0.2%	100.0%		0.0%
0	401,132	110,337	0	924	512,393	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

KT CARE, LLC dba KANKAKEE TERRACE
100 BELLE AIRE
BOURBONNAIS, IL. 60914

Reference Numbers Facility ID 6004972
Health Service Area 009 Planning Service Area 091

Administrator
carolyn bessette

Contact Person and Telephone
carolyn sue bessette
8159390910

Date Completed
4/16/2013

Registered Agent Information
MICHAEL WEIS
1 S 443 SUMMIT AVE SUITE 204
Oak Brook Terrace, IL 60181

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	135
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	135
Total Residents Diagnosed as Mentally Ill	135

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	146	146	141	146	135	11	146	146
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	146	146	141	146	135	11	146	146

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	141
Total Admissions 2011	54
Total Discharges 2011	60
Residents on 12/31/2011	135
Identified Offenders	15

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	41985	78.8%	2461	0	1016	0	45462	85.3%	85.3%
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%	41985	78.8%	2461	0	1016	0	45462	85.3%	85.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	22	11	0	0	0	0	0	0	22	11	33
45 to 59	24	34	0	0	0	0	0	0	24	34	58
60 to 64	7	11	0	0	0	0	0	0	7	11	18
65 to 74	11	4	0	0	0	0	0	0	11	4	15
75 to 84	4	4	0	0	0	0	0	0	4	4	8
85+	0	3	0	0	0	0	0	0	0	3	3
TOTALS	68	67	0	0	0	0	0	0	68	67	135

KT CARE, LLC dba KANKAKEE TERRACE
100 BELLE AIRE
BOURBONNAIS, IL. 60914

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	128	6	0	1	0	135
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	128	6	0	1	0	135

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	123	112
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	51	0	0	0	51
Hawaiian/Pacific Isl.	0	0	0	0	0
White	83	0	0	0	83
Race Unknown	0	0	0	0	0
Total	135	0	0	0	135

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	130	0	0	0	130
Ethnicity Unknown	0	0	0	0	0
Total	135	0	0	0	135

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	13.00
Certified Aides	30.00
Other Health Staff	14.00
Non-Health Staff	26.00
Totals	87.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	92.5%	4.6%	0.0%	2.9%	100.0%		0.0%
0	2,709,373	135,573	0	83,501	2,928,447	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW	6/27/2012	Change of ownership occurred.
Name Change	6/27/2012	Formerly 'Kankakee Terrace'.

LAFAYETTE TERRACE
826 WEST LAFAYETTE
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6013767
Health Service Area 003 Planning Service Area 137

Administrator
Suzanne McMillan

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Registered Agent Information
J. Michael Bibo
285 S. Farnham St.
Galesburg, IL 61401

Date Completed
4/6/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	6
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	6
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	6
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			2196	######	0	0	0	0	2196	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2196	######	0	0	0	0	2196	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	1	1	0	0	1	1	2
60 to 64	0	0	0	0	2	1	0	0	2	1	3
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	1	0	0	0	1	0	1
TOTALS	0	0	0	0	4	2	0	0	4	2	6

LAFAYETTE TERRACE
826 WEST LAFAYETTE
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 137

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	180
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	6	0	6
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	6	0	6
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	7.00
Other Health Staff	0.33
Non-Health Staff	0.00
Totals	8.17

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	86.3%	0.5%	0.0%	13.2%	100.0%		0.0%
0	340,892	1,992	0	52,284	395,169	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LAHARPE DAVIER HEALTH CARE CTR
101 N. B ST. P.O. BOX 547
LAHARPE, IL. 61450

Reference Numbers Facility ID 6005128
Health Service Area 003 Planning Service Area 067

Administrator
Stacy Fisher

Contact Person and Telephone
Marikay L. Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	21
Mental Illness	1
Developmental Disability	0
Circulatory System	1
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	7
TOTALS	39

Total Residents Diagnosed as Mentally Ill 1

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	45	45	44	45	39	6	45	45
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	45	45	44	45	39	6	45	45

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	39
Total Admissions 2011	43
Total Discharges 2011	43
Residents on 12/31/2011	39
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1722	10.5%	6512	39.6%	404	109	6427	0	15174	92.4%	92.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1722	10.5%	6512	39.6%	404	109	6427	0	15174	92.4%	92.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	1	3	0	0	0	0	0	0	1	3	4
75 to 84	1	4	0	0	0	0	0	0	1	4	5
85+	8	21	0	0	0	0	0	0	8	21	29
TOTALS	11	28	0	0	0	0	0	0	11	28	39

LAHARPE DAVIER HEALTH CARE CTR
101 N. B ST. P.O. BOX 547
LAHARPE, IL. 61450

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 067

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	19	0	0	17	0	39
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	19	0	0	17	0	39

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	143	121
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	39	0	0	0	39
Race Unknown	0	0	0	0	0
Total	39	0	0	0	39

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	39	0	0	0	39
Ethnicity Unknown	0	0	0	0	0
Total	39	0	0	0	39

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	3.00
Certified Aides	8.00
Other Health Staff	1.00
Non-Health Staff	10.00
Totals	25.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
19.6%	43.3%	1.1%	0.0%	36.0%	100.0%		0.0%
379,438	836,575	21,696	0	695,929	1,933,638	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LAKE FOREST HOSPITAL
660 NORTH WESTMORELAND ROAD
LAKE FOREST, IL. 60045

Reference Numbers Facility ID 6005151
Health Service Area 008 Planning Service Area 097

Administrator
Thomas J. McAfee

Contact Person and Telephone
Abdul Malik
312-926-6461

Registered Agent Information

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	18
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	45

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	84	72	71	72	45	39	40	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	84	72	71	72	45	39	40	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	59
Total Admissions 2011	736
Total Discharges 2011	750
Residents on 12/31/2011	45
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9371	64.2%	0	0.0%	11	1790	9902	7	21081	68.8%	80.2%
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	9371	64.2%	0	0.0%	11	1790	9902	7	21081	68.8%	80.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	1	4	0	0	0	0	0	0	1	4	5
75 to 84	7	10	0	0	0	0	0	0	7	10	17
85+	8	10	0	0	0	0	0	0	8	10	18
TOTALS	18	27	0	0	0	0	0	0	18	27	45

LAKE FOREST HOSPITAL
660 NORTH WESTMORELAND ROAD
LAKE FOREST, IL. 60045

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	0	0	5	26	0	45
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	0	0	5	26	0	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	622	272
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	44	0	0	0	44
Race Unknown	0	0	0	0	0
Total	45	0	0	0	45

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	45	0	0	0	45
Ethnicity Unknown	0	0	0	0	0
Total	45	0	0	0	45

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	33.90
LPN's	0.70
Certified Aides	33.30
Other Health Staff	5.60
Non-Health Staff	3.10
Totals	77.60

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
59.6%	0.0%	0.0%	16.4%	24.0%	100.0%		0.0%
4,708,124	0	3,583	1,296,219	1,892,697	7,900,623	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Board Order	7/23/2012	Board reduced Nursing Care beds from 88 to 84.

LAKE FOREST PLACE
1101 PEMBRIDGE DRIVE
LAKE FOREST, IL. 60045

Reference Numbers Facility ID 6015457
Health Service Area 008 Planning Service Area 097

Administrator
Suzanne Venema

Contact Person and Telephone
SUZANNE VENEMA
847-604-6701

Date Completed
4/19/2013

Registered Agent Information
John Burns
3200 Grant St.
Evanston, IL 60201

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	0
Blood Disorders	2
*Nervous System Non Alzheimer	4
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	16
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	2
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	59

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	63	63	63	63	59	4	50	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	63	63	63	63	59	4	50	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	58
Total Admissions 2011	383
Total Discharges 2011	382
Residents on 12/31/2011	59
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5953	32.6%	0	0.0%	0	0	15063	0	21016	91.4%	91.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5953	32.6%	0	0.0%	0	0	15063	0	21016	91.4%	91.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	3	9	0	0	0	0	0	0	3	9	12
85+	14	32	0	0	0	0	0	0	14	32	46
TOTALS	17	42	0	0	0	0	0	0	17	42	59

LAKE FOREST PLACE
1101 PEMBRIDGE DRIVE
LAKE FOREST, IL. 60045

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	0	0	0	42	0	59
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	0	0	0	42	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	422	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	0	0	0	0	0
Total	59	0	0	0	59

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	58	0	0	0	58
Ethnicity Unknown	0	0	0	0	0
Total	59	0	0	0	59

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.40
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	2.00
Certified Aides	35.70
Other Health Staff	4.80
Non-Health Staff	6.80
Totals	69.70

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
35.3%	0.0%	0.0%	0.0%	64.7%	100.0%		0.0%
2,553,000	0	0	0	4,675,000	7,228,000	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LAKE PARK CENTER
919 WASHINGTON PARK
WAUKEGAN, IL. 60085

Reference Numbers Facility ID 6009807
Health Service Area 008 Planning Service Area 097

Administrator
R. BRYAN LIVINGS

Contact Person and Telephone
LYNDA BOGDALA
847-623-9100

Registered Agent Information
AVRUM WEINFELD
6865 NORTH LINCOLN AVENUE
Lincolnwood, IL 60712

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	208
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	208
Total Residents Diagnosed as Mentally Ill	208

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	210	210	210	210	208	2	0	210
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	210	210	210	210	208	2	0	210

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	203
Total Admissions 2011	54
Total Discharges 2011	49
Residents on 12/31/2011	208
Identified Offenders	30

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	70629	92.1%	2194	0	1393	0	74216	96.8%	96.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	70629	92.1%	2194	0	1393	0	74216	96.8%	96.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	37	19	0	0	0	0	0	0	37	19	56
45 to 59	72	28	0	0	0	0	0	0	72	28	100
60 to 64	19	5	0	0	0	0	0	0	19	5	24
65 to 74	17	8	0	0	0	0	0	0	17	8	25
75 to 84	2	1	0	0	0	0	0	0	2	1	3
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	147	61	0	0	0	0	0	0	147	61	208

LAKE PARK CENTER
919 WASHINGTON PARK
WAUKEGAN, IL. 60085

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	198	6	0	4	0	208
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	198	6	0	4	0	208

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	120	120
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	6	0	0	0	6
American Indian	0	0	0	0	0
Black	40	0	0	0	40
Hawaiian/Pacific Isl.	3	0	0	0	3
White	159	0	0	0	159
Race Unknown	0	0	0	0	0
Total	208	0	0	0	208

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	18	0	0	0	18
Non-Hispanic	190	0	0	0	190
Ethnicity Unknown	0	0	0	0	0
Total	208	0	0	0	208

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	8.00
Certified Aides	44.00
Other Health Staff	11.00
Non-Health Staff	39.00
Totals	113.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	93.8%	3.8%	0.0%	2.4%	100.0%		0.0%
0	7,222,729	291,232	0	182,160	7,696,121	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LAKE SHORE HLTH CARE & REHAB
7200 NORTH SHERIDAN ROAD
CHICAGO, IL. 60626

Reference Numbers Facility ID 6005177
Health Service Area 006 Planning Service Area 601

Administrator
Shai Berdugo

Contact Person and Telephone
Shai Berdugo
773-973-7200

Registered Agent Information

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	15
Blood Disorders	3
*Nervous System Non Alzheimer	6
Alzheimer Disease	7
Mental Illness	40
Developmental Disability	1
Circulatory System	50
Respiratory System	31
Digestive System	9
Genitourinary System Disorders	36
Skin Disorders	5
Musculo-skeletal Disorders	28
Injuries and Poisonings	1
Other Medical Conditions	6
Non-Medical Conditions	1
TOTALS	247

Total Residents Diagnosed as Mentally Ill 57

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	313	279	247	279	247	66	313	313
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	313	279	247	279	247	66	313	313

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	217
Total Admissions 2011	758
Total Discharges 2011	728
Residents on 12/31/2011	247
Identified Offenders	11

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10964	9.6%	71519	62.6%	2549	788	2509	0	88329	77.3%	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	10964	9.6%	71519	62.6%	2549	788	2509	0	88329	77.3%	86.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	1	0	0	0	0	0	0	2	1	3
45 to 59	9	20	0	0	0	0	0	0	9	20	29
60 to 64	31	33	0	0	0	0	0	0	31	33	64
65 to 74	34	51	0	0	0	0	0	0	34	51	85
75 to 84	33	25	0	0	0	0	0	0	33	25	58
85+	4	4	0	0	0	0	0	0	4	4	8
TOTALS	113	134	0	0	0	0	0	0	113	134	247

LAKE SHORE HLTH CARE & REHAB
7200 NORTH SHERIDAN ROAD
CHICAGO, IL. 60626

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	27	204	5	5	6	0	247
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	27	204	5	5	6	0	247

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	268	215
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	12	0	0	0	12
American Indian	0	0	0	0	0
Black	86	0	0	0	86
Hawaiian/Pacific Isl.	0	0	0	0	0
White	139	0	0	0	139
Race Unknown	10	0	0	0	10
Total	247	0	0	0	247

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	237	0	0	0	237
Ethnicity Unknown	0	0	0	0	0
Total	247	0	0	0	247

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	21.00
Certified Aides	95.00
Other Health Staff	0.00
Non-Health Staff	56.00
Totals	192.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
24.5%	68.0%	2.9%	0.0%	4.7%	100.0%		0.0%
3,779,658	10,503,800	440,367	0	718,379	15,442,204	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LAKEFRONT NURSING & REHAB CENTER
7618 NORTH SHERIDAN ROAD
CHICAGO, IL. 60626

Reference Numbers Facility ID 6005169
Health Service Area 006 Planning Service Area 601

Administrator
AHARON ADLER

Contact Person and Telephone
AHARON ADLER
773-743-7711

Date Completed
3/18/2013

Registered Agent Information
MEYER MAGENCE
8320 SKOKIE BLVD
SKOKIE, IL 60077

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	4
Mental Illness	68
Developmental Disability	0
Circulatory System	5
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	97
Total Residents Diagnosed as Mentally Ill	79

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	99	99	99	99	97	2	99	99
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	99	99	97	2	99	99

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	92
Total Admissions 2011	62
Total Discharges 2011	57
Residents on 12/31/2011	97
Identified Offenders	28

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2290	6.3%	31286	86.6%	779	4	6	0	34365	95.1%	95.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2290	6.3%	31286	86.6%	779	4	6	0	34365	95.1%	95.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	8	3	0	0	0	0	0	0	8	3	11
45 to 59	26	8	0	0	0	0	0	0	26	8	34
60 to 64	15	4	0	0	0	0	0	0	15	4	19
65 to 74	18	7	0	0	0	0	0	0	18	7	25
75 to 84	5	2	0	0	0	0	0	0	5	2	7
85+	1	0	0	0	0	0	0	0	1	0	1
TOTALS	73	24	0	0	0	0	0	0	73	24	97

LAKEFRONT NURSING & REHAB CENTER
7618 NORTH SHERIDAN ROAD
CHICAGO, IL. 60626

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	88	3	0	0	0	97
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	88	3	0	0	0	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	34	0	0	0	34
Hawaiian/Pacific Isl.	0	0	0	0	0
White	61	0	0	0	61
Race Unknown	0	0	0	0	0
Total	97	0	0	0	97

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	93	0	0	0	93
Ethnicity Unknown	0	0	0	0	0
Total	97	0	0	0	97

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	9.00
Certified Aides	31.00
Other Health Staff	6.00
Non-Health Staff	29.00
Totals	90.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
22.0%	75.7%	2.3%	0.0%	0.0%	100.0%		0.0%
1,317,144	4,540,055	140,114	561	1,037	5,998,911	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LAKELAND REHAB & HEALTHCARE
800 WEST TEMPLE STREET
EFFINGHAM, IL. 62401

Reference Numbers Facility ID 6005185
Health Service Area 005 Planning Service Area 049

Administrator
William Wade

Contact Person and Telephone
Jade Belcher
217-342-2171

Registered Agent Information
Daniel Maer
412 E. Lawrence
Springfield, IL 62703

Date Completed
4/15/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	53
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	16
Mental Illness	2
Developmental Disability	1
Circulatory System	3
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	95

Total Residents Diagnosed as Mentally Ill 2

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	141	133	133	133	95	46	140	140
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	141	133	133	133	95	46	140	140

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	104
Total Admissions 2011	222
Total Discharges 2011	231
Residents on 12/31/2011	95
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7918	15.5%	20528	40.2%	1023	550	10865	0	40884	79.4%	84.2%
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	7918	15.5%	20528	40.2%	1023	550	10865	0	40884	79.4%	84.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	1	0	0	0	0	0	0	2	1	3
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	5	9	0	0	0	0	0	0	5	9	14
75 to 84	8	17	0	0	0	0	0	0	8	17	25
85+	11	38	0	0	0	0	0	0	11	38	49
TOTALS	29	66	0	0	0	0	0	0	29	66	95

LAKELAND REHAB & HEALTHCARE
800 WEST TEMPLE STREET
EFFINGHAM, IL. 62401

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 049

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	50	0	1	23	0	95
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	50	0	1	23	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	162	134
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	1	0	0	0	1
White	94	0	0	0	94
Race Unknown	0	0	0	0	0
Total	95	0	0	0	95

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	95	0	0	0	95
Ethnicity Unknown	0	0	0	0	0
Total	95	0	0	0	95

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	13.00
Certified Aides	38.00
Other Health Staff	20.00
Non-Health Staff	0.00
Totals	80.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
46.5%	31.6%	0.0%	2.0%	19.8%	100.0%		0.0%
3,838,544	2,609,079	0	168,240	1,633,675	8,249,538	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LAKEVIEW REHAB & NURSING CENTER
735 WEST DIVERSEY PARKWAY
CHICAGO, IL. 60614

Reference Numbers Facility ID 6005227
Health Service Area 006 Planning Service Area 602

Administrator
Chaim M. Dubovick

Contact Person and Telephone
CHAIM M. DUBOVICK
773-348-4055

Date Completed
4/9/2013

Registered Agent Information
David Gross
240 Fencl Ln.
Hillside, IL 60162

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	12
Endocrine/Metabolic	21
Blood Disorders	3
*Nervous System Non Alzheimer	11
Alzheimer Disease	20
Mental Illness	0
Developmental Disability	0
Circulatory System	31
Respiratory System	11
Digestive System	3
Genitourinary System Disorders	12
Skin Disorders	3
Musculo-skeletal Disorders	9
Injuries and Poisonings	4
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	140

Total Residents Diagnosed as Mentally Ill 12

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	178	178	151	178	140	38	178	178
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	178	178	151	178	140	38	178	178

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	135
Total Admissions 2011	156
Total Discharges 2011	151
Residents on 12/31/2011	140
Identified Offenders	3

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5808	8.9%	40897	62.9%	0	406	3290	0	50401	77.6%	77.6%
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	5808	8.9%	40897	62.9%	0	406	3290	0	50401	77.6%	77.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	8	8	0	0	0	0	0	0	8	8	16
60 to 64	3	4	0	0	0	0	0	0	3	4	7
65 to 74	16	18	0	0	0	0	0	0	16	18	34
75 to 84	20	30	0	0	0	0	0	0	20	30	50
85+	9	24	0	0	0	0	0	0	9	24	33
TOTALS	56	84	0	0	0	0	0	0	56	84	140

LAKEVIEW REHAB & NURSING CENTER
735 WEST DIVERSEY PARKWAY
CHICAGO, IL. 60614

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	103	0	1	11	0	140
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	25	103	0	1	11	0	140

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	240	215
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	0	5
American Indian	0	0	0	0	0
Black	58	0	0	0	58
Hawaiian/Pacific Isl.	0	0	0	0	0
White	77	0	0	0	77
Race Unknown	0	0	0	0	0
Total	140	0	0	0	140

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	19	0	0	0	19
Non-Hispanic	121	0	0	0	121
Ethnicity Unknown	0	0	0	0	0
Total	140	0	0	0	140

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	11.00
Certified Aides	49.00
Other Health Staff	9.00
Non-Health Staff	31.00
Totals	121.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
27.5%	64.4%	0.0%	1.5%	6.6%	100.0%		0.0%
3,027,000	7,086,500	0	164,000	730,000	11,007,500	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LAKEWOOD NURSING & REHAB CENTER
14716 SOUTH EATERN AVENUE
PLAINFIELD, IL. 60544

Reference Numbers Facility ID 6005235
Health Service Area 009 Planning Service Area 197

Administrator
Margie Thompson

Contact Person and Telephone
Margie Thompson

Registered Agent Information
David Aronin
2201 Main St.
Evanston, IL 60202

Date Completed
4/16/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	3
*Nervous System Non Alzheimer	10
Alzheimer Disease	0
Mental Illness	1
Developmental Disability	0
Circulatory System	35
Respiratory System	1
Digestive System	6
Genitourinary System Disorders	12
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	29
TOTALS	120

Total Residents Diagnosed as Mentally Ill 1

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	131	131	131	131	117	14	131	131
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	131	131	131	131	117	14	131	131

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	114
Total Admissions 2011	284
Total Discharges 2011	281
Residents on 12/31/2011	117
Identified Offenders	3

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10190	21.3%	26915	56.3%	0	531	5533	0	43169	90.3%	90.3%
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	10190	21.3%	26915	56.3%	0	531	5533	0	43169	90.3%	90.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	4	4	0	0	0	0	0	0	4	4	8
60 to 64	2	5	0	0	0	0	0	0	2	5	7
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	6	27	0	0	0	0	0	0	6	27	33
85+	11	49	0	0	0	0	0	0	11	49	60
TOTALS	27	90	0	0	0	0	0	0	27	90	117

LAKEWOOD NURSING & REHAB CENTER
14716 SOUTH EATERN AVENUE
PLAINFIELD, IL. 60544

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	29	69	3	1	15	0	117
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	29	69	3	1	15	0	117

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	206
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	113	0	0	0	113
Race Unknown	0	0	0	0	0
Total	117	0	0	0	117

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	113	0	0	0	113
Ethnicity Unknown	0	0	0	0	0
Total	117	0	0	0	117

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	14.00
Certified Aides	43.00
Other Health Staff	9.00
Non-Health Staff	47.00
Totals	122.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
39.2%	31.1%	0.0%	9.6%	20.2%	100.0%		0.0%
4,104,500	3,257,934	0	1,003,360	2,114,202	10,479,997	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LASALLE COUNTY NURSING HOME
1380 NORTH 27TH ROAD
OTTAWA, IL. 61350

Reference Numbers Facility ID 6005250
Health Service Area 002 Planning Service Area 099

Administrator
Chris Csernus

Contact Person and Telephone
CHRIS CSERNUS
815 - 433 - 0476

Date Completed
4/5/2013

Registered Agent Information
Jerry Hicks
707 Etna Road
Ottawa, IL 61350

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	2
*Nervous System Non Alzheimer	5
Alzheimer Disease	6
Mental Illness	2
Developmental Disability	0
Circulatory System	24
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	9
Skin Disorders	2
Musculo-skeletal Disorders	3
Injuries and Poisonings	3
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	70

Total Residents Diagnosed as Mentally Ill 2

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	99	99	73	99	70	29	0	99
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	73	99	70	29	0	99

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	69
Total Admissions 2011	57
Total Discharges 2011	56
Residents on 12/31/2011	70
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2087	0.0%	15451	42.8%	0	19	6798	0	24355	67.4%	67.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2087	0.0%	15451	42.8%	0	19	6798	0	24355	67.4%	67.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	5	12	0	0	0	0	0	0	5	12	17
85+	13	38	0	0	0	0	0	0	13	38	51
TOTALS	18	52	0	0	0	0	0	0	18	52	70

LASALLE COUNTY NURSING HOME
1380 NORTH 27TH ROAD
OTTAWA, IL. 61350

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	43	0	0	21	0	70
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	43	0	0	21	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	130
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	70	0	0	0	70
Race Unknown	0	0	0	0	0
Total	70	0	0	0	70

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	69	0	0	0	69
Ethnicity Unknown	0	0	0	0	0
Total	70	0	0	0	70

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	9.00
Certified Aides	29.00
Other Health Staff	6.00
Non-Health Staff	30.00
Totals	81.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
25.5%	47.9%	10.0%	0.3%	16.3%	100.0%		0.0%
1,244,562	2,333,000	487,517	12,844	794,517	4,872,440	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LAWRENCE COMM HEALTHCARE CTR
900 EAST CORPORATION
BRIDGEPORT, IL. 62417

Reference Numbers Facility ID 6001150
Health Service Area 005 Planning Service Area 101

Administrator
William R. Gillis

Contact Person and Telephone
WILLIAM R. GILLIS
618-945-2091

Date Completed
3/25/2013

Registered Agent Information
James Stout
324 Main St.
Bridgeport, IL 62417

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	18
Mental Illness	0
Developmental Disability	0
Circulatory System	24
Respiratory System	10
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	4
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	75

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	99	99	75	99	75	24	56	99
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	75	99	75	24	56	99

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	63
Total Admissions 2011	137
Total Discharges 2011	125
Residents on 12/31/2011	75
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5057	24.7%	15953	44.1%	0	0	5573	0	26583	73.6%	73.6%
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	5057	24.7%	15953	44.1%	0	0	5573	0	26583	73.6%	73.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	3	9	0	0	0	0	0	0	3	9	12
75 to 84	6	14	0	0	0	0	0	0	6	14	20
85+	4	36	0	0	0	0	0	0	4	36	40
TOTALS	13	62	0	0	0	0	0	0	13	62	75

LAWRENCE COMM HEALTHCARE CTR
900 EAST CORPORATION
BRIDGEPORT, IL. 62417

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 101

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	45	0	0	16	0	75
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	45	0	0	16	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	125
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	75	0	0	0	75
Race Unknown	0	0	0	0	0
Total	75	0	0	0	75

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	75	0	0	0	75
Ethnicity Unknown	0	0	0	0	0
Total	75	0	0	0	75

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.50
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	7.50
Certified Aides	39.00
Other Health Staff	2.00
Non-Health Staff	30.00
Totals	89.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
44.6%	38.5%	0.0%	0.0%	16.9%	100.0%		0.0%
1,921,174	1,654,790	0	0	727,017	4,302,981	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LAWRENCE PLACE
715 SOUTH WASHINGTON STREET
LINCOLN, IL. 62656

Reference Numbers Facility ID 6011654
Health Service Area 003 Planning Service Area 107

Administrator
Adam Tabor

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Registered Agent Information
J. Michael Bibo
285 S, Farnham St.
Galesburg, IL 61401

Date Completed
4/6/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5856	######	0	0	0	0	5856	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5856	######	0	0	0	0	5856	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	2	0	0	1	2	3
45 to 59	0	0	0	0	3	0	0	0	3	0	3
60 to 64	0	0	0	0	3	0	0	0	3	0	3
65 to 74	0	0	0	0	2	2	0	0	2	2	4
75 to 84	0	0	0	0	1	2	0	0	1	2	3
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	10	6	0	0	10	6	16

LAWRENCE PLACE
715 SOUTH WASHINGTON STREET
LINCOLN, IL. 62656

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 107

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	114
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	86.3%	0.5%	0.0%	13.2%	100.0%		0.0%
0	340,892	1,992	0	52,284	395,169	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LEBANON CARE CENTER
1201 NORTH ALTON
LEBANON, IL. 62254

Reference Numbers Facility ID 6001044
Health Service Area 011 Planning Service Area 163

Administrator
Deborah Cutright

Contact Person and Telephone
Marikay L. Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
4/1/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	13
Mental Illness	10
Developmental Disability	1
Circulatory System	7
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	4
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	44
Total Residents Diagnosed as Mentally Ill	35

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	90	65	46	54	44	46	90	90
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	90	65	46	54	44	46	90	90

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	48
Total Admissions 2011	25
Total Discharges 2011	29
Residents on 12/31/2011	44
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1012	3.1%	10492	31.9%	487	274	3275	0	15540	47.3%	65.5%
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	1012	3.1%	10492	31.9%	487	274	3275	0	15540	47.3%	65.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	5	4	0	0	0	0	0	0	5	4	9
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	5	7	0	0	0	0	0	0	5	7	12
75 to 84	3	7	0	0	0	0	0	0	3	7	10
85+	2	9	0	0	0	0	0	0	2	9	11
TOTALS	16	28	0	0	0	0	0	0	16	28	44

LEBANON CARE CENTER
1201 NORTH ALTON
LEBANON, IL. 62254

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	30	2	1	9	0	44
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	30	2	1	9	0	44

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	155
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	42	0	0	0	42
Race Unknown	0	0	0	0	0
Total	44	0	0	0	44

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	44	0	0	0	44
Ethnicity Unknown	0	0	0	0	0
Total	44	0	0	0	44

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	7.00
Certified Aides	13.00
Other Health Staff	0.00
Non-Health Staff	13.00
Totals	37.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
16.8%	58.8%	0.0%	0.0%	24.6%	100.3%		0.2%
292,496	1,026,217	0	-4,500	429,840	1,744,053	2,978	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LEBANON TERRACE
221 EAST THIRD STREET
LEBANON, IL. 62254

Reference Numbers Facility ID 6005268
Health Service Area 011 Planning Service Area 163

Administrator
Jill Henson

Contact Person and Telephone
DONNA BROOKS

Date Completed
4/17/2013

Registered Agent Information
CT Corporation Systems
208 South LaSalle Street Suite 814
Chicago, IL 60604

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16
Total Residents Diagnosed as Mentally Ill	13

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5650	96.7%	0	0	0	0	5650	96.7%	96.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5650	96.7%	0	0	0	0	5650	96.7%	96.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	3	0	0	4	3	7
45 to 59	0	0	0	0	2	3	0	0	2	3	5
60 to 64	0	0	0	0	2	2	0	0	2	2	4
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

LEBANON TERRACE
221 EAST THIRD STREET
LEBANON, IL. 62254

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	223	112
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	2	0	2
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.33
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.25
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	10.94
Totals	11.52

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	80.2%	19.8%	0.0%	0.0%	100.0%		0.0%
0	500,946	123,373	0	0	624,319	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LEE MANOR
1301 LEE STREET
DES PLAINES, IL. 60018

Reference Numbers Facility ID 6005284
Health Service Area 007 Planning Service Area 702

Administrator
WILLIAM MCNIFF

Contact Person and Telephone
ZENY A. ENGRACIA
847-635-6047

Registered Agent Information

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	4
Blood Disorders	2
*Nervous System Non Alzheimer	12
Alzheimer Disease	29
Mental Illness	7
Developmental Disability	0
Circulatory System	48
Respiratory System	30
Digestive System	4
Genitourinary System Disorders	23
Skin Disorders	6
Musculo-skeletal Disorders	13
Injuries and Poisonings	17
Other Medical Conditions	39
Non-Medical Conditions	0
TOTALS	238

Total Residents Diagnosed as Mentally Ill 7

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	260	260	251	260	238	22	260	260
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	260	260	251	260	238	22	260	260

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	242
Total Admissions 2011	521
Total Discharges 2011	525
Residents on 12/31/2011	238
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8354	8.8%	66758	70.3%	0	1404	12024	365	88905	93.7%	93.7%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	8354	8.8%	66758	70.3%	0	1404	12024	365	88905	93.7%	93.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	5	6	0	0	0	0	0	0	5	6	11
60 to 64	1	8	0	0	0	0	0	0	1	8	9
65 to 74	10	26	0	0	0	0	0	0	10	26	36
75 to 84	20	55	0	0	0	0	0	0	20	55	75
85+	24	81	0	0	0	0	0	0	24	81	105
TOTALS	61	177	0	0	0	0	0	0	61	177	238

LEE MANOR
1301 LEE STREET
DES PLAINES, IL. 60018

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	30	171	0	2	34	1	238
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	30	171	0	2	34	1	238

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	236	210
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	232	0	0	0	232
Race Unknown	0	0	0	0	0
Total	238	0	0	0	238

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	229	0	0	0	229
Ethnicity Unknown	0	0	0	0	0
Total	238	0	0	0	238

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	53.00
LPN's	7.00
Certified Aides	100.00
Other Health Staff	16.00
Non-Health Staff	84.00
Totals	262.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
24.9%	60.9%	0.0%	3.1%	11.2%	100.0%		0.4%
4,571,391	11,165,963	0	562,551	2,048,138	18,348,043	73,730	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LEMONT NURSING & REHAB CENTER
12450 WALKER ROAD
LEMONT, IL. 60439

Reference Numbers Facility ID 6014492
Health Service Area 007 Planning Service Area 705

Administrator
Wendy Janulis

Contact Person and Telephone
WENDY JANULIS
630-243-0400

Date Completed
3/27/2013

Registered Agent Information
David Aronin
2201 W. Main Street
Evanston, IL 60202

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	23
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	34
Mental Illness	0
Developmental Disability	0
Circulatory System	17
Respiratory System	24
Digestive System	0
Genitourinary System Disorders	12
Skin Disorders	0
Musculo-skeletal Disorders	39
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	149

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	158	158	158	158	149	9	158	158
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	158	158	158	158	149	9	158	158

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	138
Total Admissions 2011	372
Total Discharges 2011	361
Residents on 12/31/2011	149
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	17439	30.2%	21508	37.3%	0	1249	9622	0	49818	86.4%	86.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	17439	30.2%	21508	37.3%	0	1249	9622	0	49818	86.4%	86.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	8	2	0	0	0	0	0	0	8	2	10
75 to 84	4	85	0	0	0	0	0	0	4	85	89
85+	2	48	0	0	0	0	0	0	2	48	50
TOTALS	14	135	0	0	0	0	0	0	14	135	149

LEMONT NURSING & REHAB CENTER
12450 WALKER ROAD
LEMONT, IL. 60439

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	54	63	0	2	30	0	149
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	54	63	0	2	30	0	149

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	255	220
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	148	0	0	0	148
Race Unknown	0	0	0	0	0
Total	149	0	0	0	149

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	148	0	0	0	148
Ethnicity Unknown	0	0	0	0	0
Total	149	0	0	0	149

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	11.00
Certified Aides	43.00
Other Health Staff	5.00
Non-Health Staff	39.00
Totals	117.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
50.9%	29.7%	0.0%	3.4%	16.0%	100.0%		0.0%
6,396,046	3,730,112	0	428,762	2,012,144	12,567,064	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LENA LIVING CENTER
1010 S. LOGAN STREET
LENA, IL. 61048

Reference Numbers Facility ID 6005292
Health Service Area 001 Planning Service Area 177

Administrator
Judy Ickes Barker

Contact Person and Telephone
SUZANNE KOENIG
847-446-8400

Registered Agent Information
Suzanne Koenig
1 Northfield Plaza, Suite 480
Northfield, IL 60093

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	14
Blood Disorders	2
*Nervous System Non Alzheimer	6
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	3
Digestive System	14
Genitourinary System Disorders	7
Skin Disorders	3
Musculo-skeletal Disorders	19
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	80

Total Residents Diagnosed as Mentally Ill 43

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	92	92	89	92	80	12	40	92
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	92	92	89	92	80	12	40	92

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	75
Total Admissions 2011	204
Total Discharges 2011	199
Residents on 12/31/2011	80
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2639	18.1%	14281	42.5%	0	157	11816	0	28893	86.0%	86.0%
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	2639	18.1%	14281	42.5%	0	157	11816	0	28893	86.0%	86.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	3	5	0	0	0	0	0	0	3	5	8
75 to 84	2	18	0	0	0	0	0	0	2	18	20
85+	10	38	0	0	0	0	0	0	10	38	48
TOTALS	17	63	0	0	0	0	0	0	17	63	80

LENA LIVING CENTER
1010 S. LOGAN STREET
LENA, IL. 61048

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 177

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	40	0	1	38	0	80
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	40	0	1	38	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	134	127
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	80	0	0	0	80
Race Unknown	0	0	0	0	0
Total	80	0	0	0	80

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	80	0	0	0	80
Ethnicity Unknown	0	0	0	0	0
Total	80	0	0	0	80

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	5.00
Certified Aides	16.00
Other Health Staff	0.00
Non-Health Staff	18.00
Totals	43.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
25.2%	39.9%	0.0%	0.7%	34.2%	100.0%		0.0%
1,153,178	1,827,363	0	34,228	1,567,400	4,582,169	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LEROY MANOR
509 S BUCK ROAD P.O. BOX 149
LEROY, IL. 61752

Reference Numbers Facility ID 6012157
Health Service Area 004 Planning Service Area 113

Administrator
Heather Brown

Contact Person and Telephone
Heather Brown
309-962-5000

Registered Agent Information

Date Completed
5/7/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	15
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	7
Digestive System	9
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	8
TOTALS	84
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	102	102	84	102	84	18	102	102
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	102	102	84	102	84	18	102	102

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	70
Total Admissions 2011	84
Total Discharges 2011	70
Residents on 12/31/2011	84
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3703	9.9%	16258	43.7%	0	33	7292	0	27286	73.3%	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	3703	9.9%	16258	43.7%	0	33	7292	0	27286	73.3%	73.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	1	0	0	0	0	0	0	3	1	4
60 to 64	6	2	0	0	0	0	0	0	6	2	8
65 to 74	1	10	0	0	0	0	0	0	1	10	11
75 to 84	5	15	0	0	0	0	0	0	5	15	20
85+	8	33	0	0	0	0	0	0	8	33	41
TOTALS	23	61	0	0	0	0	0	0	23	61	84

LEROY MANOR
509 S BUCK ROAD P.O. BOX 149
LEROY, IL. 61752

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 113

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	56	0	1	22	0	84
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	56	0	1	22	0	84

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	82	0	0	0	82
Race Unknown	0	0	0	0	0
Total	84	0	0	0	84

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	84	0	0	0	84
Ethnicity Unknown	0	0	0	0	0
Total	84	0	0	0	84

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	10.00
Certified Aides	48.00
Other Health Staff	2.00
Non-Health Staff	39.00
Totals	104.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
34.2%	34.0%	0.5%	2.7%	28.6%	100.0%		0.0%
1,745,177	1,737,155	24,146	137,461	1,462,276	5,106,215	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LEWIS AND CLARK MANOR
56 CHOUTEAU TRACE PARKWAY
PONTOON BEACH, IL. 62040

Reference Numbers Facility ID 6012793
Health Service Area 011 Planning Service Area 119

Administrator
TAMMY MARSH

Contact Person and Telephone
TAMMY MARSH
(618) 465-0044 ext 1609

Date Completed
4/19/2013

Registered Agent Information
Tom Moehn
#4 Emmie Kaus Ln.
Alton, IL 62002

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	12

Total Residents Diagnosed as Mentally Ill 7

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	14	16	12	4		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	14	16	12	4	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	14
Total Admissions 2011	1
Total Discharges 2011	3
Residents on 12/31/2011	12
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4309	73.8%	0	0	0	0	4309	73.8%	73.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4309	73.8%	0	0	0	0	4309	73.8%	73.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	1	0	0	2	1	3
45 to 59	0	0	0	0	5	1	0	0	5	1	6
60 to 64	0	0	0	0	2	0	0	0	2	0	2
65 to 74	0	0	0	0	1	0	0	0	1	0	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	10	2	0	0	10	2	12

LEWIS AND CLARK MANOR
56 CHOUTEAU TRACE PARKWAY
PONTOON BEACH, IL. 62040

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	121
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	9.00
Non-Health Staff	0.00
Totals	11.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	85.7%	14.3%	0.0%	0.0%	100.0%		0.0%
0	501,160	83,551	0	0	584,711	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LEWIS MEM CHRISTIAN VILLAGE
3400 WEST WASHINGTON
SPRINGFIELD, IL. 62711

Reference Numbers Facility ID 6005300
Health Service Area 003 Planning Service Area 167

Administrator
John J Hurley

Contact Person and Telephone
Susan McGhee
(314) 587-7900

Registered Agent Information
Quinn Murphy Regestered Agent
23 South First Street
Belleville, IL 62220

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	6
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	28
Respiratory System	10
Digestive System	1
Genitourinary System Disorders	8
Skin Disorders	1
Musculo-skeletal Disorders	37
Injuries and Poisonings	0
Other Medical Conditions	43
Non-Medical Conditions	0
TOTALS	145

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	155	155	147	155	145	10	155	105
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	155	155	147	155	145	10	155	105

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	146
Total Admissions 2011	458
Total Discharges 2011	459
Residents on 12/31/2011	145
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	15018	26.5%	21846	57.0%	0	1093	14461	0	52418	92.7%	92.7%
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	15018	26.5%	21846	57.0%	0	1093	14461	0	52418	92.7%	92.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	6	11	0	0	0	0	0	0	6	11	17
75 to 84	14	34	0	0	0	0	0	0	14	34	48
85+	12	66	0	0	0	0	0	0	12	66	78
TOTALS	33	112	0	0	0	0	0	0	33	112	145

LEWIS MEM CHRISTIAN VILLAGE
3400 WEST WASHINGTON
SPRINGFIELD, IL. 62711

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	42	52	0	6	45	0	145
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	42	52	0	6	45	0	145

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	140	0	0	0	140
Race Unknown	0	0	0	0	0
Total	145	0	0	0	145

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	145	0	0	0	145
Ethnicity Unknown	0	0	0	0	0
Total	145	0	0	0	145

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	29.00
Certified Aides	65.00
Other Health Staff	3.00
Non-Health Staff	50.27
Totals	158.27

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
55.5%	19.8%	0.0%	5.8%	18.9%	100.0%		0.0%
7,404,593	2,647,374	0	772,733	2,526,164	13,350,864	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LEWIS TERRACE
1916 16TH STREET
NORTH CHICAGO, IL. 60064

Reference Numbers Facility ID 6014211
Health Service Area 008 Planning Service Area 097

Administrator
Billie Callahan

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Registered Agent Information
J. Michael Bibo
285 S. Farnham St.
Galesburg, IL 61401

Date Completed
4/6/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	4
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	4
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	4
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1464	######	0	0	0	0	1464	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1464	######	0	0	0	0	1464	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	2	1	0	0	2	1	3
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	2	2	0	0	2	2	4

LEWIS TERRACE
1916 16TH STREET
NORTH CHICAGO, IL. 60064

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	251
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	4	0	4
Race Unknown	0	0	0	0	0
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	3	0	3
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	7.00
Other Health Staff	0.33
Non-Health Staff	0.00
Totals	8.17

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	90.0%	0.7%	0.0%	9.2%	100.0%		0.0%
0	316,207	2,594	0	32,439	351,240	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LEXINGTON HEALTH CARE - WHEELING
730 WEST HINTZ ROAD
WHEELING, IL. 60090

Reference Numbers Facility ID 6014369
Health Service Area 007 Planning Service Area 701

Administrator
Anne Wagner

Contact Person and Telephone
Bridgett Rummel
630-458-4700

Registered Agent Information

Date Completed
4/9/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	17
Mental Illness	2
Developmental Disability	0
Circulatory System	21
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	38
Injuries and Poisonings	0
Other Medical Conditions	96
Non-Medical Conditions	0
TOTALS	194

Total Residents Diagnosed as Mentally Ill 2

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	215	215	201	215	194	21	215	184
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	215	215	201	215	194	21	215	184

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	183
Total Admissions 2011	240
Total Discharges 2011	229
Residents on 12/31/2011	194
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6437	8.2%	56863	84.7%	0	1392	4574	0	69266	88.3%	88.3%
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	6437	8.2%	56863	84.7%	0	1392	4574	0	69266	88.3%	88.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	6	5	0	0	0	0	0	0	6	5	11
65 to 74	9	9	0	0	0	0	0	0	9	9	18
75 to 84	11	50	0	0	0	0	0	0	11	50	61
85+	16	85	0	0	0	0	0	0	16	85	101
TOTALS	43	151	0	0	0	0	0	0	43	151	194

LEXINGTON HEALTH CARE - WHEELING
730 WEST HINTZ ROAD
WHEELING, IL. 60090

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	128	0	1	46	0	194
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	128	0	1	46	0	194

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	319	176
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	1	0	0	0	1
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	188	0	0	0	188
Race Unknown	0	0	0	0	0
Total	194	0	0	0	194

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	187	0	0	0	187
Ethnicity Unknown	0	0	0	0	0
Total	194	0	0	0	194

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	18.00
Certified Aides	70.00
Other Health Staff	7.00
Non-Health Staff	59.00
Totals	170.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
23.2%	56.5%	0.0%	8.8%	11.5%	100.0%		0.0%
3,138,089	7,641,239	0	1,197,263	1,559,124	13,535,715	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LEXINGTON HEALTH CARE CENTER
14601 S. JOHN HUMPHREY DRIVE
ORLAND PARK, IL. 60462

Reference Numbers Facility ID 6014682
Health Service Area 007 Planning Service Area 705

Administrator
Kim Saggese

Contact Person and Telephone
Bridgett Rummel
630-458-4700

Registered Agent Information

Date Completed
4/3/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System Non Alzheimer	17
Alzheimer Disease	7
Mental Illness	23
Developmental Disability	0
Circulatory System	47
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	8
Skin Disorders	2
Musculo-skeletal Disorders	6
Injuries and Poisonings	6
Other Medical Conditions	98
Non-Medical Conditions	0
TOTALS	225

Total Residents Diagnosed as Mentally Ill 23

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	278	278	245	278	225	53	278	209
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	278	278	245	278	225	53	278	209

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	231
Total Admissions 2011	512
Total Discharges 2011	518
Residents on 12/31/2011	225
Identified Offenders	23

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	17707	17.5%	60834	79.7%	0	1923	3760	0	84224	83.0%	83.0%
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	17707	17.5%	60834	79.7%	0	1923	3760	0	84224	83.0%	83.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	4	4	0	0	0	0	0	0	4	4	8
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	9	12	0	0	0	0	0	0	9	12	21
75 to 84	23	52	0	0	0	0	0	0	23	52	75
85+	19	97	0	0	0	0	0	0	19	97	116
TOTALS	57	168	0	0	0	0	0	0	57	168	225

LEXINGTON HEALTH CARE CENTER
14601 S. JOHN HUMPHREY DRIVE
ORLAND PARK, IL. 60462

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	35	129	0	7	54	0	225
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	35	129	0	7	54	0	225

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	253	189
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	41	0	0	0	41
Hawaiian/Pacific Isl.	0	0	0	0	0
White	184	0	0	0	184
Race Unknown	0	0	0	0	0
Total	225	0	0	0	225

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	220	0	0	0	220
Ethnicity Unknown	0	0	0	0	0
Total	225	0	0	0	225

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	29.00
Certified Aides	87.00
Other Health Staff	14.00
Non-Health Staff	71.00
Totals	217.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
47.1%	40.6%	0.0%	3.6%	8.7%	100.0%		0.0%
8,941,370	7,703,235	0	687,303	1,658,073	18,989,981	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LEXINGTON HLTH CARE CTR-BLOOMINGDALE
165 SOUTH BLOOMINGDALE ROAD
BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID 6011993
Health Service Area 007 Planning Service Area 703

Administrator
Rupal Mistry

Contact Person and Telephone
Bridgett Rummel
630-458-4700

Registered Agent Information

Date Completed
4/3/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	8
Blood Disorders	5
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	9
Developmental Disability	0
Circulatory System	18
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	17
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	74
TOTALS	147

Total Residents Diagnosed as Mentally Ill 9

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	166	166	157	166	147	19	166	131
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	166	166	157	166	147	19	166	131

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	149
Total Admissions 2011	276
Total Discharges 2011	278
Residents on 12/31/2011	147
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	11841	19.5%	35102	73.4%	0	1039	6418	0	54400	89.8%	89.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	11841	19.5%	35102	73.4%	0	1039	6418	0	54400	89.8%	89.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	3	5	0	0	0	0	0	0	3	5	8
65 to 74	11	9	0	0	0	0	0	0	11	9	20
75 to 84	14	24	0	0	0	0	0	0	14	24	38
85+	13	65	0	0	0	0	0	0	13	65	78
TOTALS	44	103	0	0	0	0	0	0	44	103	147

LEXINGTON HLTH CARE CTR-BLOOMINGDALE
165 SOUTH BLOOMINGDALE ROAD
BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	29	95	0	3	20	0	147
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	29	95	0	3	20	0	147

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	364	217
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	7	0	0	0	7
American Indian	1	0	0	0	1
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	134	0	0	0	134
Race Unknown	0	0	0	0	0
Total	147	0	0	0	147

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	143	0	0	0	143
Ethnicity Unknown	0	0	0	0	0
Total	147	0	0	0	147

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	10.00
Certified Aides	53.00
Other Health Staff	7.00
Non-Health Staff	53.00
Totals	138.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
46.0%	35.7%	0.0%	2.8%	15.5%	100.0%		0.0%
6,344,190	4,921,963	0	392,248	2,146,437	13,804,838	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LEXINGTON HLTH CARE CTR-LOMBARD
2100 SOUTH FINLEY ROAD
LOMBARD, IL. 60148

Reference Numbers Facility ID 6005318
Health Service Area 007 Planning Service Area 703

Administrator
Lenette Clark

Contact Person and Telephone
Bridgett Rummel
630-458-4700

Registered Agent Information

Date Completed
4/9/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	2
Mental Illness	1
Developmental Disability	0
Circulatory System	2
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	8
Other Medical Conditions	152
Non-Medical Conditions	0
TOTALS	174

Total Residents Diagnosed as Mentally Ill 1

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	224	224	200	224	174	50	215	150
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	224	224	200	224	174	50	215	150

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	193
Total Admissions 2011	508
Total Discharges 2011	527
Residents on 12/31/2011	174
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	14645	18.7%	38064	69.5%	0	2140	11807	0	66656	81.5%	81.5%
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	14645	18.7%	38064	69.5%	0	2140	11807	0	66656	81.5%	81.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	7	18	0	0	0	0	0	0	7	18	25
75 to 84	22	39	0	0	0	0	0	0	22	39	61
85+	16	71	0	0	0	0	0	0	16	71	87
TOTALS	46	128	0	0	0	0	0	0	46	128	174

LEXINGTON HLTH CARE CTR-LOMBARD
2100 SOUTH FINLEY ROAD
LOMBARD, IL. 60148

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	36	86	0	9	43	0	174
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	36	86	0	9	43	0	174

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	209	162
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	0	5
American Indian	1	0	0	0	1
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	162	0	0	0	162
White	0	0	0	0	0
Race Unknown	0	0	0	0	0
Total	174	0	0	0	174

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	167	0	0	0	167
Ethnicity Unknown	0	0	0	0	0
Total	174	0	0	0	174

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	14.00
Certified Aides	57.00
Other Health Staff	10.00
Non-Health Staff	59.00
Totals	157.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
46.7%	29.1%	0.0%	5.0%	19.2%	100.0%		0.0%
7,905,262	4,919,090	0	853,645	3,246,708	16,924,705	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LEXINGTON OF CHICAGO RIDGE
10300 SOUTHWEST HIGHWAY
CHICAGO RIDGE, IL. 60415

Reference Numbers Facility ID 6012967
Health Service Area 007 Planning Service Area 705

Administrator
Nancy McDonald

Contact Person and Telephone
Bridgett Rummel
630-458-4700

Registered Agent Information

Date Completed
4/10/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	18
Blood Disorders	1
*Nervous System Non Alzheimer	14
Alzheimer Disease	6
Mental Illness	11
Developmental Disability	1
Circulatory System	44
Respiratory System	10
Digestive System	6
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	3
Other Medical Conditions	54
Non-Medical Conditions	0
TOTALS	180

Total Residents Diagnosed as Mentally Ill 11

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	203	203	197	203	180	23	203	142
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	203	203	197	203	180	23	203	142

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	163
Total Admissions 2011	1,034
Total Discharges 2011	1,017
Residents on 12/31/2011	180
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	13604	18.4%	38109	73.5%	0	10169	3074	0	64956	87.7%	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	13604	18.4%	38109	73.5%	0	10169	3074	0	64956	87.7%	87.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	4	2	0	0	0	0	0	0	4	2	6
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	11	16	0	0	0	0	0	0	11	16	27
75 to 84	14	49	0	0	0	0	0	0	14	49	63
85+	13	66	0	0	0	0	0	0	13	66	79
TOTALS	43	137	0	0	0	0	0	0	43	137	180

LEXINGTON OF CHICAGO RIDGE
10300 SOUTHWEST HIGHWAY
CHICAGO RIDGE, IL. 60415

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	43	77	0	21	39	0	180
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	43	77	0	21	39	0	180

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	298	222
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	61	0	0	0	61
Hawaiian/Pacific Isl.	0	0	0	0	0
White	116	0	0	0	116
Race Unknown	0	0	0	0	0
Total	180	0	0	0	180

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	171	0	0	0	171
Ethnicity Unknown	0	0	0	0	0
Total	180	0	0	0	180

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	25.00
Certified Aides	65.00
Other Health Staff	13.00
Non-Health Staff	67.00
Totals	184.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
38.7%	30.2%	0.0%	24.9%	6.3%	100.0%		0.0%
6,963,898	5,436,240	0	4,473,209	1,126,359	17,999,706	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LEXINGTON OF ELMHURST
420 WEST BUTTERFIELD ROAD
ELMHURST, IL. 60126

Reference Numbers Facility ID 6013098
Health Service Area 007 Planning Service Area 703

Administrator
Sandra Cubas

Contact Person and Telephone
Bridgett Rummel
630-457-4700

Registered Agent Information

Date Completed
4/10/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	1
Mental Illness	1
Developmental Disability	0
Circulatory System	4
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	12
Injuries and Poisonings	4
Other Medical Conditions	89
Non-Medical Conditions	0
TOTALS	115

Total Residents Diagnosed as Mentally Ill 1

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	145	145	132	145	115	30	142	77
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	145	145	132	145	115	30	142	77

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	117
Total Admissions 2011	548
Total Discharges 2011	550
Residents on 12/31/2011	115
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	15453	29.8%	15566	55.4%	0	2075	10949	0	44043	83.2%	83.2%
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	15453	29.8%	15566	55.4%	0	2075	10949	0	44043	83.2%	83.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	4	0	0	0	0	0	0	1	4	5
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	2	11	0	0	0	0	0	0	2	11	13
75 to 84	5	17	0	0	0	0	0	0	5	17	22
85+	10	63	0	0	0	0	0	0	10	63	73
TOTALS	19	96	0	0	0	0	0	0	19	96	115

LEXINGTON OF ELMHURST
420 WEST BUTTERFIELD ROAD
ELMHURST, IL. 60126

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	42	36	0	11	26	0	115
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	42	36	0	11	26	0	115

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	350	192
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	109	0	0	0	109
Race Unknown	0	0	0	0	0
Total	115	0	0	0	115

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	114	0	0	0	114
Ethnicity Unknown	0	0	0	0	0
Total	115	0	0	0	115

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	13.00
Certified Aides	44.00
Other Health Staff	8.00
Non-Health Staff	48.00
Totals	124.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
57.5%	14.9%	0.0%	5.7%	21.9%	100.0%		0.0%
8,050,769	2,079,951	0	792,529	3,069,215	13,992,464	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LEXINGTON OF LAGRANGE
4735 WILLOW SPRINGS ROAD
LAGRANGE, IL. 60525

Reference Numbers Facility ID 6013361
Health Service Area 007 Planning Service Area 705

Administrator
Renee Mills

Contact Person and Telephone
Bridgett Rummel
630-458-4700

Registered Agent Information

Date Completed
4/10/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	2
Developmental Disability	0
Circulatory System	11
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	13
Other Medical Conditions	45
Non-Medical Conditions	0
TOTALS	88

Total Residents Diagnosed as Mentally Ill 2

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	120	107	120	88	32	120	40
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	107	120	88	32	120	40

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	89
Total Admissions 2011	831
Total Discharges 2011	832
Residents on 12/31/2011	88
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	21566	49.2%	5318	36.4%	0	4264	3371	0	34519	78.8%	78.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	21566	49.2%	5318	36.4%	0	4264	3371	0	34519	78.8%	78.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	1	3	0	0	0	0	0	0	1	3	4
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	7	5	0	0	0	0	0	0	7	5	12
75 to 84	7	21	0	0	0	0	0	0	7	21	28
85+	13	28	0	0	0	0	0	0	13	28	41
TOTALS	30	58	0	0	0	0	0	0	30	58	88

LEXINGTON OF LAGRANGE
4735 WILLOW SPRINGS ROAD
LAGRANGE, IL. 60525

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	51	12	0	12	13	0	88
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	51	12	0	12	13	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	354	339
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	80	0	0	0	80
Race Unknown	0	0	0	0	0
Total	88	0	0	0	88

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	86	0	0	0	86
Ethnicity Unknown	0	0	0	0	0
Total	88	0	0	0	88

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	13.00
Certified Aides	33.00
Other Health Staff	5.00
Non-Health Staff	47.00
Totals	116.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
76.0%	5.2%	0.0%	11.8%	7.0%	100.0%		0.0%
11,050,491	759,767	0	1,716,330	1,011,883	14,538,471	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LEXINGTON OF LAKE ZURICH
900 SOUTH RAND ROAD
LAKE ZURICH, IL. 60047

Reference Numbers Facility ID 6014138
Health Service Area 008 Planning Service Area 097

Administrator
Brandon Davidson

Contact Person and Telephone
Bridgett Rummel
630-458-4700

Registered Agent Information

Date Completed
4/9/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	6
Blood Disorders	3
*Nervous System Non Alzheimer	10
Alzheimer Disease	19
Mental Illness	9
Developmental Disability	0
Circulatory System	30
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	3
Other Medical Conditions	95
Non-Medical Conditions	0
TOTALS	198

Total Residents Diagnosed as Mentally Ill 9

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	203	203	202	203	198	5	203	148
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	203	203	202	203	198	5	203	148

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	193
Total Admissions 2011	622
Total Discharges 2011	617
Residents on 12/31/2011	198
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	13194	17.8%	49262	91.2%	0	2838	3519	0	68813	92.9%	92.9%
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	13194	17.8%	49262	91.2%	0	2838	3519	0	68813	92.9%	92.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	3	5	0	0	0	0	0	0	3	5	8
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	7	12	0	0	0	0	0	0	7	12	19
75 to 84	17	49	0	0	0	0	0	0	17	49	66
85+	20	81	0	0	0	0	0	0	20	81	101
TOTALS	49	149	0	0	0	0	0	0	49	149	198

LEXINGTON OF LAKE ZURICH
900 SOUTH RAND ROAD
LAKE ZURICH, IL. 60047

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	39	121	0	12	26	0	198
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	39	121	0	12	26	0	198

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	286	202
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	193	0	0	0	193
Race Unknown	0	0	0	0	0
Total	198	0	0	0	198

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	192	0	0	0	192
Ethnicity Unknown	0	0	0	0	0
Total	198	0	0	0	198

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	16.00
Certified Aides	69.00
Other Health Staff	9.00
Non-Health Staff	63.00
Totals	173.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
41.9%	43.4%	0.0%	7.0%	7.6%	100.0%		0.0%
6,255,147	6,479,803	0	1,051,844	1,135,710	14,922,504	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LEXINGTON OF SCHAUMBURG
675 SOUTH ROSELLE ROAD
SCHAUMBURG, IL. 60193

Reference Numbers Facility ID 6012553
Health Service Area 007 Planning Service Area 701

Administrator
Terri Bowen

Contact Person and Telephone
Bridgett Rummel
630-458-4700

Registered Agent Information

Date Completed
4/10/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	2
Mental Illness	6
Developmental Disability	0
Circulatory System	10
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	46
Injuries and Poisonings	4
Other Medical Conditions	111
Non-Medical Conditions	0
TOTALS	187

Total Residents Diagnosed as Mentally Ill 6

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	214	214	199	214	187	27	214	160
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	214	214	199	214	187	27	214	160

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	181
Total Admissions 2011	517
Total Discharges 2011	511
Residents on 12/31/2011	187
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	14933	19.1%	47414	81.2%	0	2033	3600	0	67980	87.0%	87.0%
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	14933	19.1%	47414	81.2%	0	2033	3600	0	67980	87.0%	87.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	4	5	0	0	0	0	0	0	4	5	9
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	11	19	0	0	0	0	0	0	11	19	30
75 to 84	16	44	0	0	0	0	0	0	16	44	60
85+	16	68	0	0	0	0	0	0	16	68	84
TOTALS	48	139	0	0	0	0	0	0	48	139	187

LEXINGTON OF SCHAUMBURG
675 SOUTH ROSELLE ROAD
SCHAUMBURG, IL. 60193

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	45	100	0	5	37	0	187
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	45	100	0	5	37	0	187

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	260	207
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	9	0	0	0	9
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	172	0	0	0	172
Race Unknown	0	0	0	0	0
Total	187	0	0	0	187

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	182	0	0	0	182
Ethnicity Unknown	0	0	0	0	0
Total	187	0	0	0	187

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	12.00
Certified Aides	67.00
Other Health Staff	7.00
Non-Health Staff	63.00
Totals	171.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
47.4%	38.4%	0.0%	5.0%	9.2%	100.0%		0.0%
7,717,987	6,241,911	0	819,383	1,492,930	16,272,211	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LEXINGTON OF STREAMWOOD
815 EAST IRVING PARK ROAD
STREAMWOOD, IL. 60107

Reference Numbers Facility ID 6012975
Health Service Area 007 Planning Service Area 701

Administrator
Kalsang Youtso

Contact Person and Telephone
Bridgett Rummel
630-458-4700

Registered Agent Information

Date Completed
4/9/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	5
*Nervous System Non Alzheimer	10
Alzheimer Disease	1
Mental Illness	9
Developmental Disability	0
Circulatory System	38
Respiratory System	9
Digestive System	3
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	10
Injuries and Poisonings	7
Other Medical Conditions	77
Non-Medical Conditions	0
TOTALS	182

Total Residents Diagnosed as Mentally Ill 9

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	214	214	191	214	182	32	214	172
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	214	214	191	214	182	32	214	172

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	171
Total Admissions 2011	309
Total Discharges 2011	298
Residents on 12/31/2011	182
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	11209	14.4%	50242	80.0%	0	1548	2150	0	65149	83.4%	83.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	11209	14.4%	50242	80.0%	0	1548	2150	0	65149	83.4%	83.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	1	7	0	0	0	0	0	0	1	7	8
65 to 74	12	16	0	0	0	0	0	0	12	16	28
75 to 84	6	42	0	0	0	0	0	0	6	42	48
85+	14	82	0	0	0	0	0	0	14	82	96
TOTALS	34	148	0	0	0	0	0	0	34	148	182

LEXINGTON OF STREAMWOOD
815 EAST IRVING PARK ROAD
STREAMWOOD, IL. 60107

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	117	0	11	31	0	182
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	23	117	0	11	31	0	182

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	186	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	9	0	0	0	9
American Indian	9	0	0	0	9
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	164	0	0	0	164
Race Unknown	0	0	0	0	0
Total	182	0	0	0	182

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	172	0	0	0	172
Ethnicity Unknown	0	0	0	0	0
Total	182	0	0	0	182

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	23.00
Certified Aides	63.00
Other Health Staff	9.00
Non-Health Staff	60.00
Totals	166.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
37.5%	46.8%	0.0%	4.9%	10.8%	100.0%		0.0%
5,371,200	6,702,204	0	708,212	1,550,411	14,332,027	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LIBERTY HOUSE
1304 WEST MACK AVENUE
MARION, IL. 62959

Reference Numbers Facility ID 6005342
Health Service Area 005 Planning Service Area 199

Administrator
STEPHEN BROWN

Contact Person and Telephone
STEPHEN BROWN
6189979336

Registered Agent Information
JOHN RENDLEMAN
2001 W. MAIN ST. STE 101 PO 1570
Carbondale, IL 62903

Date Completed
3/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 3

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5756	98.6%	0	0	0	0	5756	98.6%	98.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5756	98.6%	0	0	0	0	5756	98.6%	98.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	4	0	0	1	4	5
45 to 59	0	0	0	0	4	2	0	0	4	2	6
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	1	0	0	0	1	0	1
TOTALS	0	0	0	0	8	8	0	0	8	8	16

LIBERTY HOUSE
1304 WEST MACK AVENUE
MARION, IL. 62959

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 199

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	120
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	8.00
Other Health Staff	0.50
Non-Health Staff	1.50
Totals	11.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	81.4%	16.5%	2.1%	0.0%	100.0%		0.0%
0	487,288	98,840	12,511	0	598,639	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LIBERTYVILLE MANOR EXT. CARE FACILITY
610 Peterson Road (HWY. #137)
Libertyville, IL. 60048

Reference Numbers Facility ID 6005359
Health Service Area 008 Planning Service Area 097

Administrator
John Stokovich

Contact Person and Telephone
John Stokovich
1-(847)-367-6100

Date Completed
4/19/2013

Registered Agent Information
John Fadden
111 West Washington Street - Suite 1900
Chicago, IL 60602

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	12
Blood Disorders	6
*Nervous System Non Alzheimer	7
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	9
Respiratory System	12
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	52

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	174	174	61	174	52	122	31	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	174	174	61	174	52	122	31	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	57
Total Admissions 2011	257
Total Discharges 2011	262
Residents on 12/31/2011	52
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4028	35.6%	0	0.0%	0	25	15149	0	19202	30.2%	30.2%
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	4028	35.6%	0	0.0%	0	25	15149	0	19202	30.2%	30.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	1	0	0	0	0	0	0	3	1	4
75 to 84	6	7	0	0	0	0	0	0	6	7	13
85+	7	27	0	0	0	0	0	0	7	27	34
TOTALS	16	36	0	0	0	0	0	0	16	36	52

LIBERTYVILLE MANOR EXT. CARE FACILITY
610 Peterson Road (HWY. #137)
Libertyville, IL. 60048

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	0	0	3	35	0	52
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	0	0	3	35	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	255	202
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	51	0	0	0	51
Race Unknown	0	0	0	0	0
Total	52	0	0	0	52

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	52	0	0	0	52
Ethnicity Unknown	0	0	0	0	0
Total	52	0	0	0	52

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	6.00
Certified Aides	16.00
Other Health Staff	5.00
Non-Health Staff	20.00
Totals	54.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
35.2%	0.0%	0.0%	0.0%	64.8%	100.0%		0.0%
1,364,668	0	0	0	2,513,881	3,878,550	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LIEBERMAN CENTER FOR HEALTH & REHAB
9700 GROSS POINT ROAD
SKOKIE, IL. 60076

Reference Numbers Facility ID 6005375
Health Service Area 007 Planning Service Area 702

Administrator
Ron Benner

Contact Person and Telephone
CINDY PEDERSEN
847.929.3022

Registered Agent Information
Joe Atkin, CFO, CJE Senior Life
3003 W. Touhy Ave
Chicago, IL 60645

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	16
Alzheimer Disease	72
Mental Illness	0
Developmental Disability	0
Circulatory System	42
Respiratory System	15
Digestive System	6
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	52
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	220

Total Residents Diagnosed as Mentally Ill 7

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	240	240	229	240	220	20	240	216
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	240	240	229	240	220	20	240	216

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	208
Total Admissions 2011	715
Total Discharges 2011	703
Residents on 12/31/2011	220
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	11095	12.7%	53629	68.0%	0	185	14518	0	79427	90.7%	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	11095	12.7%	53629	68.0%	0	185	14518	0	79427	90.7%	90.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	2	0	0	0	0	0	0	1	2	3
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	2	11	0	0	0	0	0	0	2	11	13
75 to 84	12	31	0	0	0	0	0	0	12	31	43
85+	29	127	0	0	0	0	0	0	29	127	156
TOTALS	46	174	0	0	0	0	0	0	46	174	220

LIEBERMAN CENTER FOR HEALTH & REHAB
9700 GROSS POINT ROAD
SKOKIE, IL. 60076

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	151	0	0	45	0	220
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	151	0	0	45	0	220

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	219	0	0	0	219
Race Unknown	0	0	0	0	0
Total	220	0	0	0	220

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	220	0	0	0	220
Ethnicity Unknown	0	0	0	0	0
Total	220	0	0	0	220

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	25.00
LPN's	5.00
Certified Aides	101.00
Other Health Staff	8.00
Non-Health Staff	86.00
Totals	228.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
29.6%	37.7%	0.0%	0.0%	32.7%	100.0%		0.0%
5,719,382	7,297,567	0	0	6,320,135	19,337,084	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LINCOLN HOUSE
510 SOUTH KICKAPOO
LINCOLN, IL. 62656

Reference Numbers Facility ID 6005482
Health Service Area 003 Planning Service Area 107

Administrator
PAM ROSENKRANZ

Contact Person and Telephone
Anna Brackenbush
217-710-3195

Date Completed
4/16/2013

Registered Agent Information
E. ROBERT ANDERSON
1204 N. MAIN STREET
Paris, IL 61944

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	14

Total Residents Diagnosed as Mentally Ill 11

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	15	15	14	1		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	15	15	14	1	0	15

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	0
Total Discharges 2011	1
Residents on 12/31/2011	14
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4856	88.7%	0	0	0	0	4856	88.7%	88.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4856	88.7%	0	0	0	0	4856	88.7%	88.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	3	0	0	2	3	5
45 to 59	0	0	0	0	2	3	0	0	2	3	5
60 to 64	0	0	0	0	2	0	0	0	2	0	2
65 to 74	0	0	0	0	1	1	0	0	1	1	2
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	7	7	0	0	7	7	14

LINCOLN HOUSE
510 SOUTH KICKAPOO
LINCOLN, IL. 62656

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 107

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	114	114
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.11
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.16
LPN's	0.00
Certified Aides	6.84
Other Health Staff	1.00
Non-Health Staff	0.74
Totals	8.85

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	78.7%	0.0%	0.0%	21.3%	100.0%		0.0%
0	468,331	0	0	127,094	595,425	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LINCOLN REHABILITATION CENTER
2650 NORTH MONROE STREET
DECATUR, IL. 62526

Reference Numbers Facility ID 6005508
Health Service Area 004 Planning Service Area 115

Administrator
Barbara Lowry

Contact Person and Telephone
Barbara Lowry
217-875-1973

Registered Agent Information

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	10
Mental Illness	11
Developmental Disability	0
Circulatory System	17
Respiratory System	21
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	6
Injuries and Poisonings	4
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	101

Total Residents Diagnosed as Mentally Ill 11

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	140	140	117	140	101	39	50	140
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	140	140	117	140	101	39	50	140

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	104
Total Admissions 2011	132
Total Discharges 2011	135
Residents on 12/31/2011	101
Identified Offenders	10

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6041	33.1%	28005	54.8%	0	1031	4409	0	39486	77.3%	77.3%
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	6041	33.1%	28005	54.8%	0	1031	4409	0	39486	77.3%	77.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	8	9	0	0	0	0	0	0	8	9	17
60 to 64	7	6	0	0	0	0	0	0	7	6	13
65 to 74	8	5	0	0	0	0	0	0	8	5	13
75 to 84	7	14	0	0	0	0	0	0	7	14	21
85+	5	30	0	0	0	0	0	0	5	30	35
TOTALS	37	64	0	0	0	0	0	0	37	64	101

LINCOLN REHABILITATION CENTER
2650 NORTH MONROE STREET
DECATUR, IL. 62526

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	80	0	2	6	0	101
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	80	0	2	6	0	101

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	24	0	0	0	24
Hawaiian/Pacific Isl.	0	0	0	0	0
White	77	0	0	0	77
Race Unknown	0	0	0	0	0
Total	101	0	0	0	101

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	101	0	0	0	101
Ethnicity Unknown	0	0	0	0	0
Total	101	0	0	0	101

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	10.00
Certified Aides	37.00
Other Health Staff	4.00
Non-Health Staff	53.00
Totals	115.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
9.4%	72.7%	0.0%	1.7%	16.2%	100.0%		0.0%
381,432	2,947,668	0	67,445	655,337	4,051,882	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LINCOLN SQUARE
202 SOUTH MAIN STREET
JONESBORO, IL. 62952

Reference Numbers Facility ID 6004170
Health Service Area 005 Planning Service Area 181

Administrator
Cheryl Sherrill

Contact Person and Telephone
ANITA BEATTY
618 833-9573 or 618 697-1143

Date Completed
3/29/2013

Registered Agent Information
John Rendleman
2001 W. Main Street
Carbondale, IL 62901

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 12

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	15	15	15	0		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	15	15	15	0	0	15

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5475	######	0	0	0	0	5475	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5475	######	0	0	0	0	5475	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	7	2	0	0	7	2	9
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	2	1	0	0	2	1	3
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	11	4	0	0	11	4	15

LINCOLN SQUARE
202 SOUTH MAIN STREET
JONESBORO, IL. 62952

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 181

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	109	99
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	8.50
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	79.4%	19.9%	0.0%	0.7%	100.0%		0.0%
0	429,767	107,792	0	3,997	541,556	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LINCOLN TERRACE
2324 NORTH KICKAPOO STREET
LINCOLN, IL. 62656

Reference Numbers Facility ID 6012041
Health Service Area 003 Planning Service Area 107

Administrator
Adam Tabor

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Registered Agent Information
J. Michael Bibo
285 S. Farnham St.
Galesburg, IL 61401

Date Completed
4/6/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	2
Total Discharges 2011	2
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5475	93.8%	0	0	0	0	5475	93.8%	93.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5475	93.8%	0	0	0	0	5475	93.8%	93.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	1	0	0	2	1	3
45 to 59	0	0	0	0	5	2	0	0	5	2	7
60 to 64	0	0	0	0	2	0	0	0	2	0	2
65 to 74	0	0	0	0	1	1	0	0	1	1	2
75 to 84	0	0	0	0	0	1	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	10	5	0	0	10	5	15

LINCOLN TERRACE
2324 NORTH KICKAPOO STREET
LINCOLN, IL. 62656

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 107

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	111
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	80.4%	0.3%	0.0%	19.3%	100.0%		0.0%
0	491,992	1,990	0	117,943	611,926	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LINDEN ESTATE
1000 LINDEN STREET
MORTON, IL. 61550

Reference Numbers Facility ID 6014054
Health Service Area 002 Planning Service Area 179

Administrator
Crystal Streitmatter

Contact Person and Telephone
Michael A. Prevo
(309) 266-9781

Date Completed
4/16/2013

Registered Agent Information
Ron Messner
2125 Veterans Road
Morton, IL 61550

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 2

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	1
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5664	97.0%	0	0	0	0	5664	97.0%	97.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5664	97.0%	0	0	0	0	5664	97.0%	97.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	0	0	0	4	0	4
45 to 59	0	0	0	0	4	3	0	0	4	3	7
60 to 64	0	0	0	0	0	2	0	0	0	2	2
65 to 74	0	0	0	0	0	2	0	0	0	2	2
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	7	0	0	8	7	15

LINDEN ESTATE
1000 LINDEN STREET
MORTON, IL. 61550

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	118	118
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.25
Registered Nurses	0.50
LPN's	0.00
Certified Aides	10.40
Other Health Staff	1.00
Non-Health Staff	1.10
Totals	13.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	80.2%	0.0%	0.0%	19.8%	100.0%		0.0%
0	550,642	0	0	136,210	686,852	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LINTON TERRACE
330 LINTON AVENUE
WOOD RIVER, IL. 62095

Reference Numbers Facility ID 6013957
Health Service Area 011 Planning Service Area 119

Administrator
James Haney

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/6/2013

Registered Agent Information
J. Michael Bibo
285 S. Farnham St.
Galesburg, IL 61401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	4
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	4
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	4
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1464	######	0	0	0	0	1464	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1464	######	0	0	0	0	1464	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	0	0	0	1	0	1
45 to 59	0	0	0	0	1	1	0	0	1	1	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	2	2	0	0	2	2	4

LINTON TERRACE
330 LINTON AVENUE
WOOD RIVER, IL. 62095

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	210
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	3	0	3
Race Unknown	0	0	0	0	0
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	4	0	4
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	6.50
Other Health Staff	0.25
Non-Health Staff	0.00
Totals	7.59

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	85.3%	0.0%	0.0%	14.7%	100.0%		0.0%
0	262,790	0	0	45,190	307,981	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LITCHFIELD CARE CENTER
1024 EAST TYLER
LITCHFIELD, IL. 62056

Reference Numbers Facility ID 6000095
Health Service Area 003 Planning Service Area 135

Administrator
JUDY BORROR

Contact Person and Telephone
JUDY BORROR
217-324-3842

Date Completed
4/8/2013

Registered Agent Information
FRED FRANKEL
8131 N. MONTICELLO AVE.
SKOKIE, IL 60076

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	2
Mental Illness	38
Developmental Disability	0
Circulatory System	2
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	62
Total Residents Diagnosed as Mentally Ill	55

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	65	65	65	65	62	3	0	65
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	65	65	65	65	62	3	0	65

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	62
Total Admissions 2011	25
Total Discharges 2011	25
Residents on 12/31/2011	62
Identified Offenders	7

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	21995	92.7%	0	0	720	0	22715	95.7%	95.7%
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	0	0.0%	21995	92.7%	0	0	720	0	22715	95.7%	95.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	6	3	0	0	0	0	0	0	6	3	9
45 to 59	9	6	0	0	0	0	0	0	9	6	15
60 to 64	8	9	0	0	0	0	0	0	8	9	17
65 to 74	4	10	0	0	0	0	0	0	4	10	14
75 to 84	5	2	0	0	0	0	0	0	5	2	7
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	32	30	0	0	0	0	0	0	32	30	62

LITCHFIELD CARE CENTER
1024 EAST TYLER
LITCHFIELD, IL. 62056

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 135

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	60	0	0	2	0	62
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	60	0	0	2	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	130
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	0	0	0	0	0
Total	62	0	0	0	62

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	62	0	0	0	62
Ethnicity Unknown	0	0	0	0	0
Total	62	0	0	0	62

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	3.00
Certified Aides	15.00
Other Health Staff	0.00
Non-Health Staff	21.00
Totals	45.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	95.8%	0.0%	4.2%	100.0%		0.0%
0	0	2,332,591	0	101,315	2,433,906	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LITTLE ANGELS
1435 SUMMIT STREET
ELGIN, IL. 60120

Reference Numbers Facility ID 6005524
Health Service Area 007 Planning Service Area 701

Administrator
SHELLEY LEWIS

Contact Person and Telephone
SHELLEY LEWIS
847-741-1609 Ext. 103

Registered Agent Information
Nicholas J Lynn c/o Duane Morris LLP
190 South LaSalle Street Suite 3700
Chicago, IL 60603

Date Completed
4/6/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	56
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	56

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	57	57	57	57	56	1		55
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	57	57	57	57	56	1	0	55

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	57
Total Admissions 2011	3
Total Discharges 2011	4
Residents on 12/31/2011	56
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			20466	######	0	0	0	0	20466	98.4%	98.4%
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%	20466	######	0	0	0	0	20466	98.4%	98.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	4	8	0	0	0	0	4	8	12
18 to 44	0	0	18	21	0	0	0	0	18	21	39
45 to 59	0	0	2	3	0	0	0	0	2	3	5
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	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	24	32	0	0	0	0	24	32	56

LITTLE ANGELS
1435 SUMMIT STREET
ELGIN, IL. 60120

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	56	0	0	0	0	56
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	56	0	0	0	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	250	250
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	2	0	0	2
American Indian	0	0	0	0	0
Black	0	11	0	0	11
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	43	0	0	43
Race Unknown	0	0	0	0	0
Total	0	56	0	0	56

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	13	0	0	13
Non-Hispanic	0	43	0	0	43
Ethnicity Unknown	0	0	0	0	0
Total	0	56	0	0	56

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.80
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.48
LPN's	4.59
Certified Aides	54.00
Other Health Staff	2.17
Non-Health Staff	14.98
Totals	89.02

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	4,666,458	0	0	0	4,666,458	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LITTLE SISTERS OF THE POOR
2325 NORTH LAKEWOOD AVENUE
CHICAGO, IL. 60614

Reference Numbers Facility ID 6005563
Health Service Area 006 Planning Service Area 602

Administrator
Sr. Mary Fisher

Contact Person and Telephone
SR. PATRICIA MARY METZGAR
773-935-9600

Registered Agent Information
Edward X Clinton Sr.
30 N LaSalle St. Suite 3400
Chicago, IL 60602

Date Completed
3/31/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	1
Mental Illness	3
Developmental Disability	1
Circulatory System	40
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	73
Total Residents Diagnosed as Mentally Ill	57

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	76	76	75	76	73	3	0	76
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	76	76	75	76	73	3	0	76

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	72
Total Admissions 2011	20
Total Discharges 2011	19
Residents on 12/31/2011	73
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	24995	90.1%	0	0	1253	0	26248	94.6%	94.6%
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	0	0.0%	24995	90.1%	0	0	1253	0	26248	94.6%	94.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	5	1	0	0	0	0	0	0	5	1	6
75 to 84	6	11	0	0	0	0	0	0	6	11	17
85+	11	38	0	0	0	0	0	0	11	38	49
TOTALS	22	51	0	0	0	0	0	0	22	51	73

LITTLE SISTERS OF THE POOR
2325 NORTH LAKEWOOD AVENUE
CHICAGO, IL. 60614

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	65	0	0	8	0	73
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	65	0	0	8	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	69	0	0	0	69
Race Unknown	0	0	0	0	0
Total	73	0	0	0	73

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	69	0	0	0	69
Ethnicity Unknown	0	0	0	0	0
Total	73	0	0	0	73

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	9.00
LPN's	10.00
Certified Aides	38.00
Other Health Staff	1.00
Non-Health Staff	30.00
Totals	88.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	98.1%	0.0%	0.0%	1.9%	100.0%		0.0%
0	2,368,367	0	0	46,723	2,415,091	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LUTHERAN CARE CENTER
702 WEST CUMBERLAND ROAD
ALTAMONT, IL. 62411

Reference Numbers Facility ID 6005599
Health Service Area 005 Planning Service Area 049

Administrator
Karen Hille

Contact Person and Telephone
KAREN HILLE
618-483-6136

Date Completed
4/8/2013

Registered Agent Information
Eldon Joergens
702 West Cumberland Road
Altamont, IL 62411

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	17
Respiratory System	8
Digestive System	1
Genitourinary System Disorders	10
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	9
Other Medical Conditions	11
Non-Medical Conditions	5
TOTALS	73
Total Residents Diagnosed as Mentally Ill	33

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	96	96	78	96	73	23	96	96
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	96	96	78	96	73	23	96	96

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	73
Total Admissions 2011	77
Total Discharges 2011	77
Residents on 12/31/2011	73
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2730	7.8%	9218	26.3%	0	0	14144	0	26092	74.5%	74.5%
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	2730	7.8%	9218	26.3%	0	0	14144	0	26092	74.5%	74.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	1	1	0	0	0	0	0	0	1	1	2
75 to 84	8	14	0	0	0	0	0	0	8	14	22
85+	7	41	0	0	0	0	0	0	7	41	48
TOTALS	16	57	0	0	0	0	0	0	16	57	73

LUTHERAN CARE CENTER
702 WEST CUMBERLAND ROAD
ALTAMONT, IL. 62411

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 049

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	24	0	0	42	0	73
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	24	0	0	42	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	174	128
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	73	0	0	0	73
Race Unknown	0	0	0	0	0
Total	73	0	0	0	73

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	73	0	0	0	73
Total	73	0	0	0	73

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	10.00
Certified Aides	28.00
Other Health Staff	9.00
Non-Health Staff	41.00
Totals	94.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
17.5%	14.1%	0.2%	10.8%	57.4%	100.0%		0.0%
683,761	548,277	9,181	419,647	2,237,337	3,898,203	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LUTHERAN HOME FOR AGED
800 WEST OAKTON STREET
ARLINGTON HEIGHTS, IL. 60004

Reference Numbers Facility ID 6005607
Health Service Area 007 Planning Service Area 701

Administrator
Phil Hemmer

Contact Person and Telephone
SARAH KURTH
847-368-7459

Date Completed
4/12/2013

Registered Agent Information
Roger Paulsberg
800 West Oakton Street
Arlington Heights, IL 60004

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	7
Blood Disorders	6
*Nervous System Non Alzheimer	4
Alzheimer Disease	59
Mental Illness	0
Developmental Disability	0
Circulatory System	64
Respiratory System	41
Digestive System	29
Genitourinary System Disorders	30
Skin Disorders	6
Musculo-skeletal Disorders	24
Injuries and Poisonings	57
Other Medical Conditions	21
Non-Medical Conditions	0
TOTALS	355

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	334	334	334	334	307	27	264	237
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	58	58	58	58	48	10		
TOTAL BEDS	392	392	392	392	355	37	264	237

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	361
Total Admissions 2011	1,435
Total Discharges 2011	1,441
Residents on 12/31/2011	355
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	29423	30.5%	31987	37.0%	0	2433	52609	144	116596	95.6%	95.6%
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	18518	1258	19776	93.4%	93.4%
TOTALS	29423	30.5%	31987	37.0%	0	2433	71127	1402	136372	95.3%	95.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	1	5	0	0	0	0	0	0	1	5	6
65 to 74	8	7	0	0	0	0	0	0	8	7	15
75 to 84	25	48	0	0	0	0	2	7	27	55	82
85+	43	168	0	0	0	0	2	37	45	205	250
TOTALS	78	229	0	0	0	0	4	44	82	273	355

LUTHERAN HOME FOR AGED
800 WEST OAKTON STREET
ARLINGTON HEIGHTS, IL. 60004

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	71	73	0	13	149	1	307
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	45	3	48
TOTALS	71	73	0	13	194	4	355

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	370	357
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	265	255

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	304	0	0	48	352
Race Unknown	0	0	0	0	0
Total	307	0	0	48	355

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	306	0	0	48	354
Ethnicity Unknown	0	0	0	0	0
Total	307	0	0	48	355

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	62.12
LPN's	13.78
Certified Aides	172.39
Other Health Staff	42.85
Non-Health Staff	155.28
Totals	448.42

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
29.9%	14.5%	0.0%	0.0%	55.6%	100.0%		3.4%
11,462,345	5,561,604	0	0	21,308,190	38,332,139	########	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LYDIA HEALTHCARE
13901 SOUTH LYDIA
ROBBINS, IL. 60472

Reference Numbers Facility ID 6005623
Health Service Area 007 Planning Service Area 705

Administrator
Susan Simonsen

Contact Person and Telephone
Kristen Hendricks
708-385-8700

Registered Agent Information
Caroline Walker
13901 S. Lydia Ave.
Robbins, IL 60472

Date Completed
4/12/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	386
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	386
Total Residents Diagnosed as Mentally Ill	386

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	412	412	412	412	386	26	0	412
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	412	412	412	412	386	26	0	412

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	397
Total Admissions 2011	293
Total Discharges 2011	304
Residents on 12/31/2011	386
Identified Offenders	70

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	130923	87.1%	11752	0	520	0	143195	95.2%	95.2%
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%	130923	87.1%	11752	0	520	0	143195	95.2%	95.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	259	106	0	0	0	0	0	0	259	106	365
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	13	5	0	0	0	0	0	0	13	5	18
75 to 84	0	2	0	0	0	0	0	0	0	2	2
85+	1	0	0	0	0	0	0	0	1	0	1
TOTALS	273	113	0	0	0	0	0	0	273	113	386

LYDIA HEALTHCARE
13901 SOUTH LYDIA
ROBBINS, IL. 60472

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	375	10	0	1	0	386
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	375	10	0	1	0	386

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	107
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	295	0	0	0	295
Hawaiian/Pacific Isl.	0	0	0	0	0
White	89	0	0	0	89
Race Unknown	0	0	0	0	0
Total	386	0	0	0	386

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	12	0	0	0	12
Non-Hispanic	374	0	0	0	374
Ethnicity Unknown	0	0	0	0	0
Total	386	0	0	0	386

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	29.00
Certified Aides	64.00
Other Health Staff	6.00
Non-Health Staff	124.00
Totals	227.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	96.7%	2.9%	0.0%	0.4%	100.0%		0.0%
0	15,497,658	465,013	0	59,800	16,022,471	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LYNHAVEN
1108 ENGINEER ROAD
PONTOON BEACH, IL. 62040

Reference Numbers Facility ID 6012546
Health Service Area 011 Planning Service Area 119

Administrator
TAMMY MARSH

Contact Person and Telephone
TAMMY MARSH
(618) 465-0044 ext 1609

Date Completed
4/19/2013

Registered Agent Information
Tom Moehn
#4 Emmie Kaus Ln.
Alton, IL 62002

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	13
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	13

Total Residents Diagnosed as Mentally Ill 9

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	13	3		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	13	3	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	14
Total Admissions 2011	1
Total Discharges 2011	2
Residents on 12/31/2011	13
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4542	77.8%	0	0	0	0	4542	77.8%	77.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4542	77.8%	0	0	0	0	4542	77.8%	77.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	3	0	0	2	3	5
45 to 59	0	0	0	0	3	2	0	0	3	2	5
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	0	2	0	0	0	2	2
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	6	7	0	0	6	7	13

LYNHAVEN
1108 ENGINEER ROAD
PONTOON BEACH, IL. 62040

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		13	0	0	0	0	13
Sheltered Care			0	0	0	0	0
TOTALS	0	13	0	0	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	115
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	13	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	13	0	13

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	8.00
Non-Health Staff	0.00
Totals	10.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	82.5%	17.5%	0.0%	0.0%	100.0%		0.0%
0	429,167	91,144	0	0	520,312	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LYNWOOD ESTATES
301 RODDY ROAD
SALEM, IL. 62881

Reference Numbers Facility ID 6012520
Health Service Area 005 Planning Service Area 121

Administrator
CARA STALLARD

Contact Person and Telephone
CARA STALLARD
618-548-0353

Date Completed
3/18/2013

Registered Agent Information
Bill Crain
623 E. Broadway
Centralia, IL 62801

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 8

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	14
Total Admissions 2011	3
Total Discharges 2011	2
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5359	91.8%	0	0	0	0	5359	91.8%	91.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5359	91.8%	0	0	0	0	5359	91.8%	91.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	2	3	0	0	2	3	5
60 to 64	0	0	0	0	3	4	0	0	3	4	7
65 to 74	0	0	0	0	1	1	0	0	1	1	2
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	7	8	0	0	7	8	15

LYNWOOD ESTATES
301 RODDY ROAD
SALEM, IL. 62881

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 121

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	116	116
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	1.00
Certified Aides	10.00
Other Health Staff	1.00
Non-Health Staff	1.00
Totals	14.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	86.7%	1.7%	0.0%	11.6%	100.0%		0.0%
0	539,852	10,877	0	72,218	622,947	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LYNWOOD TERRACE
2317 EAST 207TH STREET
LYNWOOD, IL. 60411

Reference Numbers Facility ID 6013809
Health Service Area 007 Planning Service Area 705

Administrator
Bobbie Camacho

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Registered Agent Information
J. Michael Bibo
285 S. Farnham St.
Galesburg, IL 61401

Date Completed
4/6/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	6
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	5
Total Admissions 2011	1
Total Discharges 2011	0
Residents on 12/31/2011	6
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			2196	######	0	0	0	0	2196	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2196	######	0	0	0	0	2196	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	4	2	0	0	4	2	6
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	4	2	0	0	4	2	6

LYNWOOD TERRACE
2317 EAST 207TH STREET
LYNWOOD, IL. 60411

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	203
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	4	0	4
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	6	0	6
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	7.00
Other Health Staff	0.33
Non-Health Staff	0.00
Totals	8.17

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	76.5%	1.6%	0.0%	21.9%	100.0%		0.0%
0	289,501	6,015	0	82,756	378,274	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

LYONS COURT
4405 WEST LYONS COURT
PEORIA, IL. 61615

Reference Numbers Facility ID 6013411
Health Service Area 002 Planning Service Area 143

Administrator
Autumn Ostergaard

Contact Person and Telephone
Autumn Ostergaard
3092194997

Registered Agent Information
Autumn Ostergaard
21722 W. Farmington Rd
Elmwood, IL 61529

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	4
Total Residents Diagnosed as Mentally Ill	2

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	4
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	4
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1464	######	0	0	0	0	1464	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1464	######	0	0	0	0	1464	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	2	0	0	0	2	2
45 to 59	0	0	0	0	0	1	0	0	0	1	1
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	4	0	0	0	4	4

LYONS COURT
4405 WEST LYONS COURT
PEORIA, IL. 61615

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	3	0	3
Race Unknown	0	0	1	0	1
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	4	0	4
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.10
LPN's	0.10
Certified Aides	4.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	4.45

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	84.7%	0.0%	0.0%	15.3%	100.0%		0.0%
0	208,020	0	0	37,453	245,473	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MADISON TERRACE
95 NORTH MAIN
WOOD RIVER, IL. 62095

Reference Numbers Facility ID 6013940
Health Service Area 011 Planning Service Area 119

Administrator
James Haney

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/6/2013

Registered Agent Information
J. Michael Bibo
285 S. Farnham St.
Galesburg, IL 61401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	4
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	4
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	4
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1464	######	0	0	0	0	1464	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1464	######	0	0	0	0	1464	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	0	0	0	2	0	2
45 to 59	0	0	0	0	1	1	0	0	1	1	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	3	1	0	0	3	1	4

MADISON TERRACE
95 NORTH MAIN
WOOD RIVER, IL. 62095

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	210
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	4	0	4
Race Unknown	0	0	0	0	0
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	4	0	4
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	6.50
Other Health Staff	0.25
Non-Health Staff	0.00
Totals	7.59

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	91.6%	0.0%	0.0%	8.4%	100.0%		0.0%
0	282,036	0	0	25,718	307,754	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MAHONEY HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6010318
Health Service Area 006 Planning Service Area 601

Administrator
Mary Pat O'Brien

Contact Person and Telephone
MARY PAT O'BRIEN
773-273-4169

Date Completed
4/1/2013

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.
Chicago, IL 60660

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	12

Total Residents Diagnosed as Mentally Ill 5

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	12	0		12
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	12	0	0	12

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	12
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	12
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4380	######	0	0	0	0	4380	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4380	######	0	0	0	0	4380	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	10	0	0	0	10	10
45 to 59	0	0	0	0	0	2	0	0	0	2	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	12	0	0	0	12	12

MAHONEY HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	218	218
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	11	0	11
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.06
Director of Nursing	0.00
Registered Nurses	0.11
LPN's	0.00
Certified Aides	8.09
Other Health Staff	3.18
Non-Health Staff	0.27
Totals	11.96

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	89.2%	10.5%	0.0%	0.3%	100.0%		0.0%
0	676,651	79,719	0	2,354	758,725	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MANOR CARE - ELK GROVE VILLAGE
1920 NERGE ROAD
ELK GROVE VILLAGE, IL. 60007

Reference Numbers Facility ID 6012686
Health Service Area 007 Planning Service Area 701

Administrator
Brian Gross

Contact Person and Telephone
Eric Talbert
419-252-5951

Date Completed
4/18/2013

Registered Agent Information
ManorCare of Elk Grove Village IL, LLC
1920 Nerge Rd.
Elk Grove Village, IL 60007

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	40
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	15
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	93
Non-Medical Conditions	0
TOTALS	156

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	190	182	182	182	156	34	190	105
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	190	182	182	182	156	34	190	105

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	174
Total Admissions 2011	1,057
Total Discharges 2011	1,075
Residents on 12/31/2011	156
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	27284	39.3%	22107	57.7%	0	6183	0	5444	61018	88.0%	91.9%
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	27284	39.3%	22107	57.7%	0	6183	0	5444	61018	88.0%	91.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	2	3	0	0	0	0	0	0	2	3	5
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	13	16	0	0	0	0	0	0	13	16	29
75 to 84	20	33	0	0	0	0	0	0	20	33	53
85+	13	51	0	0	0	0	0	0	13	51	64
TOTALS	50	106	0	0	0	0	0	0	50	106	156

MANOR CARE - ELK GROVE VILLAGE
1920 NERGE ROAD
ELK GROVE VILLAGE, IL. 60007

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	61	59	0	16	20	0	156
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	61	59	0	16	20	0	156

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	392	366
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	152	0	0	0	152
Race Unknown	0	0	0	0	0
Total	156	0	0	0	156

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	151	0	0	0	151
Ethnicity Unknown	0	0	0	0	0
Total	156	0	0	0	156

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	50.00
LPN's	9.00
Certified Aides	82.00
Other Health Staff	69.00
Non-Health Staff	58.00
Totals	270.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
65.2%	14.8%	1.9%	11.2%	7.0%	100.0%		0.0%
14,636,749	3,322,202	423,174	2,506,781	1,566,122	22,455,028	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MANOR CARE - NAPERVILLE
200 WEST MARTIN AVENUE
NAPERVILLE, IL. 60540

Reference Numbers Facility ID 6000251
Health Service Area 007 Planning Service Area 703

Administrator
Lawrence J. Putz

Contact Person and Telephone
Lawrence J. Putz
630-355-4111

Registered Agent Information
CT Corporation System, Registered Age
208 S. LaSalle St., STE 814
Chicago, IL 60604

Date Completed
4/15/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	1
Mental Illness	1
Developmental Disability	0
Circulatory System	18
Respiratory System	9
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	6
Other Medical Conditions	22
Non-Medical Conditions	0
TOTALS	76
Total Residents Diagnosed as Mentally Ill	5

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	118	113	111	107	76	42	117	33
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	118	113	111	107	76	42	117	33

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	89
Total Admissions 2011	863
Total Discharges 2011	876
Residents on 12/31/2011	76
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	16606	38.9%	8701	72.2%	0	6330	3637	0	35274	81.9%	85.5%
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	16606	38.9%	8701	72.2%	0	6330	3637	0	35274	81.9%	85.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	3	1	0	0	0	0	0	0	3	1	4
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	3	7	0	0	0	0	0	0	3	7	10
75 to 84	7	17	0	0	0	0	0	0	7	17	24
85+	7	24	0	0	0	0	0	0	7	24	31
TOTALS	23	53	0	0	0	0	0	0	23	53	76

MANOR CARE - NAPERVILLE
200 WEST MARTIN AVENUE
NAPERVILLE, IL. 60540

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	30	25	0	14	7	0	76
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	30	25	0	14	7	0	76

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	269	259
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	67	0	0	0	67
Race Unknown	0	0	0	0	0
Total	76	0	0	0	76

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	74	0	0	0	74
Ethnicity Unknown	0	0	0	0	0
Total	76	0	0	0	76

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	25.00
LPN's	5.00
Certified Aides	35.00
Other Health Staff	31.00
Non-Health Staff	30.00
Totals	128.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
64.3%	7.3%	0.7%	19.4%	8.3%	100.0%		0.0%
9,217,817	1,052,984	97,634	2,783,794	1,187,395	14,339,624	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MANOR CARE OF ARLINGTON HEIGHTS
715 WEST CENTRAL ROAD
ARLINGTON HEIGHTS, IL. 60005

Reference Numbers Facility ID 6000228
Health Service Area 007 Planning Service Area 701

Administrator
Clara Leonard

Contact Person and Telephone
Eric Talbert
419-252-5951

Registered Agent Information
CT Corporation
2008 south LaSalle St.
Chicago, IL 60604

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	4
Mental Illness	2
Developmental Disability	0
Circulatory System	12
Respiratory System	5
Digestive System	8
Genitourinary System Disorders	6
Skin Disorders	5
Musculo-skeletal Disorders	10
Injuries and Poisonings	16
Other Medical Conditions	20
Non-Medical Conditions	0
TOTALS	101

Total Residents Diagnosed as Mentally Ill 2

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	151	126	120	126	101	50	151	42
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	151	126	120	126	101	50	151	42

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	100
Total Admissions 2011	933
Total Discharges 2011	932
Residents on 12/31/2011	101
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	16077	29.2%	10940	71.4%	0	5739	4820	0	37576	68.2%	81.7%
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	16077	29.2%	10940	71.4%	0	5739	4820	0	37576	68.2%	81.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	2	0	0	0	0	0	0	0	2	2
45 to 59	7	5	0	0	0	0	0	0	7	5	12
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	6	15	0	0	0	0	0	0	6	15	21
75 to 84	9	18	0	0	0	0	0	0	9	18	27
85+	8	26	0	0	0	0	0	0	8	26	34
TOTALS	32	69	0	0	0	0	0	0	32	69	101

MANOR CARE OF ARLINGTON HEIGHTS
715 WEST CENTRAL ROAD
ARLINGTON HEIGHTS, IL. 60005

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	46	29	0	12	14	0	101
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	46	29	0	12	14	0	101

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	298	265
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	101	0	0	0	101
Total	101	0	0	0	101

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	101	0	0	0	101
Total	101	0	0	0	101

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	27.00
LPN's	5.00
Certified Aides	38.00
Other Health Staff	24.00
Non-Health Staff	39.00
Totals	135.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
64.3%	8.2%	0.9%	16.4%	10.3%	100.0%		0.0%
9,655,744	1,225,435	129,966	2,464,667	1,550,908	15,026,720	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MANOR CARE OF HIGHLAND PARK
2773 SKOKIE VALLEY ROAD
HIGHLAND PARK, IL. 60035

Reference Numbers Facility ID 6014963
Health Service Area 008 Planning Service Area 097

Administrator
Tam Wagner

Contact Person and Telephone
Anthony Harwood
419-254-5359

Registered Agent Information

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	31
Mental Illness	0
Developmental Disability	0
Circulatory System	16
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	3
Musculo-skeletal Disorders	18
Injuries and Poisonings	0
Other Medical Conditions	31
Non-Medical Conditions	0
TOTALS	117

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	215	215	127	130	117	98	191	73
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	215	215	127	130	117	98	191	73

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	99
Total Admissions 2011	520
Total Discharges 2011	502
Residents on 12/31/2011	117
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12851	18.4%	22428	84.2%	0	1383	4913	0	41575	53.0%	53.0%
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	12851	18.4%	22428	84.2%	0	1383	4913	0	41575	53.0%	53.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	6	5	0	0	0	0	0	0	6	5	11
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	3	10	0	0	0	0	0	0	3	10	13
75 to 84	7	28	0	0	0	0	0	0	7	28	35
85+	16	39	0	0	0	0	0	0	16	39	55
TOTALS	33	84	0	0	0	0	0	0	33	84	117

MANOR CARE OF HIGHLAND PARK
2773 SKOKIE VALLEY ROAD
HIGHLAND PARK, IL. 60035

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	38	57	2	3	17	0	117
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	38	57	2	3	17	0	117

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	369	270
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	8	0	0	0	8
American Indian	0	0	0	0	0
Black	21	0	0	0	21
Hawaiian/Pacific Isl.	0	0	0	0	0
White	85	0	0	0	85
Race Unknown	3	0	0	0	3
Total	117	0	0	0	117

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	114	0	0	0	114
Ethnicity Unknown	0	0	0	0	0
Total	117	0	0	0	117

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.00
LPN's	7.00
Certified Aides	42.00
Other Health Staff	15.00
Non-Health Staff	37.00
Totals	124.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
57.4%	26.3%	0.2%	5.5%	10.7%	100.0%		0.0%
6,800,386	3,112,144	18,325	645,828	1,264,245	11,840,928	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MANOR CARE OF LIBERTYVILLE
1500 SOUTH MILWAUKEE AVENUE
LIBERTYVILLE, IL. 60048

Reference Numbers Facility ID 6010482
Health Service Area 008 Planning Service Area 097

Administrator
Theresa J. Smelser

Contact Person and Telephone
Anthony Harwood
800-427-1902

Date Completed
4/17/2013

Registered Agent Information
CT Corporation
208 S. LaSalle Street STE 814
Chicago, IL 60604

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System Non Alzheimer	9
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	36
Respiratory System	13
Digestive System	4
Genitourinary System Disorders	1
Skin Disorders	2
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	107

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	150	140	132	140	107	43	150	61
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	150	140	132	140	107	43	150	61

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	109
Total Admissions 2011	745
Total Discharges 2011	747
Residents on 12/31/2011	107
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	17914	32.7%	18302	82.2%	227	4540	2259	0	43242	79.0%	84.6%
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	17914	32.7%	18302	82.2%	227	4540	2259	0	43242	79.0%	84.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	3	0	0	0	0	0	0	2	3	5
45 to 59	3	4	0	0	0	0	0	0	3	4	7
60 to 64	4	2	0	0	0	0	0	0	4	2	6
65 to 74	6	10	0	0	0	0	0	0	6	10	16
75 to 84	10	15	0	0	0	0	0	0	10	15	25
85+	11	37	0	0	0	0	0	0	11	37	48
TOTALS	36	71	0	0	0	0	0	0	36	71	107

MANOR CARE OF LIBERTYVILLE
1500 SOUTH MILWAUKEE AVENUE
LIBERTYVILLE, IL. 60048

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	39	49	0	12	7	0	107
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	39	49	0	12	7	0	107

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	350	285
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	96	0	0	0	96
Race Unknown	0	0	0	0	0
Total	107	0	0	0	107

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	103	0	0	0	103
Ethnicity Unknown	0	0	0	0	0
Total	107	0	0	0	107

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	23.00
LPN's	14.00
Certified Aides	49.00
Other Health Staff	28.00
Non-Health Staff	31.00
Totals	147.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
62.9%	15.6%	0.7%	15.4%	5.4%	100.0%		0.0%
9,525,491	2,362,969	113,163	2,329,606	811,895	15,143,124	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MANOR CARE OF ROLLING MEADOWS
4225 KIRCHOFF ROAD
ROLLING MEADOWS, IL. 60008

Reference Numbers Facility ID 6000327
Health Service Area 007 Planning Service Area 701

Administrator
Kathryn Berg

Contact Person and Telephone
Antony Anthony
419-254-5359

Registered Agent Information

Date Completed
4/1/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	2
*Nervous System Non Alzheimer	8
Alzheimer Disease	2
Mental Illness	22
Developmental Disability	0
Circulatory System	25
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	6
Skin Disorders	2
Musculo-skeletal Disorders	2
Injuries and Poisonings	4
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	103

Total Residents Diagnosed as Mentally Ill 65

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	155	126	103	126	103	52	155	109
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	155	126	103	126	103	52	155	109

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	101
Total Admissions 2011	293
Total Discharges 2011	291
Residents on 12/31/2011	103
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	537	0.9%	1913	4.8%	0	127	620	0	3197	5.7%	7.0%
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	537	0.9%	1913	4.8%	0	127	620	0	3197	5.7%	7.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	5	1	0	0	0	0	0	0	5	1	6
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	3	11	0	0	0	0	0	0	3	11	14
75 to 84	6	21	0	0	0	0	0	0	6	21	27
85+	8	45	0	0	0	0	0	0	8	45	53
TOTALS	23	80	0	0	0	0	0	0	23	80	103

MANOR CARE OF ROLLING MEADOWS
4225 KIRCHOFF ROAD
ROLLING MEADOWS, IL. 60008

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	60	0	4	19	0	103
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	60	0	4	19	0	103

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	287	239
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	97	0	0	0	97
Race Unknown	0	0	0	0	0
Total	103	0	0	0	103

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	103	0	0	0	103
Ethnicity Unknown	0	0	0	0	0
Total	103	0	0	0	103

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	10.00
Certified Aides	34.00
Other Health Staff	10.00
Non-Health Staff	40.00
Totals	113.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
44.6%	30.1%	4.5%	6.0%	14.9%	100.0%		0.0%
4,325,406	2,917,164	431,721	583,638	1,440,170	9,698,099	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MANOR CARE OF WILMETTE
432 POPLAR DRIVE
WILMETTE, IL. 60091

Reference Numbers Facility ID 6006563
Health Service Area 007 Planning Service Area 702

Administrator
Danielle Wilson-Kramer

Contact Person and Telephone
Danielle Wilson-Kramer
847-256-5000

Date Completed
3/21/2013

Registered Agent Information
CTS Corporation
208 LaSalle St.
Chicago, IL 60604

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	4
Mental Illness	9
Developmental Disability	0
Circulatory System	11
Respiratory System	9
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	22
TOTALS	71

Total Residents Diagnosed as Mentally Ill 38

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	80	79	74	79	71	9	80	57
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	80	79	74	79	71	9	80	57

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	69
Total Admissions 2011	208
Total Discharges 2011	206
Residents on 12/31/2011	71
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5820	19.9%	16294	78.3%	0	545	2050	0	24709	84.6%	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	5820	19.9%	16294	78.3%	0	545	2050	0	24709	84.6%	85.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	5	3	0	0	0	0	0	0	5	3	8
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	7	8	0	0	0	0	0	0	7	8	15
75 to 84	7	10	0	0	0	0	0	0	7	10	17
85+	8	21	0	0	0	0	0	0	8	21	29
TOTALS	28	43	0	0	0	0	0	0	28	43	71

MANOR CARE OF WILMETTE
432 POPLAR DRIVE
WILMETTE, IL. 60091

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	43	0	0	12	0	71
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	43	0	0	12	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	336	252
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	58	0	0	0	58
Race Unknown	0	0	0	0	0
Total	71	0	0	0	71

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	68	0	0	0	68
Ethnicity Unknown	0	0	0	0	0
Total	71	0	0	0	71

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	2.00
Certified Aides	26.00
Other Health Staff	12.00
Non-Health Staff	24.00
Totals	81.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
53.8%	30.6%	1.7%	5.0%	8.8%	100.0%		0.0%
3,749,158	2,129,329	121,016	348,812	616,066	6,964,381	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MANOR COURT OF CLINTON
1PARK LANE WEST
CLINTON, IL. 61727

Reference Numbers Facility ID 6015879
Health Service Area 004 Planning Service Area 039

Administrator
JENNIFER WESTBROOKS

Contact Person and Telephone
JENNIFER WESTBROOKS
217-935-8500

Registered Agent Information

Date Completed
4/2/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	16
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	12
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	65

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	134	134	107	134	100	34	134	134
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	134	134	107	134	100	34	134	134

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	92
Total Admissions 2011	153
Total Discharges 2011	145
Residents on 12/31/2011	100
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7294	14.9%	19144	39.1%	0	35	9160	0	35633	72.9%	72.9%
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	7294	14.9%	19144	39.1%	0	35	9160	0	35633	72.9%	72.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	4	9	0	0	0	0	0	0	4	9	13
75 to 84	8	20	0	0	0	0	0	0	8	20	28
85+	12	42	0	0	0	0	0	0	12	42	54
TOTALS	26	74	0	0	0	0	0	0	26	74	100

MANOR COURT OF CLINTON
1PARK LANE WEST
CLINTON, IL. 61727

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 039

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	48	0	1	28	0	100
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	23	48	0	1	28	0	100

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	200
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	100	0	0	0	100
Race Unknown	0	0	0	0	0
Total	100	0	0	0	100

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	100	0	0	0	100
Ethnicity Unknown	0	0	0	0	0
Total	100	0	0	0	100

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	7.00
Certified Aides	39.00
Other Health Staff	4.00
Non-Health Staff	29.00
Totals	86.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
39.0%	9.2%	0.0%	4.0%	47.9%	100.0%		0.0%
3,418,320	809,278	0	346,672	4,199,906	8,774,176	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MANOR COURT OF FREEPORT
2170 WEST NAVAJO DRIVE
FREEPORT, IL. 61032

Reference Numbers Facility ID 6016133
Health Service Area 001 Planning Service Area 177

Administrator
Andres Bardelas

Contact Person and Telephone
ANDRES BARDELAS
(815) 233-2400

Registered Agent Information
J. Michael Bibo
285 S Farnham St
Galesburg, IL 61401

Date Completed
4/9/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	11
Alzheimer Disease	18
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	8
Digestive System	3
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	15
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	94

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	90	90	90	90	82	8	90	90
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	12	12	12	12	12	0		
TOTAL BEDS	102	102	102	102	94	8	90	90

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	98
Total Admissions 2011	247
Total Discharges 2011	251
Residents on 12/31/2011	94
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4493	13.7%	5661	17.2%	513	0	19953	0	30620	93.2%	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	4376	0	4376	99.9%	99.9%
TOTALS	4493	13.7%	5661	17.2%	513	0	24329	0	34996	94.0%	94.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	1	5	0	0	0	0	1	0	2	5	7
75 to 84	6	15	0	0	0	0	2	2	8	17	25
85+	13	39	0	0	0	0	1	6	14	45	59
TOTALS	20	62	0	0	0	0	4	8	24	70	94

MANOR COURT OF FREEPORT
2170 WEST NAVAJO DRIVE
FREEPORT, IL. 61032

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 177

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	17	0	0	51	0	82
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	12	0	12
TOTALS	14	17	0	0	63	0	94

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	225	178

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	81	0	0	12	93
Race Unknown	0	0	0	0	0
Total	82	0	0	12	94

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	82	0	0	12	94
Ethnicity Unknown	0	0	0	0	0
Total	82	0	0	12	94

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	10.00
Certified Aides	50.00
Other Health Staff	5.00
Non-Health Staff	33.00
Totals	107.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
30.8%	12.6%	2.5%	1.6%	52.5%	100.0%		0.0%
2,182,683	896,439	176,223	114,175	3,725,584	7,095,104	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

Manor Court of Maryville
6955 STATE ROUTE 162
MARYVILLE, IL. 62062

Reference Numbers Facility ID 6013189
Health Service Area 011 Planning Service Area 119

Administrator
John Law

Contact Person and Telephone
JOHN LAW
618-288-3800

Date Completed
3/18/2013

Registered Agent Information
J. M. Bibo
258 S Farnham ST
Galesburg, IL 61401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	12
Mental Illness	2
Developmental Disability	0
Circulatory System	14
Respiratory System	10
Digestive System	6
Genitourinary System Disorders	12
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	17
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	110

Total Residents Diagnosed as Mentally Ill 54

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	120	113	120	110	10	120	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	113	120	110	10	120	120

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	90
Total Admissions 2011	217
Total Discharges 2011	197
Residents on 12/31/2011	110
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5202	11.9%	21083	48.1%	0	904	11510	0	38699	88.4%	88.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5202	11.9%	21083	48.1%	0	904	11510	0	38699	88.4%	88.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	6	8	0	0	0	0	0	0	6	8	14
75 to 84	5	27	0	0	0	0	0	0	5	27	32
85+	12	51	0	0	0	0	0	0	12	51	63
TOTALS	23	87	0	0	0	0	0	0	23	87	110

Manor Court of Maryville
6955 STATE ROUTE 162
MARYVILLE, IL. 62062

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	60	0	2	27	0	110
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	60	0	2	27	0	110

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	195
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	108	0	0	0	108
Race Unknown	0	0	0	0	0
Total	110	0	0	0	110

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	110	0	0	0	110
Ethnicity Unknown	0	0	0	0	0
Total	110	0	0	0	110

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	12.00
Certified Aides	59.00
Other Health Staff	14.00
Non-Health Staff	34.00
Totals	138.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
32.0%	33.0%	2.8%	3.1%	29.1%	100.0%		0.0%
2,301,904	2,372,778	204,190	226,790	2,094,933	7,200,595	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MANOR COURT OF PEORIA
6900 NORTH STALWORTH DRIVE
PEORIA, IL. 61615

Reference Numbers Facility ID 6016190
Health Service Area 002 Planning Service Area 143

Administrator
Linda Patton

Contact Person and Telephone
LINDA PATTON
309-693-1400

Registered Agent Information

Date Completed
4/8/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	5
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	42

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	50	50	50	50	42	8	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	50	50	50	50	42	8	0	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	47
Total Admissions 2011	96
Total Discharges 2011	101
Residents on 12/31/2011	42
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3563	0.0%	2489	0.0%	0	536	10491	0	17079	93.6%	93.6%
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	3563	0.0%	2489	0.0%	0	536	10491	0	17079	93.6%	93.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	4	5	0	0	0	0	0	0	4	5	9
85+	6	26	0	0	0	0	0	0	6	26	32
TOTALS	10	32	0	0	0	0	0	0	10	32	42

MANOR COURT OF PEORIA
6900 NORTH STALWORTH DRIVE
PEORIA, IL. 61615

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	6	0	2	25	0	42
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	6	0	2	25	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	235	205
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	42	0	0	0	42
Race Unknown	0	0	0	0	0
Total	42	0	0	0	42

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	42	0	0	0	42
Ethnicity Unknown	0	0	0	0	0
Total	42	0	0	0	42

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	6.00
Certified Aides	23.00
Other Health Staff	2.00
Non-Health Staff	18.00
Totals	56.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
37.2%	8.3%	0.6%	0.7%	53.2%	100.0%		0.0%
1,574,527	352,149	25,410	29,084	2,256,044	4,237,214	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MANOR COURT OF PERU
3230 BECKER DRIVE
PERU, IL. 61354

Reference Numbers Facility ID 6015887
Health Service Area 002 Planning Service Area 099

Administrator
LISA FUNFSINN

Contact Person and Telephone
LISA FUNFSINN
815-220-1400 opt #1

Registered Agent Information

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	5
Digestive System	4
Genitourinary System Disorders	6
Skin Disorders	3
Musculo-skeletal Disorders	10
Injuries and Poisonings	15
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	71

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	94	94	86	94	71	23	94	79
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	36	36	32	36	25	11		
TOTAL BEDS	130	130	118	130	96	34	94	79

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	70
Total Admissions 2011	369
Total Discharges 2011	368
Residents on 12/31/2011	71
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	11727	34.2%	7365	25.5%	130	167	8142	0	27531	80.2%	80.2%
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	9426	0	9426	71.7%	71.7%
TOTALS	11727	34.2%	7365	25.5%	130	167	17568	0	36957	77.9%	77.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	4	0	0	0	0	0	1	3	5	8
75 to 84	3	6	0	0	0	0	0	4	3	10	13
85+	9	45	0	0	0	0	3	17	12	62	74
TOTALS	15	56	0	0	0	0	3	22	18	78	96

MANOR COURT OF PERU
3230 BECKER DRIVE
PERU, IL. 61354

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	31	17	1	0	22	0	71
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	25	0	25
TOTALS	31	17	1	0	47	0	96

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	153	143

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	71	0	0	25	96
Race Unknown	0	0	0	0	0
Total	71	0	0	25	96

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	71	0	0	25	96
Ethnicity Unknown	0	0	0	0	0
Total	71	0	0	25	96

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	8.00
Certified Aides	35.00
Other Health Staff	20.00
Non-Health Staff	24.00
Totals	100.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
52.9%	11.6%	0.3%	1.3%	34.0%	100.0%		0.0%
4,675,004	1,024,948	23,242	115,219	3,005,734	8,844,147	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MANOR COURT OF PRINCETON
140 NORTH SIXTH STREET
PRINCETON, IL. 61356

Reference Numbers Facility ID 6015861
Health Service Area 002 Planning Service Area 011

Administrator
KATHLEEN J. DILBECK

Contact Person and Telephone
KATHLEEN J. DILBECK
1-815-875-6600

Date Completed
4/19/2013

Registered Agent Information
Bibo, Michael J.
239 South Cherry Street
Galesburg, IL 61401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	12
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	10
Digestive System	6
Genitourinary System Disorders	5
Skin Disorders	3
Musculo-skeletal Disorders	11
Injuries and Poisonings	10
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	91

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	98	98	97	98	91	7	98	98
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	98	98	97	98	91	7	98	98

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	92
Total Admissions 2011	144
Total Discharges 2011	145
Residents on 12/31/2011	91
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5057	14.1%	12156	34.0%	0	39	15488	0	32740	91.5%	91.5%
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	5057	14.1%	12156	34.0%	0	39	15488	0	32740	91.5%	91.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	7	11	0	0	0	0	0	0	7	11	18
85+	10	61	0	0	0	0	0	0	10	61	71
TOTALS	18	73	0	0	0	0	0	0	18	73	91

MANOR COURT OF PRINCETON
140 NORTH SIXTH STREET
PRINCETON, IL. 61356

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 011

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	35	0	0	39	0	91
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	35	0	0	39	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	91	0	0	0	91
Race Unknown	0	0	0	0	0
Total	91	0	0	0	91

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	91	0	0	0	91
Ethnicity Unknown	0	0	0	0	0
Total	91	0	0	0	91

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	9.00
Certified Aides	44.00
Other Health Staff	12.00
Non-Health Staff	29.00
Totals	102.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
30.7%	26.5%	0.3%	1.0%	41.5%	100.0%		0.0%
2,237,478	1,930,790	19,246	75,419	3,024,915	7,287,848	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MANORCARE OF ELGIN
180 SOUTH STATE STREET
ELGIN, IL. 60123

Reference Numbers Facility ID 6000277
Health Service Area 008 Planning Service Area 089

Administrator
Pam Crenshaw

Contact Person and Telephone
Eric Talbert

Registered Agent Information

Date Completed
4/9/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	17
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	27
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	79

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	88	83	81	83	79	9	88	61
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	88	83	81	83	79	9	88	61

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	73
Total Admissions 2011	199
Total Discharges 2011	193
Residents on 12/31/2011	79
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4144	12.9%	21278	95.6%	0	1617	710	0	27749	86.4%	91.6%
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	4144	12.9%	21278	95.6%	0	1617	710	0	27749	86.4%	91.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	2	0	0	0	0	0	0	0	2	2
45 to 59	1	3	0	0	0	0	0	0	1	3	4
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	5	8	0	0	0	0	0	0	5	8	13
75 to 84	12	20	0	0	0	0	0	0	12	20	32
85+	8	17	0	0	0	0	0	0	8	17	25
TOTALS	27	52	0	0	0	0	0	0	27	52	79

MANORCARE OF ELGIN
180 SOUTH STATE STREET
ELGIN, IL. 60123

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	62	0	4	2	0	79
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	62	0	4	2	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	290	259
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	11	0	0	0	11
Hawaiian/Pacific Isl.	0	0	0	0	0
White	67	0	0	0	67
Race Unknown	0	0	0	0	0
Total	79	0	0	0	79

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	72	0	0	0	72
Ethnicity Unknown	0	0	0	0	0
Total	79	0	0	0	79

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	4.00
Certified Aides	21.00
Other Health Staff	14.00
Non-Health Staff	4.00
Totals	55.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
40.0%	44.8%	2.7%	9.8%	2.7%	100.0%		0.0%
2,401,588	2,686,639	159,436	590,117	160,936	5,998,716	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MANORCARE OF HINSDALE
600 WEST OGDEN AVENUE
HINSDALE, IL. 60521

Reference Numbers Facility ID 6006332
Health Service Area 007 Planning Service Area 703

Administrator
Diane Lube

Contact Person and Telephone
Anthony Harwood

Registered Agent Information

Date Completed
4/9/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	5
Blood Disorders	4
*Nervous System Non Alzheimer	5
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	38
Respiratory System	30
Digestive System	13
Genitourinary System Disorders	18
Skin Disorders	19
Musculo-skeletal Disorders	45
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	186

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	202	202	186	187	186	16	202	20
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	202	202	186	187	186	16	202	20

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	146
Total Admissions 2011	1,451
Total Discharges 2011	1,411
Residents on 12/31/2011	186
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	34745	47.1%	5345	73.2%	0	10355	9775	0	60220	81.7%	81.7%
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	34745	47.1%	5345	73.2%	0	10355	9775	0	60220	81.7%	81.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	0	0	0	0	0	0	0	4	0	4
45 to 59	5	7	0	0	0	0	0	0	5	7	12
60 to 64	9	7	0	0	0	0	0	0	9	7	16
65 to 74	11	12	0	0	0	0	0	0	11	12	23
75 to 84	20	30	0	0	0	0	0	0	20	30	50
85+	27	54	0	0	0	0	0	0	27	54	81
TOTALS	76	110	0	0	0	0	0	0	76	110	186

MANORCARE OF HINSDALE
600 WEST OGDEN AVENUE
HINSDALE, IL. 60521

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	103	15	0	29	39	0	186
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	103	15	0	29	39	0	186

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	350	290
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	1	0	0	0	1
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	178	0	0	0	178
Race Unknown	0	0	0	0	0
Total	186	0	0	0	186

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	176	0	0	0	176
Ethnicity Unknown	0	0	0	0	0
Total	186	0	0	0	186

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	32.00
LPN's	25.00
Certified Aides	71.00
Other Health Staff	57.00
Non-Health Staff	62.00
Totals	249.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
72.8%	2.3%	0.2%	15.8%	8.8%	100.0%		0.0%
22,301,123	714,204	60,098	4,842,182	2,706,430	30,624,037	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MANORCARE OF HOMEWOOD
940 MAPLE AVENUE
HOMEWOOD, IL. 60430

Reference Numbers Facility ID 6012611
Health Service Area 007 Planning Service Area 705

Administrator
Patricia Stoudt

Contact Person and Telephone
Anthony Harwood
419-254-5359

Registered Agent Information

Date Completed
4/5/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	3
*Nervous System Non Alzheimer	6
Alzheimer Disease	5
Mental Illness	1
Developmental Disability	1
Circulatory System	26
Respiratory System	7
Digestive System	3
Genitourinary System Disorders	11
Skin Disorders	3
Musculo-skeletal Disorders	7
Injuries and Poisonings	9
Other Medical Conditions	22
Non-Medical Conditions	0
TOTALS	107

Total Residents Diagnosed as Mentally Ill 49

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	132	117	117	109	107	25	132	85
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	132	117	117	109	107	25	132	85

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	101
Total Admissions 2011	514
Total Discharges 2011	508
Residents on 12/31/2011	107
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1147	2.4%	1971	6.4%	0	167	137	0	3422	7.1%	8.0%
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	1147	2.4%	1971	6.4%	0	167	137	0	3422	7.1%	8.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	3	3	0	0	0	0	0	0	3	3	6
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	5	11	0	0	0	0	0	0	5	11	16
75 to 84	13	21	0	0	0	0	0	0	13	21	34
85+	7	39	0	0	0	0	0	0	7	39	46
TOTALS	30	77	0	0	0	0	0	0	30	77	107

MANORCARE OF HOMEWOOD
940 MAPLE AVENUE
HOMEWOOD, IL. 60430

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	33	63	0	7	4	0	107
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	33	63	0	7	4	0	107

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	269	235
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	62	0	0	0	62
Hawaiian/Pacific Isl.	0	0	0	0	0
White	43	0	0	0	43
Race Unknown	2	0	0	0	2
Total	107	0	0	0	107

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	103	0	0	0	103
Ethnicity Unknown	0	0	0	0	0
Total	107	0	0	0	107

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	15.00
Certified Aides	35.00
Other Health Staff	15.00
Non-Health Staff	32.00
Totals	108.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
62.9%	22.6%	3.2%	6.6%	4.7%	100.0%		0.0%
7,238,154	2,603,384	368,613	760,782	538,811	11,509,744	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Bed Change	5/17/2012	Added 12 Nursing Care beds to existing facility; facility now has 132 Nursing Care beds.

MANORCARE OF KANKAKEE
900 WEST RIVER PLACE
KANKAKEE, IL. 60901

Reference Numbers Facility ID 6000269
Health Service Area 009 Planning Service Area 091

Administrator
Janet Cantelo

Contact Person and Telephone
Janet Cantelo
815/933/1711

Registered Agent Information

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	12
Mental Illness	4
Developmental Disability	0
Circulatory System	17
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	5
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	84

Total Residents Diagnosed as Mentally Ill 4

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	107	98	98	98	84	23	107	86
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	107	98	98	98	84	23	107	86

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	89
Total Admissions 2011	408
Total Discharges 2011	413
Residents on 12/31/2011	84
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6913	17.7%	22746	72.5%	0	918	3646	0	34223	87.6%	95.7%
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	6913	17.7%	22746	72.5%	0	918	3646	0	34223	87.6%	95.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	2	0	0	0	0	0	0	1	2	3
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	5	4	0	0	0	0	0	0	5	4	9
75 to 84	14	29	0	0	0	0	0	0	14	29	43
85+	1	25	0	0	0	0	0	0	1	25	26
TOTALS	21	63	0	0	0	0	0	0	21	63	84

MANORCARE OF KANKAKEE
900 WEST RIVER PLACE
KANKAKEE, IL. 60901

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	54	0	2	10	0	84
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	54	0	2	10	0	84

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	209	183
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawaiian/Pacific Isl.	0	0	0	0	0
White	69	0	0	0	69
Race Unknown	0	0	0	0	0
Total	84	0	0	0	84

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	84	0	0	0	84
Ethnicity Unknown	0	0	0	0	0
Total	84	0	0	0	84

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	9.00
Certified Aides	38.00
Other Health Staff	10.00
Non-Health Staff	21.00
Totals	88.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
45.6%	29.1%	8.4%	6.4%	10.4%	100.0%		0.0%
3,592,262	2,292,930	663,957	505,950	821,015	7,876,114	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MANORCARE OF NORTHBROOK
3300 MILWAUKEE AVENUE
NORTHBROOK, IL. 60062

Reference Numbers Facility ID 6015168
Health Service Area 007 Planning Service Area 702

Administrator
Anshu Raina

Contact Person and Telephone
Anthony Harwood
419-254-5359

Registered Agent Information
CT Corporate System
208 S. LaSalle Street, Ste 814
Chicago, IL 60604

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	12
Mental Illness	16
Developmental Disability	0
Circulatory System	19
Respiratory System	11
Digestive System	8
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	14
Injuries and Poisonings	5
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	118

Total Residents Diagnosed as Mentally Ill 26

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	158	140	128	140	118	40	158	83
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	158	140	128	140	118	40	158	83

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	124
Total Admissions 2011	610
Total Discharges 2011	616
Residents on 12/31/2011	118
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	11620	20.1%	25189	83.1%	0	2380	3720	1	42910	74.4%	84.0%
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	11620	20.1%	25189	83.1%	0	2380	3720	1	42910	74.4%	84.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	4	6	0	0	0	0	0	0	4	6	10
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	8	13	0	0	0	0	0	0	8	13	21
75 to 84	15	20	0	0	0	0	0	0	15	20	35
85+	7	42	0	0	0	0	0	0	7	42	49
TOTALS	36	82	0	0	0	0	0	0	36	82	118

MANORCARE OF NORTHBROOK
3300 MILWAUKEE AVENUE
NORTHBROOK, IL. 60062

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	35	65	0	5	13	0	118
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	35	65	0	5	13	0	118

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	326	301
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	6	0	0	0	6
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	109	0	0	0	109
Race Unknown	0	0	0	0	0
Total	118	0	0	0	118

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	116	0	0	0	116
Ethnicity Unknown	0	0	0	0	0
Total	118	0	0	0	118

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	25.00
LPN's	7.00
Certified Aides	44.00
Other Health Staff	21.00
Non-Health Staff	49.00
Totals	148.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
52.9%	26.1%	2.1%	9.5%	9.4%	100.0%		0.0%
6,780,049	3,347,400	270,046	1,217,773	1,203,066	12,818,334	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MANORCARE OF OAK LAWN EAST
9401 SOUTH KOSTNER AVENUE
OAK LAWN, IL. 60453

Reference Numbers Facility ID 6000236
Health Service Area 007 Planning Service Area 705

Administrator
Marie Hilda Derzsy

Contact Person and Telephone
Eric Talbert

Registered Agent Information
CT Corporation System
208 South Lasalle St.

Date Completed
4/16/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	12
Blood Disorders	2
*Nervous System Non Alzheimer	5
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	34
Respiratory System	8
Digestive System	4
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	29
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	113

Total Residents Diagnosed as Mentally Ill 22

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	122	122	122	122	113	9	122	41
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	122	122	122	122	113	9	122	41

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	98
Total Admissions 2011	1,208
Total Discharges 2011	1,193
Residents on 12/31/2011	113
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	20894	46.9%	10435	69.7%	279	5725	2894	9	40236	90.4%	90.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	20894	46.9%	10435	69.7%	279	5725	2894	9	40236	90.4%	90.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	5	11	0	0	0	0	0	0	5	11	16
60 to 64	6	4	0	0	0	0	0	0	6	4	10
65 to 74	11	12	0	0	0	0	0	0	11	12	23
75 to 84	7	19	0	0	0	0	0	0	7	19	26
85+	10	27	0	0	0	0	0	0	10	27	37
TOTALS	40	73	0	0	0	0	0	0	40	73	113

MANORCARE OF OAK LAWN EAST
9401 SOUTH KOSTNER AVENUE
OAK LAWN, IL. 60453

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	64	27	0	17	5	0	113
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	64	27	0	17	5	0	113

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	215	249
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	53	0	0	0	53
Hawaiian/Pacific Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	0	0	0	0	0
Total	113	0	0	0	113

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	108	0	0	0	108
Ethnicity Unknown	0	0	0	0	0
Total	113	0	0	0	113

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.70
Director of Nursing	1.00
Registered Nurses	25.24
LPN's	8.52
Certified Aides	33.37
Other Health Staff	31.60
Non-Health Staff	42.72
Totals	144.15

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
66.4%	8.3%	0.2%	20.3%	4.8%	100.0%		0.0%
11,820,356	1,478,974	39,823	3,606,028	857,331	17,802,512	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MANORCARE OF OAK LAWN WEST
6300 WEST 95TH STREET
OAK LAWN, IL. 60453

Reference Numbers Facility ID 6000343
Health Service Area 007 Planning Service Area 705

Administrator
Karen Petyko

Contact Person and Telephone
Karen Petyko
708-599-8800

Registered Agent Information
CT Corporation Systems
208 S. Lasalle st. Suite. 814
Chicago, IL 60604

Date Completed
4/12/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	2
Mental Illness	7
Developmental Disability	1
Circulatory System	39
Respiratory System	16
Digestive System	3
Genitourinary System Disorders	12
Skin Disorders	3
Musculo-skeletal Disorders	10
Injuries and Poisonings	16
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	136

Total Residents Diagnosed as Mentally Ill 7

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	192	175	162	175	136	56	191	78
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	192	175	162	175	136	56	191	78

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	138
Total Admissions 2011	942
Total Discharges 2011	944
Residents on 12/31/2011	136
Identified Offenders	5

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	21198	30.4%	21231	74.6%	1728	4360	5459	0	53976	77.0%	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	21198	30.4%	21231	74.6%	1728	4360	5459	0	53976	77.0%	84.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	6	5	0	0	0	0	0	0	6	5	11
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	13	5	0	0	0	0	0	0	13	5	18
75 to 84	21	23	0	0	0	0	0	0	21	23	44
85+	10	48	0	0	0	0	0	0	10	48	58
TOTALS	53	83	0	0	0	0	0	0	53	83	136

MANORCARE OF OAK LAWN WEST
6300 WEST 95TH STREET
OAK LAWN, IL. 60453

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	44	61	7	12	12	0	136
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	44	61	7	12	12	0	136

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	236	271
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	45	0	0	0	45
Hawaiian/Pacific Isl.	0	0	0	0	0
White	91	0	0	0	91
Race Unknown	0	0	0	0	0
Total	136	0	0	0	136

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	128	0	0	0	128
Ethnicity Unknown	0	0	0	0	0
Total	136	0	0	0	136

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.90
Director of Nursing	1.00
Registered Nurses	26.39
LPN's	15.84
Certified Aides	52.28
Other Health Staff	34.65
Non-Health Staff	48.32
Totals	181.38

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
68.2%	15.2%	1.7%	8.6%	6.3%	100.0%		0.0%
13,032,277	2,907,090	320,122	1,635,536	1,210,787	19,105,812	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MANORCARE OF PALOS HEIGHTS EAST
7850 WEST COLLEGE DRIVE
PALOS HEIGHTS, IL. 60463

Reference Numbers Facility ID 6010912
Health Service Area 007 Planning Service Area 705

Administrator
Vicki Tomer

Contact Person and Telephone
Caitlin Casey
(708) 361-6990

Registered Agent Information

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	5
Blood Disorders	4
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	1
Circulatory System	46
Respiratory System	16
Digestive System	9
Genitourinary System Disorders	7
Skin Disorders	4
Musculo-skeletal Disorders	33
Injuries and Poisonings	26
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	159

Total Residents Diagnosed as Mentally Ill 20

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	184	178	176	178	159	25	184	90
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	184	178	176	178	159	25	184	90

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	167
Total Admissions 2011	1,415
Total Discharges 2011	1,423
Residents on 12/31/2011	159
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	41024	61.1%	9180	27.9%	0	5171	4956	0	60331	89.8%	92.9%
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	41024	61.1%	9180	27.9%	0	5171	4956	0	60331	89.8%	92.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	5	0	0	0	0	0	0	1	5	6
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	9	18	0	0	0	0	0	0	9	18	27
75 to 84	11	33	0	0	0	0	0	0	11	33	44
85+	9	67	0	0	0	0	0	0	9	67	76
TOTALS	33	126	0	0	0	0	0	0	33	126	159

MANORCARE OF PALOS HEIGHTS EAST
7850 WEST COLLEGE DRIVE
PALOS HEIGHTS, IL. 60463

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	111	19	6	14	9	0	159
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	111	19	6	14	9	0	159

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	337	263
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	154	0	0	0	154
Race Unknown	2	0	0	0	2
Total	159	0	0	0	159

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	156	0	0	0	156
Ethnicity Unknown	2	0	0	0	2
Total	159	0	0	0	159

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	35.07
LPN's	15.96
Certified Aides	59.50
Other Health Staff	47.11
Non-Health Staff	45.34
Totals	204.98

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
81.5%	4.4%	0.7%	8.3%	5.1%	100.0%		0.0%
23,863,262	1,276,735	207,109	2,419,088	1,505,001	29,271,195	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MANORCARE OF PALOS HEIGHTS WEST
11860 SOUTHWEST HIGHWAY
PALOS HEIGHTS, IL. 60463

Reference Numbers Facility ID 6014534
Health Service Area 007 Planning Service Area 705

Administrator
Pamella Chappell

Contact Person and Telephone
Eric Talbert

Registered Agent Information
CT Corporation
208 South LaSalle St
Chicago, IL 60604

Date Completed
4/4/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	31
Respiratory System	23
Digestive System	8
Genitourinary System Disorders	0
Skin Disorders	8
Musculo-skeletal Disorders	15
Injuries and Poisonings	27
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	119

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	130	130	130	130	119	11	130	52
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	130	130	130	130	119	11	130	52

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	126
Total Admissions 2011	824
Total Discharges 2011	831
Residents on 12/31/2011	119
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	22345	47.1%	14604	76.9%	0	3605	3839	0	44393	93.6%	93.6%
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	22345	47.1%	14604	76.9%	0	3605	3839	0	44393	93.6%	93.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	4	1	0	0	0	0	0	0	4	1	5
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	5	7	0	0	0	0	0	0	5	7	12
75 to 84	14	23	0	0	0	0	0	0	14	23	37
85+	15	47	0	0	0	0	0	0	15	47	62
TOTALS	40	79	0	0	0	0	0	0	40	79	119

MANORCARE OF PALOS HEIGHTS WEST
11860 SOUTHWEST HIGHWAY
PALOS HEIGHTS, IL. 60463

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	58	42	0	7	12	0	119
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	58	42	0	7	12	0	119

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	550	286
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	112	0	0	0	112
Race Unknown	0	0	0	0	0
Total	119	0	0	0	119

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	117	0	0	0	117
Ethnicity Unknown	0	0	0	0	0
Total	119	0	0	0	119

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	32.00
LPN's	4.00
Certified Aides	46.00
Other Health Staff	18.00
Non-Health Staff	36.00
Totals	138.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
75.0%	8.6%	1.3%	9.0%	6.0%	100.0%		0.0%
14,408,779	1,654,837	240,983	1,737,696	1,160,491	19,202,786	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MANORCARE OF SOUTH HOLLAND IL, LLC
2145 EAST 170TH STREET
SOUTH HOLLAND, IL. 60473

Reference Numbers Facility ID 6011589
Health Service Area 007 Planning Service Area 705

Administrator
Leslie Darrow

Contact Person and Telephone
Leslie Darrow
708-895-3255

Registered Agent Information

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	6
*Nervous System Non Alzheimer	10
Alzheimer Disease	1
Mental Illness	3
Developmental Disability	0
Circulatory System	36
Respiratory System	16
Digestive System	6
Genitourinary System Disorders	15
Skin Disorders	7
Musculo-skeletal Disorders	9
Injuries and Poisonings	14
Other Medical Conditions	41
Non-Medical Conditions	0
TOTALS	170

Total Residents Diagnosed as Mentally Ill 3

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	216	202	181	202	170	46	200	162
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	216	202	181	202	170	46	200	162

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	146
Total Admissions 2011	1,224
Total Discharges 2011	1,200
Residents on 12/31/2011	170
Identified Offenders	4

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	28266	38.7%	20226	34.2%	1474	5911	3241	0	59118	75.0%	80.2%
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	28266	38.7%	20226	34.2%	1474	5911	3241	0	59118	75.0%	80.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	3	0	0	0	0	0	0	2	3	5
45 to 59	8	3	0	0	0	0	0	0	8	3	11
60 to 64	4	4	0	0	0	0	0	0	4	4	8
65 to 74	17	23	0	0	0	0	0	0	17	23	40
75 to 84	15	33	0	0	0	0	0	0	15	33	48
85+	12	46	0	0	0	0	0	0	12	46	58
TOTALS	58	112	0	0	0	0	0	0	58	112	170

MANORCARE OF SOUTH HOLLAND IL, LLC
2145 EAST 170TH STREET
SOUTH HOLLAND, IL. 60473

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	81	55	4	21	9	0	170
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	81	55	4	21	9	0	170

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	624	510
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	94	0	0	0	94
Hawaiian/Pacific Isl.	0	0	0	0	0
White	76	0	0	0	76
Race Unknown	0	0	0	0	0
Total	170	0	0	0	170

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	161	0	0	0	161
Ethnicity Unknown	0	0	0	0	0
Total	170	0	0	0	170

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	39.00
LPN's	22.00
Certified Aides	63.00
Other Health Staff	42.00
Non-Health Staff	42.00
Totals	210.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
68.7%	11.3%	1.9%	13.1%	4.9%	100.0%		0.0%
15,135,634	2,496,034	418,634	2,880,649	1,085,618	22,016,569	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Bed Change 2/29/2012 Added 16 Nursing Care beds to existing facility; facility now has 216 Nursing Care beds.

MANORCARE OF WESTMONT
512 EAST OGDEN AVENUE
WESTMONT, IL. 60559

Reference Numbers Facility ID 6000335
Health Service Area 007 Planning Service Area 703

Administrator
Kristen Felker

Contact Person and Telephone
Anthony Harwood
419-254-5359

Registered Agent Information

Date Completed
4/1/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	2
*Nervous System Non Alzheimer	8
Alzheimer Disease	0
Mental Illness	2
Developmental Disability	0
Circulatory System	31
Respiratory System	9
Digestive System	4
Genitourinary System Disorders	6
Skin Disorders	3
Musculo-skeletal Disorders	11
Injuries and Poisonings	14
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	98

Total Residents Diagnosed as Mentally Ill 2

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	155	141	132	141	98	57	155	67
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	155	141	132	141	98	57	155	67

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	112
Total Admissions 2011	647
Total Discharges 2011	661
Residents on 12/31/2011	98
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	15915	28.1%	16056	65.7%	1755	3586	4804	0	42116	74.4%	81.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	15915	28.1%	16056	65.7%	1755	3586	4804	0	42116	74.4%	81.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	2	0	0	0	0	0	0	1	2	3
60 to 64	4	4	0	0	0	0	0	0	4	4	8
65 to 74	3	9	0	0	0	0	0	0	3	9	12
75 to 84	5	18	0	0	0	0	0	0	5	18	23
85+	11	41	0	0	0	0	0	0	11	41	52
TOTALS	24	74	0	0	0	0	0	0	24	74	98

MANORCARE OF WESTMONT
512 EAST OGDEN AVENUE
WESTMONT, IL. 60559

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	34	41	3	8	12	0	98
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	34	41	3	8	12	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	450	276
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	90	0	0	0	90
Race Unknown	0	0	0	0	0
Total	98	0	0	0	98

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	95	0	0	0	95
Ethnicity Unknown	0	0	0	0	0
Total	98	0	0	0	98

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	25.00
LPN's	15.00
Certified Aides	55.00
Other Health Staff	40.00
Non-Health Staff	30.00
Totals	167.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
61.8%	15.3%	1.1%	13.7%	8.1%	100.0%		0.0%
9,864,202	2,445,520	175,291	2,191,346	1,285,267	15,961,626	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MAPLE CREST CARE CENTRE
4452 SQUAW PRAIRIE ROAD
BELVIDERE, IL. 61008

Reference Numbers Facility ID 6005706
Health Service Area 001 Planning Service Area 007

Administrator
Judith Wright

Contact Person and Telephone
JUDITH WRIGHT
815-547-6377

Date Completed
4/1/2013

Registered Agent Information
CSC Corporation
801 Adlai Stevenson Dr
Springfield, IL 62703

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	17
Respiratory System	5
Digestive System	4
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	24
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	77

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	86	86	86	86	77	9	86	86
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	86	86	86	86	77	9	86	86

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	80
Total Admissions 2011	135
Total Discharges 2011	138
Residents on 12/31/2011	77
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4000	12.7%	15527	49.5%	0	672	8925	0	29124	92.8%	92.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4000	12.7%	15527	49.5%	0	672	8925	0	29124	92.8%	92.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	5	13	0	0	0	0	0	0	5	13	18
85+	9	46	0	0	0	0	0	0	9	46	55
TOTALS	16	61	0	0	0	0	0	0	16	61	77

MAPLE CREST CARE CENTRE
4452 SQUAW PRAIRIE ROAD
BELVIDERE, IL. 61008

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 007

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	38	4	3	24	0	77
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	38	4	3	24	0	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	156	143
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	77	0	0	0	77
Race Unknown	0	0	0	0	0
Total	77	0	0	0	77

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	76	0	0	0	76
Ethnicity Unknown	0	0	0	0	0
Total	77	0	0	0	77

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	13.00
Certified Aides	57.00
Other Health Staff	1.00
Non-Health Staff	26.00
Totals	115.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
39.0%	41.2%	0.0%	3.8%	16.0%	100.0%		0.0%
2,302,979	2,428,285	0	221,877	944,416	5,897,557	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW 1/10/2012 Change of Ownership occurred.

MAPLE LAWN HEALTH CENTER
700 NORTH MAIN
EUREKA, IL. 61530

Reference Numbers Facility ID 6005722
Health Service Area 002 Planning Service Area 203

Administrator
Nyla Krabbenhoft

Contact Person and Telephone
NYLA KRABBENHOFT
309-467-9001

Date Completed
4/6/2013

Registered Agent Information
Jeff Corron
700 North Main
Eureka, IL 61530

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	2
*Nervous System Non Alzheimer	18
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	22
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	10
Injuries and Poisonings	1
Other Medical Conditions	13
Non-Medical Conditions	5
TOTALS	87

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	89	89	80	89	77	12	89	89
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	18	18	11	18	8	10		
TOTAL BEDS	107	107	91	107	85	22	89	89

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	87
Total Admissions 2011	81
Total Discharges 2011	81
Residents on 12/31/2011	87
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2559	7.9%	14617	45.0%	0	0	10447	136	27759	85.5%	85.5%
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	3304	0	3304	50.3%	50.3%
TOTALS	2559	7.9%	14617	45.0%	0	0	13751	136	31063	79.5%	79.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	1	0	1	1
65 to 74	1	1	0	0	0	0	0	0	1	1	2
75 to 84	8	9	0	0	0	0	1	1	9	10	19
85+	11	47	0	0	0	0	0	5	11	52	63
TOTALS	20	57	0	0	0	0	1	7	21	64	85

MAPLE LAWN HEALTH CENTER
700 NORTH MAIN
EUREKA, IL. 61530

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 203

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	40	0	0	33	0	77
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	8	0	8
TOTALS	4	40	0	0	41	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	230	215
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	136	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	76	0	0	8	84
Race Unknown	0	0	0	0	0
Total	77	0	0	8	85

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	77	0	0	8	85
Ethnicity Unknown	0	0	0	0	0
Total	77	0	0	8	85

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	6.00
Certified Aides	36.00
Other Health Staff	3.00
Non-Health Staff	29.00
Totals	81.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
12.4%	17.6%	0.0%	3.4%	66.6%	100.0%		0.4%
786,527	1,120,145	0	214,593	4,227,321	6,348,586	27,038	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MAPLE TERRACE
1510 NORTH 4TH STREET
QUINCY, IL. 62301

Reference Numbers Facility ID 6012108
Health Service Area 003 Planning Service Area 001

Administrator
Angel Heming

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Registered Agent Information
J. Michael Bibo
285 S. Farnham St.
Galesburg, IL 61401

Date Completed
4/6/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	3
Total Discharges 2011	3
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5840	######	0	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	######	0	0	0	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	1	0	0	5	1	6
45 to 59	0	0	0	0	0	5	0	0	0	5	5
60 to 64	0	0	0	0	2	1	0	0	2	1	3
65 to 74	0	0	0	0	1	1	0	0	1	1	2
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

MAPLE TERRACE
1510 NORTH 4TH STREET
QUINCY, IL. 62301

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 001

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	113
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	79.0%	1.9%	0.0%	19.0%	100.0%		0.0%
0	513,736	12,609	0	123,831	650,177	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MAPLEWOOD CARE
50 NORTH JANE DRIVE
ELGIN, IL. 60123

Reference Numbers Facility ID 6004758
Health Service Area 008 Planning Service Area 089

Administrator
Jim Lloyd

Contact Person and Telephone
Jim Lloyd
1-847-697-3750

Registered Agent Information

Date Completed
4/11/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	28
Blood Disorders	2
*Nervous System Non Alzheimer	18
Alzheimer Disease	51
Mental Illness	79
Developmental Disability	0
Circulatory System	10
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	195

Total Residents Diagnosed as Mentally Ill 89

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	203	203	197	203	195	8	203	203
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	203	203	197	203	195	8	203	203

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	195
Total Admissions 2011	65
Total Discharges 2011	47
Residents on 12/31/2011	213
Identified Offenders	13

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3201	4.3%	63333	85.5%	0	55	1262	0	67851	91.6%	91.6%
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	3201	4.3%	63333	85.5%	0	55	1262	0	67851	91.6%	91.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	10	2	0	0	0	0	0	0	10	2	12
45 to 59	52	31	0	0	0	0	0	0	52	31	83
60 to 64	14	10	0	0	0	0	0	0	14	10	24
65 to 74	26	19	0	0	0	0	0	0	26	19	45
75 to 84	10	9	0	0	0	0	0	0	10	9	19
85+	2	10	0	0	0	0	0	0	2	10	12
TOTALS	114	81	0	0	0	0	0	0	114	81	195

MAPLEWOOD CARE
50 NORTH JANE DRIVE
ELGIN, IL. 60123

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	185	0	3	0	0	195
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	185	0	3	0	0	195

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	155
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	13	0	0	0	13
Hawaiian/Pacific Isl.	0	0	0	0	0
White	168	0	0	0	168
Race Unknown	11	0	0	0	11
Total	195	0	0	0	195

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	184	0	0	0	184
Ethnicity Unknown	0	0	0	0	0
Total	195	0	0	0	195

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	21.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	4.00
Certified Aides	51.00
Other Health Staff	0.00
Non-Health Staff	63.00
Totals	159.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
17.2%	62.4%	1.3%	0.3%	18.8%	100.0%		0.0%
1,640,917	5,945,487	121,113	27,098	1,795,347	9,529,962	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MARGARET MANOR
1121 NORTH ORLEANS
CHICAGO, IL. 60610

Reference Numbers Facility ID 6005755
Health Service Area 006 Planning Service Area 602

Administrator
Diana Garrett

Contact Person and Telephone
DIANA GARRETT
312-943-4300

Registered Agent Information

Date Completed
4/15/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	135	135	111	135	111	24	0	135
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	135	135	111	135	111	24	0	135

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	122
Total Admissions 2011	68
Total Discharges 2011	79
Residents on 12/31/2011	111
Identified Offenders	16

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	40150	81.5%	0	0	365	0	40515	82.2%	82.2%
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%	40150	81.5%	0	0	365	0	40515	82.2%	82.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	18	6	0	0	0	0	0	0	18	6	24
45 to 59	38	19	0	0	0	0	0	0	38	19	57
60 to 64	12	4	0	0	0	0	0	0	12	4	16
65 to 74	5	6	0	0	0	0	0	0	5	6	11
75 to 84	1	2	0	0	0	0	0	0	1	2	3
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	74	37	0	0	0	0	0	0	74	37	111

MARGARET MANOR
1121 NORTH ORLEANS
CHICAGO, IL. 60610

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	110	0	0	1	0	111
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	110	0	0	1	0	111

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	117	110
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	1	0	0	0	1
Black	51	0	0	0	51
Hawaiian/Pacific Isl.	0	0	0	0	0
White	43	0	0	0	43
Race Unknown	15	0	0	0	15
Total	111	0	0	0	111

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	15	0	0	0	15
Non-Hispanic	96	0	0	0	96
Ethnicity Unknown	0	0	0	0	0
Total	111	0	0	0	111

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	6.00
Certified Aides	22.00
Other Health Staff	5.00
Non-Health Staff	42.00
Totals	79.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	98.6%	0.0%	0.0%	1.4%	100.0%		0.0%
0	4,500,323	0	0	63,461	4,563,784	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MARGARET MANOR - NORTH
940 WEST CULLOM AVENUE
CHICAGO, IL. 60613

Reference Numbers Facility ID 6005763
Health Service Area 006 Planning Service Area 601

Administrator
Annette Brandt

Contact Person and Telephone
ANNETTE BRANDT
(773) 525-9000

Registered Agent Information

Date Completed
4/16/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	91
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	91
Total Residents Diagnosed as Mentally Ill	91

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	99	99	99	99	91	8	0	99
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	99	99	91	8	0	99

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	93
Total Admissions 2011	65
Total Discharges 2011	67
Residents on 12/31/2011	91
Identified Offenders	18

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	33663	93.2%	0	0	206	0	33869	93.7%	93.7%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	33663	93.2%	0	0	206	0	33869	93.7%	93.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	18	11	0	0	0	0	0	0	18	11	29
45 to 59	27	12	0	0	0	0	0	0	27	12	39
60 to 64	5	3	0	0	0	0	0	0	5	3	8
65 to 74	9	5	0	0	0	0	0	0	9	5	14
75 to 84	0	1	0	0	0	0	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	59	32	0	0	0	0	0	0	59	32	91

MARGARET MANOR - NORTH
940 WEST CULLOM AVENUE
CHICAGO, IL. 60613

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	91	0	0	0	0	91
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	91	0	0	0	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	119	119
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	9	0	0	0	9
American Indian	0	0	0	0	0
Black	41	0	0	0	41
Hawaiian/Pacific Isl.	0	0	0	0	0
White	34	0	0	0	34
Race Unknown	7	0	0	0	7
Total	91	0	0	0	91

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	84	0	0	0	84
Ethnicity Unknown	0	0	0	0	0
Total	91	0	0	0	91

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	4.00
Certified Aides	15.00
Other Health Staff	0.00
Non-Health Staff	34.00
Totals	56.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	99.4%	0.0%	0.0%	0.6%	100.0%		0.0%
0	3,746,070	0	0	20,870	3,766,941	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MARIAN CENTER FOR ADULT RESIDENTS
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6005789
Health Service Area 006 Planning Service Area 601

Administrator
Val Freil

Contact Person and Telephone
MARY PAT O'BRIEN
773-273-4169

Date Completed
3/29/2013

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.
Chicago, IL 60660

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	99
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	99
Total Residents Diagnosed as Mentally Ill	39

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	100	100	100	100	99	1		100
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	100	100	100	100	99	1	0	100

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	98
Total Admissions 2011	3
Total Discharges 2011	2
Residents on 12/31/2011	99
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			35656	97.7%	0	0	365	0	36021	98.7%	98.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	35656	97.7%	0	0	365	0	36021	98.7%	98.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	27	31	0	0	27	31	58
45 to 59	0	0	0	0	21	18	0	0	21	18	39
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	49	50	0	0	49	50	99

MARIAN CENTER FOR ADULT RESIDENTS
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		98	0	0	1	0	99
Sheltered Care			0	0	0	0	0
TOTALS	0	98	0	0	1	0	99

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	218	218
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	1	0	1
White	0	0	95	0	95
Race Unknown	0	0	0	0	0
Total	0	0	99	0	99

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	4	0	4
Non-Hispanic	0	0	95	0	95
Ethnicity Unknown	0	0	0	0	0
Total	0	0	99	0	99

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.17
Physicians	0.06
Director of Nursing	1.00
Registered Nurses	9.29
LPN's	3.15
Certified Aides	100.55
Other Health Staff	17.48
Non-Health Staff	16.69
Totals	149.39

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	86.7%	12.1%	0.0%	1.3%	100.0%		0.0%
0	5,487,534	764,954	0	79,490	6,331,979	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MARIGOLD ESTATES
3240 BARNEY AVENUE
PEKIN, IL. 61554

Reference Numbers Facility ID 6012140
Health Service Area 002 Planning Service Area 179

Administrator
Lora Dillman

Contact Person and Telephone
Andre Sears
309-347-6514

Registered Agent Information

Date Completed
4/16/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 7

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5632	96.4%	0	0	0	0	5632	96.4%	96.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5632	96.4%	0	0	0	0	5632	96.4%	96.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	5	0	0	4	5	9
45 to 59	0	0	0	0	2	1	0	0	2	1	3
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	1	0	0	0	1	0	1
75 to 84	0	0	0	0	0	1	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

MARIGOLD ESTATES
3240 BARNEY AVENUE
PEKIN, IL. 61554

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	127
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	10.00
Non-Health Staff	0.00
Totals	11.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	123,014	0	0	0	123,014	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MARIGOLD REHAB & HEALTHCARE
275 EAST CARL SANDBURG DRIVE
GALESBURG, IL. 61401

Reference Numbers Facility ID 6005797
Health Service Area 002 Planning Service Area 095

Administrator
Crystal Crain

Contact Person and Telephone
Marikay Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	15
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	18
Mental Illness	52
Developmental Disability	0
Circulatory System	9
Respiratory System	6
Digestive System	7
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	5
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	137

Total Residents Diagnosed as Mentally Ill 52

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	172	140	137	140	137	35	172	172
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	172	140	137	140	137	35	172	172

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	127
Total Admissions 2011	179
Total Discharges 2011	169
Residents on 12/31/2011	137
Identified Offenders	10

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5050	8.0%	28537	45.5%	5751	303	8150	0	47791	76.1%	93.5%
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	5050	8.0%	28537	45.5%	5751	303	8150	0	47791	76.1%	93.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	0	0	0	0	0	0	0	3	0	3
45 to 59	6	10	0	0	0	0	0	0	6	10	16
60 to 64	3	7	0	0	0	0	0	0	3	7	10
65 to 74	9	21	0	0	0	0	0	0	9	21	30
75 to 84	18	23	0	0	0	0	0	0	18	23	41
85+	15	22	0	0	0	0	0	0	15	22	37
TOTALS	54	83	0	0	0	0	0	0	54	83	137

MARIGOLD REHAB & HEALTHCARE
275 EAST CARL SANDBURG DRIVE
GALESBURG, IL. 61401

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	90	0	0	30	0	137
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	90	0	0	30	0	137

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	131
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	135	0	0	0	135
Race Unknown	0	0	0	0	0
Total	137	0	0	0	137

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	137	0	0	0	137
Ethnicity Unknown	0	0	0	0	0
Total	137	0	0	0	137

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	30.00
Certified Aides	64.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	105.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
13.6%	69.0%	0.0%	0.0%	17.3%	100.0%		0.7%
892,327	4,516,611	0	0	1,133,044	6,541,982	44,651	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MARION REHAB AND NURSING CTR
1301 EAST DEYOUNG
MARION, IL. 62959

Reference Numbers Facility ID 6003230
Health Service Area 005 Planning Service Area 199

Administrator
Carolyn McBride

Contact Person and Telephone
Carolyn McBride
618-997-1365

Date Completed
4/16/2013

Registered Agent Information
Lawerence Schwartz
8170 N. McCormick Blvd. Suite #219
SKOKIE, IL 60076

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	2
*Nervous System Non Alzheimer	8
Alzheimer Disease	17
Mental Illness	13
Developmental Disability	1
Circulatory System	8
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	7
Injuries and Poisonings	1
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	75

Total Residents Diagnosed as Mentally Ill 40

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	125	125	86	125	75	50	125	125
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	125	125	86	125	75	50	125	125

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	83
Total Admissions 2011	91
Total Discharges 2011	99
Residents on 12/31/2011	75
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4015	8.8%	22218	48.7%	0	0	2748	0	28981	63.5%	63.5%
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	4015	8.8%	22218	48.7%	0	0	2748	0	28981	63.5%	63.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	2	0	0	0	0	0	0	1	2	3
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	2	6	0	0	0	0	0	0	2	6	8
75 to 84	10	13	0	0	0	0	0	0	10	13	23
85+	7	32	0	0	0	0	0	0	7	32	39
TOTALS	20	55	0	0	0	0	0	0	20	55	75

MARION REHAB AND NURSING CTR
1301 EAST DEYOUNG
MARION, IL. 62959

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 199

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	60	0	0	6	0	75
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	60	0	0	6	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	1	0	0	0	1
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	69	0	0	0	69
Race Unknown	1	0	0	0	1
Total	75	0	0	0	75

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	74	0	0	0	74
Ethnicity Unknown	0	0	0	0	0
Total	75	0	0	0	75

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	9.00
Certified Aides	16.00
Other Health Staff	4.00
Non-Health Staff	13.00
Totals	46.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
34.5%	61.0%	0.0%	0.1%	4.5%	100.0%		0.0%
1,997,688	3,532,873	0	3,666	261,524	5,795,751	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MAR-KA NURSING HOME
201 SOUTH 10TH STREET
MASCOUTAH, IL. 62258

Reference Numbers Facility ID 6005748
Health Service Area 011 Planning Service Area 163

Administrator
Alice J. Green

Contact Person and Telephone
ALICE J. GREEN
618-566-8000

Registered Agent Information
Community Care Centers, Inc.
312 Solley Drive Rear
Ballwin, MO 63021

Date Completed
3/22/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	26
Mental Illness	4
Developmental Disability	1
Circulatory System	5
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	50

Total Residents Diagnosed as Mentally Ill 5

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	76	71	59	71	50	26	76	76
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	76	71	59	71	50	26	76	76

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	52
Total Admissions 2011	47
Total Discharges 2011	49
Residents on 12/31/2011	50
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1201	4.3%	9065	32.7%	292	122	8134	0	18814	67.8%	72.6%
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	1201	4.3%	9065	32.7%	292	122	8134	0	18814	67.8%	72.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	3	1	0	0	0	0	0	0	3	1	4
75 to 84	5	14	0	0	0	0	0	0	5	14	19
85+	5	18	0	0	0	0	0	0	5	18	23
TOTALS	15	35	0	0	0	0	0	0	15	35	50

MAR-KA NURSING HOME
201 SOUTH 10TH STREET
MASCOUTAH, IL. 62258

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	22	1	0	23	0	50
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	22	1	0	23	0	50

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	129	119
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	49	0	0	0	49
Race Unknown	0	0	0	0	0
Total	50	0	0	0	50

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	50	0	0	0	50
Ethnicity Unknown	0	0	0	0	0
Total	50	0	0	0	50

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	5.00
LPN's	8.00
Certified Aides	20.00
Other Health Staff	0.00
Non-Health Staff	20.00
Totals	56.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
19.7%	41.1%	1.5%	0.0%	37.7%	100.0%		0.0%
487,209	1,017,102	36,180	0	933,973	2,474,464	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MARKLUND AT MILL CREEK #3
1 S 381 WYATT DRIVE
GENEVA, IL. 60134

Reference Numbers Facility ID 6016232
Health Service Area 008 Planning Service Area 089

Administrator
Jessica O'Neall

Contact Person and Telephone
Antonio Quinones
630-593-5450

Date Completed
4/17/2013

Registered Agent Information
Robin R. Kelleher
102 South Wynstone Park Dr. Suite. 100
North Barrington, IL 60010

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	2
Total Discharges 2011	2
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5794	#Div/0!	0	0	18	0	5812	99.5%	99.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5794	0.0%	0	0	18	0	5812	99.5%	99.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	7	8	0	0	7	8	15
45 to 59	0	0	0	0	0	1	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	7	9	0	0	7	9	16

MARKLUND AT MILL CREEK #3
1 S 381 WYATT DRIVE
GENEVA, IL. 60134

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	1	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	1	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	264
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	3	0	3
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.33
Physicians	0.00
Director of Nursing	0.50
Registered Nurses	2.25
LPN's	0.90
Certified Aides	19.10
Other Health Staff	2.58
Non-Health Staff	3.45
Totals	29.11

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	95.2%	0.0%	0.0%	4.8%	100.0%		0.0%
0	1,227,987	0	0	61,361	1,289,348	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MARKLUND CHILDREN'S HOME
164 SOUTH PRAIRIE AVENUE
BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID 6005805
Health Service Area 007 Planning Service Area 703

Administrator
Gunjan Patel

Contact Person and Telephone
Antonio Quinones
630-593-5450

Date Completed
4/17/2013

Registered Agent Information
Robin R. Kelleher
102 South Wynstone Park Dr. Suite. 100
North Barrington, IL 60010

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	20
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	20

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	30	21	21	21	20	10		30
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	30	21	21	21	20	10	0	30

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	20
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	20
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			7228	66.0%	0	0	349	0	7577	69.2%	98.9%
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%	7228	66.0%	0	0	349	0	7577	69.2%	98.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	7	5	0	0	0	0	7	5	12
18 to 44	0	0	3	5	0	0	0	0	3	5	8
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	10	10	0	0	0	0	10	10	20

MARKLUND CHILDREN'S HOME
164 SOUTH PRAIRIE AVENUE
BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	20	0	0	0	0	20
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	20	0	0	0	0	20

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	262
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	1	0	0	1
American Indian	0	0	0	0	0
Black	0	4	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	15	0	0	15
Race Unknown	0	0	0	0	0
Total	0	20	0	0	20

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	3	0	0	3
Non-Hispanic	0	17	0	0	17
Ethnicity Unknown	0	0	0	0	0
Total	0	20	0	0	20

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.80
LPN's	2.60
Certified Aides	14.87
Other Health Staff	1.25
Non-Health Staff	7.62
Totals	34.14

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	95.0%	0.0%	0.0%	5.0%	100.0%		0.0%
0	2,155,707	0	0	113,202	2,268,909	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MARKLUND HAVERKAMPF HOME
1S394 WYATT DRIVE
GENEVA, IL. 60134

Reference Numbers Facility ID 6015770
Health Service Area 008 Planning Service Area 089

Administrator
Jessica O'Neall

Contact Person and Telephone
Antonio Quinones
630-593-5450

Date Completed
4/17/2013

Registered Agent Information
Robin R. Kelleher
102 South Wynstone Park Dr. Suite. 100
North Barrington, IL 60010

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5856	######	0	0	0	0	5856	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5856	######	0	0	0	0	5856	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	8	5	0	0	8	5	13
45 to 59	0	0	0	0	0	3	0	0	0	3	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

MARKLUND HAVERKAMPF HOME
1S394 WYATT DRIVE
GENEVA, IL. 60134

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	225
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	2	0	2
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.33
Physicians	0.00
Director of Nursing	0.50
Registered Nurses	2.72
LPN's	0.35
Certified Aides	19.91
Other Health Staff	2.58
Non-Health Staff	3.45
Totals	29.84

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	93.2%	0.0%	6.8%	0.0%	100.0%		0.0%
0	1,227,764	0	88,899	0	1,316,663	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MARKLUND RICHARD HOME
1 S 410 WYATT DRIVE
GENEVA, IL. 60134

Reference Numbers Facility ID 6016240
Health Service Area 008 Planning Service Area 089

Administrator
Jessica O'Neall

Contact Person and Telephone
Antonio Quinones
630-593-5450

Date Completed
4/17/2013

Registered Agent Information
Robin R. Kelleher
102 South Wynstone Park Dr. Suite. 100
North Barrington, IL 60010

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5856	#Div/0!	0	0	0	0	5856	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5856	0.0%	0	0	0	0	5856	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	8	0	0	5	8	13
45 to 59	0	0	0	0	1	1	0	0	1	1	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	1	0	0	0	1	0	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	7	9	0	0	7	9	16

MARKLUND RICHARD HOME
1 S 410 WYATT DRIVE
GENEVA, IL. 60134

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	221
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	2	0	2
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.33
Physicians	0.00
Director of Nursing	0.50
Registered Nurses	2.15
LPN's	1.00
Certified Aides	18.88
Other Health Staff	2.58
Non-Health Staff	3.45
Totals	28.89

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	91.7%	0.0%	0.0%	8.3%	100.0%		0.0%
0	1,187,443	0	0	107,790	1,295,233	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MARKLUND SAYERS HOME
1S383 WYATT DRIVE
GENEVA, IL. 60134

Reference Numbers Facility ID 6015804
Health Service Area 008 Planning Service Area 089

Administrator
Jessica O'Neall

Contact Person and Telephone
Antonio Quinones
630-593-5450

Date Completed
4/17/2013

Registered Agent Information
Robin R. Kelleher
102 South Wynstone Park Dr. Suite. 100
North Barrington, IL 60010

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5475	93.8%	0	0	366	0	5841	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5475	93.8%	0	0	366	0	5841	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	6	0	0	3	6	9
45 to 59	0	0	0	0	1	6	0	0	1	6	7
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	4	12	0	0	4	12	16

MARKLUND SAYERS HOME
1S383 WYATT DRIVE
GENEVA, IL. 60134

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	1	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	1	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	246
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.33
Physicians	0.00
Director of Nursing	0.50
Registered Nurses	1.25
LPN's	0.63
Certified Aides	19.30
Other Health Staff	2.58
Non-Health Staff	3.45
Totals	28.04

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
88.4%	0.0%	0.0%	0.0%	11.6%	100.0%		0.0%
1,189,413	0	0	0	155,854	1,345,267	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MARKLUND TOMMY HOME
1S385 WYATT DRIVE
GENEVA, IL. 60134

Reference Numbers Facility ID 6015796
Health Service Area 008 Planning Service Area 089

Administrator
Jessica O'Neall

Contact Person and Telephone
Antonio Quinones
630-593-5450

Date Completed
4/17/2013

Registered Agent Information
Robin R. Kelleher
102 South Wynstone Park Dr. Suite. 100
North Barrington, IL 60010

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5838	######	0	0	0	0	5838	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5838	######	0	0	0	0	5838	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	6	0	0	6	6	12
45 to 59	0	0	0	0	2	2	0	0	2	2	4
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

MARKLUND TOMMY HOME
1S385 WYATT DRIVE
GENEVA, IL. 60134

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	225
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.33
Physicians	0.00
Director of Nursing	0.50
Registered Nurses	1.95
LPN's	0.78
Certified Aides	19.24
Other Health Staff	2.58
Non-Health Staff	3.45
Totals	28.83

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	93.8%	0.0%	0.0%	6.2%	100.0%		0.0%
0	1,230,513	0	0	81,822	1,312,335	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MARKLUND VAN DER MOLEN HOME
1S406 WYATT DRIVE
GENEVA, IL. 60134

Reference Numbers Facility ID 6015788
Health Service Area 008 Planning Service Area 089

Administrator
Jessica O'Neall

Contact Person and Telephone
Antonio Quinones
630-593-5450

Date Completed
4/17/2013

Registered Agent Information
Robin R. Kelleher
102 South Wynstone Park Dr. Suite. 100
North Barrington, IL 60010

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5856	######	0	0	0	0	5856	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5856	######	0	0	0	0	5856	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	5	0	0	3	5	8
45 to 59	0	0	0	0	3	4	0	0	3	4	7
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	7	9	0	0	7	9	16

MARKLUND VAN DER MOLEN HOME
1S406 WYATT DRIVE
GENEVA, IL. 60134

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	222
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	2	0	2
American Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	10	0	10
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.33
Physicians	0.00
Director of Nursing	0.50
Registered Nurses	2.83
LPN's	0.45
Certified Aides	18.95
Other Health Staff	2.58
Non-Health Staff	3.45
Totals	29.09

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	92.8%	0.0%	0.0%	7.2%	100.0%		0.0%
0	1,204,567	0	0	94,060	1,298,627	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MASON CITY AREA NURSING HOME
520 N. PRICE AVE. PO BOX 32
MASON CITY, IL. 62664

Reference Numbers Facility ID 6011688
Health Service Area 003 Planning Service Area 125

Administrator
Christine Banks

Contact Person and Telephone
Christine Banks
217-482-5022

Date Completed
4/19/2013

Registered Agent Information
Mason City Area Nursing Home Associat
520 N. Prive Ave, P.O.Box 32
Mason City, IL 62664

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	23
Mental Illness	1
Developmental Disability	0
Circulatory System	5
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	1
Other Medical Conditions	20
Non-Medical Conditions	0
TOTALS	72
Total Residents Diagnosed as Mentally Ill	1

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	66	64	64	61	55	11	66	66
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	31	17	17	17	17	14		
TOTAL BEDS	97	81	81	78	72	25	66	66

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	76
Total Admissions 2011	78
Total Discharges 2011	82
Residents on 12/31/2011	72
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2027	8.4%	11306	46.9%	0	0	8480	0	21813	90.5%	93.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	5115	0	5115	45.2%	82.4%
TOTALS	2027	8.4%	11306	46.9%	0	0	13595	0	26928	76.1%	91.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	1	12	0	0	0	0	0	2	1	14	15
85+	14	25	0	0	0	0	2	13	16	38	54
TOTALS	16	39	0	0	0	0	2	15	18	54	72

MASON CITY AREA NURSING HOME
520 N. PRICE AVE. PO BOX 32
MASON CITY, IL. 62664

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 125

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	28	0	0	25	0	55
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	17	0	17
TOTALS	2	28	0	0	42	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	216	151
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	109	91

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	54	0	0	17	71
Race Unknown	0	0	0	0	0
Total	55	0	0	17	72

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	55	0	0	17	72
Ethnicity Unknown	0	0	0	0	0
Total	55	0	0	17	72

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	6.00
Certified Aides	20.00
Other Health Staff	2.00
Non-Health Staff	27.00
Totals	64.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
22.2%	29.5%	0.0%	0.0%	48.3%	100.0%		0.0%
926,692	1,234,297	0	0	2,018,281	4,179,270	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MASON POINT
ONE MASONIC WAY
SULLIVAN, IL. 61951

Reference Numbers Facility ID 6004691
Health Service Area 004 Planning Service Area 139

Administrator
Darin Wall

Contact Person and Telephone
Marikay Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	17
Mental Illness	18
Developmental Disability	3
Circulatory System	21
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	12
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	113

Total Residents Diagnosed as Mentally Ill 79

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	122	112	112	112	105	17	72	122
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	48	10	10	10	8	40		
TOTAL BEDS	170	122	122	122	113	57	72	122

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	122
Total Admissions 2011	110
Total Discharges 2011	119
Residents on 12/31/2011	113
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4387	16.7%	21143	47.5%	0	912	13253	0	39695	89.1%	97.1%
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	2707	0	2707	15.5%	74.2%
TOTALS	4387	16.7%	21143	47.5%	0	912	15960	0	42402	68.3%	95.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	2	0	0	0	0	2	0	2	2	4
65 to 74	2	4	0	0	0	0	1	0	3	4	7
75 to 84	11	16	0	0	0	0	0	2	11	18	29
85+	16	52	0	0	0	0	0	3	16	55	71
TOTALS	30	75	0	0	0	0	3	5	33	80	113

MASON POINT
ONE MASONIC WAY
SULLIVAN, IL. 61951

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 139

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	57	0	3	33	0	105
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	8	0	8
TOTALS	12	57	0	3	41	0	113

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	158	138
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	104	0	0	8	112
Race Unknown	1	0	0	0	1
Total	105	0	0	8	113

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	104	0	0	8	112
Ethnicity Unknown	0	0	0	0	0
Total	105	0	0	8	113

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	13.00
Certified Aides	37.00
Other Health Staff	2.00
Non-Health Staff	0.00
Totals	57.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
16.4%	46.9%	0.0%	0.0%	36.7%	100.0%		0.0%
1,053,322	3,013,929	0	0	2,362,180	6,429,431	1,035	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MATHER PAVILION
820 FOSTER STREET
EVANSTON, IL. 60201

Reference Numbers Facility ID 6007967
Health Service Area 007 Planning Service Area 702

Administrator
Susan Fowler

Contact Person and Telephone
SUSAN FOWLER
847-492-7211

Date Completed
4/18/2013

Registered Agent Information
Mary Leary, President and CEO
1603 Orrington Ave Suite 1800
Evanston, IL 60201

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	19
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	41
Mental Illness	0
Developmental Disability	0
Circulatory System	9
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	94

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	158	158	94	158	94	64	13	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	158	158	94	158	94	64	13	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	90
Total Admissions 2011	267
Total Discharges 2011	263
Residents on 12/31/2011	94
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3934	82.9%	0	0.0%	0	0	28145	0	32079	55.6%	55.6%
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	3934	82.9%	0	0.0%	0	0	28145	0	32079	55.6%	55.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	0	4	0	0	0	0	0	0	0	4	4
75 to 84	5	18	0	0	0	0	0	0	5	18	23
85+	13	51	0	0	0	0	0	0	13	51	64
TOTALS	18	76	0	0	0	0	0	0	18	76	94

MATHER PAVILION
820 FOSTER STREET
EVANSTON, IL. 60201

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	0	0	7	74	0	94
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	0	0	7	74	0	94

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	317	274
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	65	0	0	0	65
Race Unknown	29	0	0	0	29
Total	94	0	0	0	94

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	65	0	0	0	65
Ethnicity Unknown	29	0	0	0	29
Total	94	0	0	0	94

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.71
LPN's	4.13
Certified Aides	54.31
Other Health Staff	8.13
Non-Health Staff	54.46
Totals	139.74

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
19.5%	0.0%	0.0%	0.0%	80.5%	100.0%		0.0%
2,098,745	0	0	0	8,675,747	10,774,492	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MATTESON COURT
237 CENTRAL AVENUE
MATTESON, IL. 60443

Reference Numbers Facility ID 6014393
Health Service Area 007 Planning Service Area 705

Administrator
Annette Whitlock

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Registered Agent Information
J. Michael Bibo
285 S. Farnham St.
Galesburg, IL 61401

Date Completed
4/6/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	1
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5475	93.8%	0	0	0	0	5475	93.8%	93.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5475	93.8%	0	0	0	0	5475	93.8%	93.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	4	0	0	4	4	8
45 to 59	0	0	0	0	3	4	0	0	3	4	7
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	7	8	0	0	7	8	15

MATTESON COURT
237 CENTRAL AVENUE
MATTESON, IL. 60443

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	153
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	84.3%	1.0%	0.0%	14.7%	100.0%		0.0%
0	743,636	8,576	0	129,758	881,971	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MATTOON HEALTHCARE & REHAB
2121 SOUTH 9TH STREET
MATTOON, IL. 61938

Reference Numbers Facility ID 6005888
Health Service Area 004 Planning Service Area 029

Administrator
PAULA MASON

Contact Person and Telephone
PAULA MASON
217-235-7138

Registered Agent Information

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	6
Developmental Disability	0
Circulatory System	15
Respiratory System	8
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	4
Other Medical Conditions	20
Non-Medical Conditions	0
TOTALS	75

Total Residents Diagnosed as Mentally Ill 6

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	148	122	122	122	75	73	148	148
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	148	122	122	122	75	73	148	148

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	72
Total Admissions 2011	326
Total Discharges 2011	323
Residents on 12/31/2011	75
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7111	13.2%	11509	21.3%	3125	97	7423	0	29265	54.2%	65.7%
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	7111	13.2%	11509	21.3%	3125	97	7423	0	29265	54.2%	65.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	2	2	0	0	0	0	0	0	2	2	4
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	5	9	0	0	0	0	0	0	5	9	14
75 to 84	5	19	0	0	0	0	0	0	5	19	24
85+	8	20	0	0	0	0	0	0	8	20	28
TOTALS	22	53	0	0	0	0	0	0	22	53	75

MATTOON HEALTHCARE & REHAB
2121 SOUTH 9TH STREET
MATTOON, IL. 61938

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 029

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	31	9	0	17	0	75
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	31	9	0	17	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	178	138
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	73	0	0	0	73
Race Unknown	0	0	0	0	0
Total	75	0	0	0	75

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	75	0	0	0	75
Ethnicity Unknown	0	0	0	0	0
Total	75	0	0	0	75

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	13.00
Certified Aides	36.00
Other Health Staff	1.00
Non-Health Staff	14.00
Totals	78.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
49.7%	23.6%	0.6%	3.4%	22.7%	100.0%		0.0%
3,049,377	1,449,616	36,616	209,661	1,390,981	6,136,251	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW 1/13/2012 Change of Ownership occurred.

MAYFIELD CARE CENTER
5905 WEST WASHINGTON
CHICAGO, IL. 60644

Reference Numbers Facility ID 6005896
Health Service Area 006 Planning Service Area 602

Administrator
Bill Pfeiffer

Contact Person and Telephone
Bill Pfeiffer
773-261-7074

Registered Agent Information

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	23
Blood Disorders	5
*Nervous System Non Alzheimer	1
Alzheimer Disease	16
Mental Illness	8
Developmental Disability	3
Circulatory System	32
Respiratory System	15
Digestive System	6
Genitourinary System Disorders	6
Skin Disorders	9
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	140

Total Residents Diagnosed as Mentally Ill 8

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	156	156	143	156	140	16	156	156
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	156	156	143	156	140	16	156	156

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	141
Total Admissions 2011	112
Total Discharges 2011	113
Residents on 12/31/2011	140
Identified Offenders	14

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5576	9.8%	43149	75.8%	720	36	667	0	50148	88.1%	88.1%
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	5576	9.8%	43149	75.8%	720	36	667	0	50148	88.1%	88.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	5	0	0	0	0	0	0	0	5	0	5
45 to 59	10	10	0	0	0	0	0	0	10	10	20
60 to 64	15	6	0	0	0	0	0	0	15	6	21
65 to 74	19	18	0	0	0	0	0	0	19	18	37
75 to 84	19	12	0	0	0	0	0	0	19	12	31
85+	10	16	0	0	0	0	0	0	10	16	26
TOTALS	78	62	0	0	0	0	0	0	78	62	140

MAYFIELD CARE CENTER
5905 WEST WASHINGTON
CHICAGO, IL. 60644

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	113	0	2	0	0	140
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	25	113	0	2	0	0	140

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	200
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	131	0	0	0	131
Hawaiian/Pacific Isl.	0	0	0	0	0
White	9	0	0	0	9
Race Unknown	0	0	0	0	0
Total	140	0	0	0	140

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	140	0	0	0	140
Ethnicity Unknown	0	0	0	0	0
Total	140	0	0	0	140

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.10
LPN's	24.10
Certified Aides	53.10
Other Health Staff	4.60
Non-Health Staff	20.40
Totals	111.30

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
24.5%	74.0%	0.0%	0.0%	1.5%	100.0%		0.0%
2,107,280	6,366,711	0	2,782	132,399	8,609,172	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MAZZA HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6011605
Health Service Area 006 Planning Service Area 601

Administrator
Joe Ferrara

Contact Person and Telephone
MARY PAT O'BRIEN
773-273-4169

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.
Chicago, IL 60660

Date Completed
3/29/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	12

Total Residents Diagnosed as Mentally Ill 3

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	12	0		12
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	12	0	0	12

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	12
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	12
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4380	######	0	0	0	0	4380	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4380	######	0	0	0	0	4380	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	0	0	0	6	0	6
45 to 59	0	0	0	0	6	0	0	0	6	0	6
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	12	0	0	0	12	0	12

MAZZA HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	218	218
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	1	0	1
White	0	0	9	0	9
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	11	0	11
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.06
Director of Nursing	0.00
Registered Nurses	0.11
LPN's	0.00
Certified Aides	10.07
Other Health Staff	3.36
Non-Health Staff	0.27
Totals	14.12

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	89.2%	10.5%	0.0%	0.3%	100.0%		0.0%
0	675,820	79,621	0	2,351	757,793	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MCALLISTER NURSING & REHAB
18300 SOUTH LAVERGNE AVENUE
TINLEY PARK, IL. 60477

Reference Numbers Facility ID 6005904
Health Service Area 007 Planning Service Area 705

Administrator
Geraldine Wagner

Contact Person and Telephone
JUDI FITZSIMMONS
708-798-2272

Date Completed
4/17/2013

Registered Agent Information
Joel Atkin
18300 S. Lavergne Ave.
Tinley Park, IL 60478

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	26
Blood Disorders	2
*Nervous System Non Alzheimer	5
Alzheimer Disease	7
Mental Illness	9
Developmental Disability	4
Circulatory System	12
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	1
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	83

Total Residents Diagnosed as Mentally Ill 9

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	111	111	96	111	83	28	79	111
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	111	111	96	111	83	28	79	111

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	82
Total Admissions 2011	62
Total Discharges 2011	61
Residents on 12/31/2011	83
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3247	11.3%	23926	59.1%	0	796	2423	0	30392	75.0%	75.0%
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	3247	11.3%	23926	59.1%	0	796	2423	0	30392	75.0%	75.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	3	4	0	0	0	0	0	0	3	4	7
60 to 64	3	4	0	0	0	0	0	0	3	4	7
65 to 74	5	9	0	0	0	0	0	0	5	9	14
75 to 84	15	13	0	0	0	0	0	0	15	13	28
85+	6	20	0	0	0	0	0	0	6	20	26
TOTALS	32	51	0	0	0	0	0	0	32	51	83

MCALLISTER NURSING & REHAB
18300 SOUTH LAVERGNE AVENUE
TINLEY PARK, IL. 60477

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	62	0	1	8	0	83
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	62	0	1	8	0	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	300	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	21	0	0	0	21
Hawaiian/Pacific Isl.	0	0	0	0	0
White	61	0	0	0	61
Race Unknown	1	0	0	0	1
Total	83	0	0	0	83

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	82	0	0	0	82
Ethnicity Unknown	0	0	0	0	0
Total	83	0	0	0	83

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	17.00
Certified Aides	36.00
Other Health Staff	5.00
Non-Health Staff	27.00
Totals	90.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
27.6%	62.0%	0.0%	2.5%	7.9%	100.0%		0.0%
1,615,578	3,627,588	0	147,234	460,274	5,850,674	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MCAULEY RESIDENCE
2060 WEST GRANVILLE
CHICAGO, IL. 60659

Reference Numbers Facility ID 6006217
Health Service Area 006 Planning Service Area 603

Administrator
Denise Tigges

Contact Person and Telephone
MARY PAT O'BRIEN
773-273-4169

Date Completed
4/4/2013

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.
Chicago, IL 60660

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	120
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	120

Total Residents Diagnosed as Mentally Ill 3

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	125	125	121	125	120	5		125
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	125	125	121	125	120	5	0	125

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	118
Total Admissions 2011	11
Total Discharges 2011	9
Residents on 12/31/2011	120
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			41752	91.5%	0	0	1464	286	43502	95.3%	95.3%
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%	41752	91.5%	0	0	1464	286	43502	95.3%	95.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	10	19	0	0	0	0	10	19	29
18 to 44	0	0	46	35	0	0	0	0	46	35	81
45 to 59	0	0	6	2	0	0	0	0	6	2	8
60 to 64	0	0	0	2	0	0	0	0	0	2	2
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	62	58	0	0	0	0	62	58	120

MCAULEY RESIDENCE
2060 WEST GRANVILLE
CHICAGO, IL. 60659

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	115	0	0	4	1	120
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	115	0	0	4	1	120

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	301	301
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	1	0	0	1
American Indian	0	0	0	0	0
Black	0	27	0	0	27
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	86	0	0	86
Race Unknown	0	6	0	0	6
Total	0	120	0	0	120

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	15	0	0	15
Non-Hispanic	0	99	0	0	99
Ethnicity Unknown	0	6	0	0	6
Total	0	120	0	0	120

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.06
Director of Nursing	1.73
Registered Nurses	19.52
LPN's	8.73
Certified Aides	98.76
Other Health Staff	39.29
Non-Health Staff	11.64
Totals	180.73

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	90.0%	4.0%	0.0%	6.0%	100.0%		0.6%
0	7,776,711	346,128	0	518,885	8,641,726	56,156	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MCDONOUGH COUNTY HOSPITAL
525 EAST GRANT STREET
MACOMB, IL. 61455

Reference Numbers Facility ID 6012777
Health Service Area 002 Planning Service Area 109

Administrator
Kenneth D. Boyd, JR

Contact Person and Telephone
TERESA BENNETT
309-833-4101

Registered Agent Information

Date Completed
4/15/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	8
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	16	16	15	16	8	8	16	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	8	8	16	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	5
Total Admissions 2011	312
Total Discharges 2011	309
Residents on 12/31/2011	8
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2401	41.1%	50	0.0%	0	387	0	0	2838	48.6%	48.6%
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	2401	41.1%	50	0.0%	0	387	0	0	2838	48.6%	48.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	1	4	0	0	0	0	0	0	1	4	5
TOTALS	2	6	0	0	0	0	0	0	2	6	8

MCDONOUGH COUNTY HOSPITAL
525 EAST GRANT STREET
MACOMB, IL. 61455

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 109

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	0	0	2	0	0	8
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	0	0	2	0	0	8

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	890	840
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	8	0	0	0	8
Race Unknown	0	0	0	0	0
Total	8	0	0	0	8

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	8	0	0	0	8
Ethnicity Unknown	0	0	0	0	0
Total	8	0	0	0	8

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.89
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.90
LPN's	4.30
Certified Aides	1.59
Other Health Staff	0.66
Non-Health Staff	1.75
Totals	16.09

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
62.0%	0.0%	14.9%	23.1%	0.0%	100.0%		0.4%
891,153	0	213,728	331,594	0	1,436,475	5,994	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MCGOWAN HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6014864
Health Service Area 006 Planning Service Area 601

Administrator
Sharon Keane

Contact Person and Telephone
MARY PAT O'BRIEN
773-273-4169

Date Completed
3/29/2013

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.
Chicago, IL 60660

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 4

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5856	######	0	0	0	0	5856	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5856	######	0	0	0	0	5856	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	7	0	0	5	7	12
45 to 59	0	0	0	0	2	1	0	0	2	1	3
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

MCGOWAN HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	218	218
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.50
Physicians	0.06
Director of Nursing	0.25
Registered Nurses	2.53
LPN's	1.16
Certified Aides	16.86
Other Health Staff	4.90
Non-Health Staff	7.94
Totals	34.20

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	89.6%	10.3%	0.0%	0.1%	100.0%		0.0%
0	918,966	105,313	0	822	1,025,101	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MCLEAN COUNTY NURSING HOME
901 NORTH MAIN
NORMAL, IL. 61761

Reference Numbers Facility ID 6005946
Health Service Area 004 Planning Service Area 113

Administrator
Matt Riehle

Contact Person and Telephone
SANDY WILES
309-888-5380

Registered Agent Information

Date Completed
4/3/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	9
Mental Illness	18
Developmental Disability	0
Circulatory System	28
Respiratory System	14
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	12
Injuries and Poisonings	17
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	140

Total Residents Diagnosed as Mentally Ill 18

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	150	150	146	150	140	10	18	150
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	150	150	146	150	140	10	18	150

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	137
Total Admissions 2011	201
Total Discharges 2011	198
Residents on 12/31/2011	140
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1746	26.6%	35278	64.4%	0	0	13638	0	50662	92.5%	92.5%
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	1746	26.6%	35278	64.4%	0	0	13638	0	50662	92.5%	92.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	3	4	0	0	0	0	0	0	3	4	7
75 to 84	8	31	0	0	0	0	0	0	8	31	39
85+	16	75	0	0	0	0	0	0	16	75	91
TOTALS	29	111	0	0	0	0	0	0	29	111	140

MCLEAN COUNTY NURSING HOME
901 NORTH MAIN
NORMAL, IL. 61761

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 113

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	91	0	0	45	0	140
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	91	0	0	45	0	140

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	155
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	136	0	0	0	136
Race Unknown	0	0	0	0	0
Total	140	0	0	0	140

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	140	0	0	0	140
Ethnicity Unknown	0	0	0	0	0
Total	140	0	0	0	140

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	11.00
Certified Aides	51.00
Other Health Staff	8.00
Non-Health Staff	52.00
Totals	136.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
8.3%	63.9%	0.0%	0.0%	27.8%	100.0%		0.0%
627,109	4,802,429	0	0	2,088,973	7,518,511	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MCLEANSBORO REHAB & HLTHCARE CTR
405 WEST CARPENTER
MCLEANSBORO, IL. 62859

Reference Numbers Facility ID 6005417
Health Service Area 005 Planning Service Area 059

Administrator
Daniel Hyson

Contact Person and Telephone
Marikay Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
3/28/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	6
Mental Illness	6
Developmental Disability	0
Circulatory System	6
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	21
Total Residents Diagnosed as Mentally Ill	13

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	43	42	26	42	21	22	43	43
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	43	42	26	42	21	22	43	43

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	25
Total Admissions 2011	28
Total Discharges 2011	32
Residents on 12/31/2011	21
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	775	4.9%	4424	28.2%	386	88	1546	0	7219	46.0%	47.1%
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	775	4.9%	4424	28.2%	386	88	1546	0	7219	46.0%	47.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	5	3	0	0	0	0	0	0	5	3	8
85+	5	5	0	0	0	0	0	0	5	5	10
TOTALS	11	10	0	0	0	0	0	0	11	10	21

MCLEANSBORO REHAB & HLTHCARE CTR
405 WEST CARPENTER
MCLEANSBORO, IL. 62859

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 059

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	11	1	0	6	0	21
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	11	1	0	6	0	21

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	136	106
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	21	0	0	0	21
Race Unknown	0	0	0	0	0
Total	21	0	0	0	21

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	21	0	0	0	21
Ethnicity Unknown	0	0	0	0	0
Total	21	0	0	0	21

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	3.00
Certified Aides	9.00
Other Health Staff	0.00
Non-Health Staff	12.00
Totals	29.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
20.4%	58.6%	0.0%	0.0%	21.0%	100.0%		0.5%
178,594	513,184	0	0	184,125	875,903	4,721	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MCNERNEY HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6016596
Health Service Area 006 Planning Service Area 601

Administrator
Emily Donahue Tazic

Contact Person and Telephone
MARY PAT O'BRIEN
773-273-4169

Date Completed
3/29/2013

Registered Agent Information
Sister Rosemary Connelly
5300 N. Ridge Ave.
Chicago, IL 60660

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	12
Total Residents Diagnosed as Mentally Ill	6

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	12	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	12	0	0	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	12
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	12
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4380	#Div/0!	0	0	0	0	4380	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4380	0.0%	0	0	0	0	4380	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	7	0	0	0	7	0	7
45 to 59	0	0	0	0	5	0	0	0	5	0	5
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	12	0	0	0	12	0	12

MCNERNEY HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	218	218
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.42
Physicians	0.06
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.22
Certified Aides	9.67
Other Health Staff	3.11
Non-Health Staff	0.17
Totals	13.90

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%	86.1%	13.6%	0.0%	0.3%	100.0%		0.0%
0	669,662	106,111	0	2,119	777,893	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MEADOW MANOR SKILLED NURS & REHAB
800 MC ADAM DRIVE
TAYLORVILLE, IL. 62568

Reference Numbers Facility ID 6005953
Health Service Area 003 Planning Service Area 021

Administrator
Barbara Varwig

Contact Person and Telephone
Barbara Varwig
217-824-2277

Date Completed
4/11/2013

Registered Agent Information
CT Corporation System (Chicago)
208 South Lasalle Street Suite 814
Chicago, IL 60604

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	22
Respiratory System	11
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	2
Other Medical Conditions	10
Non-Medical Conditions	3
TOTALS	77

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	96	81	81	81	66	30	48	96
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	96	81	81	81	66	30	48	96

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	72
Total Admissions 2011	158
Total Discharges 2011	164
Residents on 12/31/2011	66
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3627	20.7%	14842	42.4%	549	0	7767	0	26785	76.4%	90.6%
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	3627	20.7%	14842	42.4%	549	0	7767	0	26785	76.4%	90.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	2	0	0	0	0	0	0	1	2	3
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	7	13	0	0	0	0	0	0	7	13	20
85+	11	28	0	0	0	0	0	0	11	28	39
TOTALS	21	45	0	0	0	0	0	0	21	45	66

MEADOW MANOR SKILLED NURS & REHAB
800 MC ADAM DRIVE
TAYLORVILLE, IL. 62568

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 021

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	33	1	0	22	0	66
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	33	1	0	22	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	152	131
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	65	0	0	0	65
Race Unknown	0	0	0	0	0
Total	66	0	0	0	66

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	66	0	0	0	66
Ethnicity Unknown	0	0	0	0	0
Total	66	0	0	0	66

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	15.00
Certified Aides	29.00
Other Health Staff	0.00
Non-Health Staff	28.00
Totals	76.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
43.6%	35.3%	6.1%	3.5%	11.6%	100.0%		0.0%
2,477,547	2,004,006	344,092	198,839	659,434	5,683,918	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MEADOWBROOK ESTATES
319 NORTH LOCUST
MCLEANSBORO, IL. 62859

Reference Numbers Facility ID 6011399
Health Service Area 005 Planning Service Area 059

Administrator
Robin Cimera

Contact Person and Telephone
Tonya Lindsey
618-244-7701

Date Completed
4/8/2012

Registered Agent Information
Tonya Lindsey
2025B Broadway, P.O. Box 705
Mount Vernon, IL 62864

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	14

Total Residents Diagnosed as Mentally Ill 4

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	14	2	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	2
Residents on 12/31/2011	14
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5575	95.5%	0	0	0	0	5575	95.5%	95.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5575	95.5%	0	0	0	0	5575	95.5%	95.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	1	0	0	2	1	3
45 to 59	0	0	0	0	2	3	0	0	2	3	5
60 to 64	0	0	0	0	1	2	0	0	1	2	3
65 to 74	0	0	0	0	1	1	0	0	1	1	2
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	7	7	0	0	7	7	14

MEADOWBROOK ESTATES
319 NORTH LOCUST
MCLEANSBORO, IL. 62859

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 059

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	122	122
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.20
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	1.50
Totals	11.95

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	85.7%	0.0%	0.0%	14.3%	100.0%		0.0%
0	579,920	0	0	96,606	676,526	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MEADOWBROOK MANOR
431 WEST REMINGTON BOULEVARD
BOLINGBROOK, IL. 60440

Reference Numbers Facility ID 6013120
Health Service Area 009 Planning Service Area 197

Administrator
RALPH RICANA

Contact Person and Telephone
RALPH RICANA
(630)759-1112

Registered Agent Information
Charles Sheets
161 N. Clark St., Suite 4200
Chicago, IL 60601

Date Completed
4/8/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System Non Alzheimer	23
Alzheimer Disease	56
Mental Illness	0
Developmental Disability	1
Circulatory System	47
Respiratory System	32
Digestive System	18
Genitourinary System Disorders	20
Skin Disorders	4
Musculo-skeletal Disorders	25
Injuries and Poisonings	0
Other Medical Conditions	29
Non-Medical Conditions	0
TOTALS	272

Total Residents Diagnosed as Mentally Ill 1

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	298	298	279	298	272	26	298	298
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	298	298	279	298	272	26	298	298

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	273
Total Admissions 2011	294
Total Discharges 2011	295
Residents on 12/31/2011	272
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12032	11.1%	76642	70.5%	1427	1067	7936	0	99104	91.1%	91.1%
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	12032	11.1%	76642	70.5%	1427	1067	7936	0	99104	91.1%	91.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	6	0	0	0	0	0	0	2	6	8
60 to 64	25	16	0	0	0	0	0	0	25	16	41
65 to 74	28	27	0	0	0	0	0	0	28	27	55
75 to 84	31	35	0	0	0	0	0	0	31	35	66
85+	52	50	0	0	0	0	0	0	52	50	102
TOTALS	138	134	0	0	0	0	0	0	138	134	272

MEADOWBROOK MANOR
431 WEST REMINGTON BOULEVARD
BOLINGBROOK, IL. 60440

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	217	3	5	22	0	272
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	25	217	3	5	22	0	272

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	186
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	13	0	0	0	13
American Indian	0	0	0	0	0
Black	75	0	0	0	75
Hawaiian/Pacific Isl.	0	0	0	0	0
White	184	0	0	0	184
Race Unknown	0	0	0	0	0
Total	272	0	0	0	272

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	26	0	0	0	26
Non-Hispanic	246	0	0	0	246
Ethnicity Unknown	0	0	0	0	0
Total	272	0	0	0	272

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	26.00
LPN's	35.00
Certified Aides	125.00
Other Health Staff	17.00
Non-Health Staff	84.00
Totals	289.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
30.2%	60.0%	1.2%	2.1%	6.5%	100.0%		0.0%
6,227,718	12,388,020	251,144	435,636	1,349,679	20,652,197	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MEADOWBROOK MANOR
720 RAYMOND DRIVE
NAPERVILLE, IL. 60563

Reference Numbers Facility ID 6014518
Health Service Area 007 Planning Service Area 703

Administrator
Jennifer Allen

Contact Person and Telephone
Kanchana Karanth
(630)355-0220

Date Completed
4/18/2013

Registered Agent Information
Charles Sheets
161 N. Clark Street, Suite 4200
Chicago, IL 60601

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	10
Blood Disorders	8
*Nervous System Non Alzheimer	25
Alzheimer Disease	46
Mental Illness	0
Developmental Disability	0
Circulatory System	50
Respiratory System	9
Digestive System	12
Genitourinary System Disorders	13
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	45
Non-Medical Conditions	0
TOTALS	238

Total Residents Diagnosed as Mentally Ill 1

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	245	245	243	245	238	7	245	245
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	245	245	243	245	238	7	245	245

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	226
Total Admissions 2011	394
Total Discharges 2011	382
Residents on 12/31/2011	238
Identified Offenders	3

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7643	8.5%	69175	77.4%	0	850	8311	0	85979	96.1%	96.1%
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	7643	8.5%	69175	77.4%	0	850	8311	0	85979	96.1%	96.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	4	0	0	0	0	0	0	0	4	0	4
60 to 64	5	6	0	0	0	0	0	0	5	6	11
65 to 74	9	22	0	0	0	0	0	0	9	22	31
75 to 84	24	57	0	0	0	0	0	0	24	57	81
85+	19	90	0	0	0	0	0	0	19	90	109
TOTALS	63	175	0	0	0	0	0	0	63	175	238

MEADOWBROOK MANOR
720 RAYMOND DRIVE
NAPERVILLE, IL. 60563

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	191	0	3	23	0	238
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	191	0	3	23	0	238

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	195
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	13	0	0	0	13
American Indian	0	0	0	0	0
Black	18	0	0	0	18
Hawaiian/Pacific Isl.	0	0	0	0	0
White	207	0	0	0	207
Race Unknown	0	0	0	0	0
Total	238	0	0	0	238

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	229	0	0	0	229
Ethnicity Unknown	0	0	0	0	0
Total	238	0	0	0	238

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	10.00
Certified Aides	66.00
Other Health Staff	20.00
Non-Health Staff	64.00
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
21.8%	68.2%	0.0%	1.8%	8.2%	100.0%		0.0%
3,787,244	11,863,990	0	314,049	1,417,930	17,383,213	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MEADOWBROOK MANOR LAGRANGE
339 SOUTH 9TH STREET
LAGRANGE, IL. 60525

Reference Numbers Facility ID 6016281
Health Service Area 007 Planning Service Area 705

Administrator
Kathleen Sefcik

Contact Person and Telephone
Kathleen Sefcik
708-354-4660

Date Completed
4/12/2013

Registered Agent Information
Charles Sheets
161 North Clark Street, Suite 4200
Chicago, IL 60601

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	7
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	9
Other Medical Conditions	80
Non-Medical Conditions	0
TOTALS	121
Total Residents Diagnosed as Mentally Ill	29

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	197	197	132	197	121	76	94	197
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	197	197	132	197	121	76	94	197

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	122
Total Admissions 2011	125
Total Discharges 2011	126
Residents on 12/31/2011	121
Identified Offenders	3

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4807	14.0%	29839	41.5%	0	871	9896	0	45413	63.2%	63.2%
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	4807	14.0%	29839	41.5%	0	871	9896	0	45413	63.2%	63.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	4	0	0	0	0	0	0	2	4	6
60 to 64	7	7	0	0	0	0	0	0	7	7	14
65 to 74	6	16	0	0	0	0	0	0	6	16	22
75 to 84	6	26	0	0	0	0	0	0	6	26	32
85+	7	40	0	0	0	0	0	0	7	40	47
TOTALS	28	93	0	0	0	0	0	0	28	93	121

MEADOWBROOK MANOR LAGRANGE
339 SOUTH 9TH STREET
LAGRANGE, IL. 60525

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	76	0	1	34	0	121
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	76	0	1	34	0	121

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	169	162
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	112	0	0	0	112
Race Unknown	0	0	0	0	0
Total	121	0	0	0	121

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	13	0	0	0	13
Non-Hispanic	108	0	0	0	108
Ethnicity Unknown	0	0	0	0	0
Total	121	0	0	0	121

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	17.00
Certified Aides	22.00
Other Health Staff	2.00
Non-Health Staff	49.00
Totals	97.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
26.0%	53.1%	0.0%	4.0%	16.9%	100.0%		0.0%
2,326,430	4,750,657	0	355,168	1,506,744	8,938,999	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MEADOWOOD
SECOND AND COMMERCE
GRAYVILLE, IL. 62844

Reference Numbers Facility ID 6005987
Health Service Area 005 Planning Service Area 193

Administrator
Michael A. Cunningham

Contact Person and Telephone
MICHAEL A. CUNNINGHAM
(618) 375-2171

Registered Agent Information

Date Completed
4/5/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	6
Mental Illness	5
Developmental Disability	2
Circulatory System	13
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	42

Total Residents Diagnosed as Mentally Ill 19

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	74	74	52	74	42	32	10	74
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	74	74	52	74	42	32	10	74

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	52
Total Admissions 2011	23
Total Discharges 2011	33
Residents on 12/31/2011	42
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1510	41.4%	11773	43.6%	208	0	3810	0	17301	64.1%	64.1%
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	1510	41.4%	11773	43.6%	208	0	3810	0	17301	64.1%	64.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	3	8	0	0	0	0	0	0	3	8	11
85+	4	21	0	0	0	0	0	0	4	21	25
TOTALS	9	33	0	0	0	0	0	0	9	33	42

MEADOWOOD
SECOND AND COMMERCE
GRAYVILLE, IL. 62844

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 193

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	28	0	0	8	0	42
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	28	0	0	8	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	120
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	41	0	0	0	41
Race Unknown	0	0	0	0	0
Total	42	0	0	0	42

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	42	0	0	0	42
Ethnicity Unknown	0	0	0	0	0
Total	42	0	0	0	42

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	8.00
Certified Aides	27.00
Other Health Staff	0.00
Non-Health Staff	19.00
Totals	61.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
27.3%	35.6%	0.6%	0.0%	36.5%	100.0%		0.0%
633,853	826,105	14,277	0	848,326	2,322,561	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MEADOWS
3250 SOUTH PLUM GROVE ROAD
ROLLING MEADOWS, IL. 60008

Reference Numbers Facility ID 6005995
Health Service Area 007 Planning Service Area 701

Administrator
Robin Witt

Contact Person and Telephone
ROBIN WITT
847-397-0055

Date Completed
3/30/2013

Registered Agent Information
Byrn T. Witt
747 S. Arlington Heights Road
Arlington Heights, IL 60005

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	83
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	83

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	99	99	86	99	83	16		99
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	86	99	83	16	0	99

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	84
Total Admissions 2011	6
Total Discharges 2011	7
Residents on 12/31/2011	83
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			30075	83.2%	0	0	640	0	30715	85.0%	85.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	30075	83.2%	0	0	640	0	30715	85.0%	85.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	4	0	0	5	4	9
45 to 59	0	0	0	0	14	15	0	0	14	15	29
60 to 64	0	0	0	0	13	10	0	0	13	10	23
65 to 74	0	0	0	0	8	8	0	0	8	8	16
75 to 84	0	0	0	0	2	4	0	0	2	4	6
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	42	41	0	0	42	41	83

MEADOWS
3250 SOUTH PLUM GROVE ROAD
ROLLING MEADOWS, IL. 60008

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		82	0	0	1	0	83
Sheltered Care			0	0	0	0	0
TOTALS	0	82	0	0	1	0	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	177	136
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	2	0	2
American Indian	0	0	1	0	1
Black	0	0	6	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	74	0	74
Race Unknown	0	0	0	0	0
Total	0	0	83	0	83

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	82	0	82
Ethnicity Unknown	0	0	0	0	0
Total	0	0	83	0	83

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	7.00
Certified Aides	26.00
Other Health Staff	1.00
Non-Health Staff	29.00
Totals	67.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	97.4%	0.0%	0.0%	2.6%	100.0%		0.0%
0	4,053	0	0	108	4,162	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MEADOWS MENNONITE HOME
24588 CHURCH STREET
CHENOA, IL. 61726

Reference Numbers Facility ID 6006001
Health Service Area 004 Planning Service Area 113

Administrator
Robert O. Bertsche

Contact Person and Telephone
ROBERT O. BERTSCHE
309-747-3639

Date Completed
4/2/2013

Registered Agent Information
Robert O. Bertsche
24588 Church Street
Chenoa, IL 61726

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	58
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	14
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	1
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	93

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	130	114	102	114	93	37	116	130
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	29	3	0	3	0	29		
TOTAL BEDS	159	117	102	117	93	66	116	130

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	97
Total Admissions 2011	93
Total Discharges 2011	97
Residents on 12/31/2011	93
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3426	8.1%	15783	33.3%	0	43	15967	0	35219	74.2%	84.6%
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	3426	8.1%	15783	33.3%	0	43	15967	0	35219	60.7%	82.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	2	1	0	0	0	0	0	0	2	1	3
75 to 84	11	26	0	0	0	0	0	0	11	26	37
85+	13	38	0	0	0	0	0	0	13	38	51
TOTALS	27	66	0	0	0	0	0	0	27	66	93

MEADOWS MENNONITE HOME
24588 CHURCH STREET
CHENOA, IL. 61726

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 113

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	38	0	0	43	0	93
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	38	0	0	43	0	93

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	205
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	75	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	93	0	0	0	93
Race Unknown	0	0	0	0	0
Total	93	0	0	0	93

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	93	0	0	0	93
Ethnicity Unknown	0	0	0	0	0
Total	93	0	0	0	93

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	9.00
Certified Aides	49.00
Other Health Staff	3.00
Non-Health Staff	38.00
Totals	108.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
27.3%	28.1%	0.0%	6.0%	38.5%	100.0%		0.0%
2,054,119	2,111,312	0	454,455	2,896,235	7,516,121	375	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MEDINA NURSING CENTER
402 S. CENTER ST
DURAND, IL. 61024

Reference Numbers Facility ID 6006019
Health Service Area 001 Planning Service Area 201

Administrator
Holgeir Oksnevad

Contact Person and Telephone
HOLGEIR OKSNEVAD
815-248-2151

Registered Agent Information

Date Completed
3/21/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	18
Mental Illness	1
Developmental Disability	0
Circulatory System	13
Respiratory System	8
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	4
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	63
Total Residents Diagnosed as Mentally Ill	13

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	89	87	72	87	63	26	89	89
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	89	87	72	87	63	26	89	89

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	66
Total Admissions 2011	63
Total Discharges 2011	66
Residents on 12/31/2011	63
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2144	6.6%	15612	48.1%	0	337	5605	0	23698	73.0%	74.6%
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	2144	6.6%	15612	48.1%	0	337	5605	0	23698	73.0%	74.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	7	16	0	0	0	0	0	0	7	16	23
85+	8	24	0	0	0	0	0	0	8	24	32
TOTALS	17	46	0	0	0	0	0	0	17	46	63

MEDINA NURSING CENTER
402 S. CENTER ST
DURAND, IL. 61024

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	40	0	0	17	0	63
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	40	0	0	17	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	63	0	0	0	63
Race Unknown	0	0	0	0	0
Total	63	0	0	0	63

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	63	0	0	0	63
Ethnicity Unknown	0	0	0	0	0
Total	63	0	0	0	63

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	4.00
Certified Aides	33.00
Other Health Staff	0.00
Non-Health Staff	41.00
Totals	88.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
26.5%	41.0%	7.5%	0.0%	24.9%	100.0%		12.6%
1,261,408	1,951,580	358,225	0	1,183,408	4,754,623	598,727	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MEMORIAL CARE CENTER
4315 MEMORIAL DRIVE
BELLEVILLE, IL. 62226

Reference Numbers Facility ID 6006035
Health Service Area 011 Planning Service Area 163

Administrator
Anne B. Crook

Contact Person and Telephone
ANNE B. CROOK
618-257-5768

Date Completed
4/2/2013

Registered Agent Information
Mark J. Turner
4500 Memorial Drive
Belleville, IL 62226

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	28
Injuries and Poisonings	1
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	52

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	108	63	63	63	52	56	108	8
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	108	63	63	63	52	56	108	8

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	48
Total Admissions 2011	948
Total Discharges 2011	944
Residents on 12/31/2011	52
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	14455	36.7%	323	11.1%	69	5814	62	0	20723	52.6%	90.1%
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	14455	36.7%	323	11.1%	69	5814	62	0	20723	52.6%	90.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	6	2	0	0	0	0	0	0	6	2	8
75 to 84	7	19	0	0	0	0	0	0	7	19	26
85+	2	16	0	0	0	0	0	0	2	16	18
TOTALS	15	37	0	0	0	0	0	0	15	37	52

MEMORIAL CARE CENTER
4315 MEMORIAL DRIVE
BELLEVILLE, IL. 62226

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	42	0	0	10	0	0	52
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	42	0	0	10	0	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	193	202
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	43	0	0	0	43
Race Unknown	0	0	0	0	0
Total	52	0	0	0	52

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	51	0	0	0	51
Ethnicity Unknown	0	0	0	0	0
Total	52	0	0	0	52

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.00
LPN's	4.00
Certified Aides	29.00
Other Health Staff	22.00
Non-Health Staff	25.00
Totals	103.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
65.2%	0.4%	0.2%	33.8%	0.5%	100.0%		0.0%
5,771,712	35,112	14,585	2,989,464	44,027	8,854,900	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MEMORIAL MEDICAL CENTER
527 WEST SOUTH STREET
WOODSTOCK, IL. 60098

Reference Numbers Facility ID 6013981
Health Service Area 008 Planning Service Area 111

Administrator
MICHAEL S. EESLEY

Contact Person and Telephone
LORI SULLIVAN
815-334-5517

Registered Agent Information

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	0
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	40	30	21	12	0	40	40	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	40	30	21	12	0	40	40	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	428
Total Discharges 2011	444
Residents on 12/31/2011	0
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2910	19.9%	0	0.0%	0	727	7	381	4025	27.6%	36.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2910	19.9%	0	0.0%	0	727	7	381	4025	27.6%	36.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	0	0	0	0	0	0

MEMORIAL MEDICAL CENTER
527 WEST SOUTH STREET
WOODSTOCK, IL. 60098

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	0	0	0

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	754	754
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	0	0	0	0	0
Total	0	0	0	0	0

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.20
LPN's	0.00
Certified Aides	4.20
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	10.40

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
72.8%	0.2%	0.0%	27.0%	0.0%	100.0%		36.7%
2,130,674	5,598	0	789,795	0	2,926,067	########	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MENDOTA LUTHERAN HOME
500 6TH STREET
MENDOTA, IL. 61342

Reference Numbers Facility ID 6006050
Health Service Area 002 Planning Service Area 099

Administrator
Jon M Ragsdale

Contact Person and Telephone
JON RAGSDALE
8155397439

Registered Agent Information

Date Completed
3/27/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	15
Digestive System	1
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	3
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	82

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	99	99	91	99	77	22	113	52
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	14	9	5	9	5	9		
TOTAL BEDS	113	108	96	108	82	31	113	52

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	92
Total Admissions 2011	61
Total Discharges 2011	71
Residents on 12/31/2011	82
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4356	10.6%	13559	71.4%	0	0	11826	0	29741	82.3%	82.3%
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	1702	0	1702	33.3%	51.8%
TOTALS	4356	10.6%	13559	71.4%	0	0	13528	0	31443	76.2%	79.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	1	5	0	0	0	0	0	0	1	5	6
75 to 84	6	19	0	0	0	0	1	0	7	19	26
85+	11	34	0	0	0	0	1	3	12	37	49
TOTALS	19	58	0	0	0	0	2	3	21	61	82

MENDOTA LUTHERAN HOME
500 6TH STREET
MENDOTA, IL. 61342

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	34	0	0	37	0	77
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	5	0	5
TOTALS	6	34	0	0	42	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	218	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	109	97

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	77	0	0	5	82
Race Unknown	0	0	0	0	0
Total	77	0	0	5	82

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	75	0	0	5	80
Ethnicity Unknown	0	0	0	0	0
Total	77	0	0	5	82

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	8.00
Certified Aides	46.00
Other Health Staff	41.00
Non-Health Staff	0.00
Totals	111.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
35.4%	27.6%	0.0%	0.0%	37.0%	100.0%		0.0%
2,469,568	1,922,605	0	0	2,579,100	6,971,273	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MERCER COUNTY NURSING HOME
309 NW 9TH AVENUE
ALEDO, IL. 61231

Reference Numbers Facility ID 6006076
Health Service Area 010 Planning Service Area 131

Administrator
Myron Higgins

Contact Person and Telephone
MARYBETH SACKVILLE
309.582.5361 ext 22

Date Completed
4/9/2013

Registered Agent Information
Tom Haines
Mercer County Courthouse
Aledo, IL 61231

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	12
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	0
Digestive System	3
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	40
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	87

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	92	92	92	91	87	5	0	92
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	92	92	92	91	87	5	0	92

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	86
Total Admissions 2011	82
Total Discharges 2011	81
Residents on 12/31/2011	87
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1076	0.0%	14648	43.6%	0	4	15864	0	31592	94.1%	94.1%
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	1076	0.0%	14648	43.6%	0	4	15864	0	31592	94.1%	94.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	5	21	0	0	0	0	0	0	5	21	26
85+	5	49	0	0	0	0	0	0	5	49	54
TOTALS	13	74	0	0	0	0	0	0	13	74	87

MERCER COUNTY NURSING HOME
309 NW 9TH AVENUE
ALEDO, IL. 61231

Reference Numbers Facility ID **Health Service Area** 010 **Planning Service Area** 131

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	41	0	0	43	0	87
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	41	0	0	43	0	87

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	153	142
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	87	0	0	0	87
Race Unknown	0	0	0	0	0
Total	87	0	0	0	87

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	86	0	0	0	86
Ethnicity Unknown	0	0	0	0	0
Total	87	0	0	0	87

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	10.00
Certified Aides	35.00
Other Health Staff	0.00
Non-Health Staff	30.00
Totals	80.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
9.6%	43.8%	0.0%	0.0%	46.6%	100.0%		0.0%
445,408	2,042,618	0	0	2,171,234	4,659,260	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MERCY HARVARD HOSPITAL CARE CENTER
901 GRANT STREET
HARVARD, IL. 60033

Reference Numbers Facility ID 9111001
Health Service Area 008 Planning Service Area 111

Administrator
Katherine Kus

Contact Person and Telephone
KATHERINE KUS
815-943-2967

Registered Agent Information

Date Completed
3/26/2012

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	17
Total Residents Diagnosed as Mentally Ill	6

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	45	22	22	22	17	28	34	6
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	45	22	22	22	17	28	34	6

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	19
Total Admissions 2011	132
Total Discharges 2011	134
Residents on 12/31/2011	17
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2496	20.1%	776	35.4%	0	213	2855	0	6340	38.6%	79.0%
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	2496	20.1%	776	35.4%	0	213	2855	0	6340	38.6%	79.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	5	2	0	0	0	0	0	0	5	2	7
85+	1	8	0	0	0	0	0	0	1	8	9
TOTALS	6	11	0	0	0	0	0	0	6	11	17

MERCY HARVARD HOSPITAL CARE CENTER
901 GRANT STREET
HARVARD, IL. 60033

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	2	0	0	7	0	17
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	2	0	0	7	0	17

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	192
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	17	0	0	0	17
Race Unknown	0	0	0	0	0
Total	17	0	0	0	17

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	17	0	0	0	17
Ethnicity Unknown	0	0	0	0	0
Total	17	0	0	0	17

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.20
LPN's	0.50
Certified Aides	11.60
Other Health Staff	5.00
Non-Health Staff	0.00
Totals	24.30

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
61.8%	12.4%	0.0%	1.9%	23.9%	100.0%		0.0%
1,125,196	224,963	0	35,137	435,742	1,821,038	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MERIDIAN VILLAGE
27 AUERBACH PLACE
GLEN CARBON, IL. 62034

Reference Numbers Facility ID 6015812
Health Service Area 011 Planning Service Area 119

Administrator
Jacqueline Bogner

Contact Person and Telephone
Jacqueline Bogner
618-205-4201

Registered Agent Information

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	2
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	63

Total Residents Diagnosed as Mentally Ill 5

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	70	67	67	67	63	7	70	12
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	70	67	67	67	63	7	70	12

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	63
Total Admissions 2011	217
Total Discharges 2011	217
Residents on 12/31/2011	63
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4945	19.4%	2166	49.5%	0	372	15830	0	23313	91.2%	95.3%
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	4945	19.4%	2166	49.5%	0	372	15830	0	23313	91.2%	95.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	1	3	0	0	0	0	0	0	1	3	4
75 to 84	6	10	0	0	0	0	0	0	6	10	16
85+	9	33	0	0	0	0	0	0	9	33	42
TOTALS	16	47	0	0	0	0	0	0	16	47	63

MERIDIAN VILLAGE
27 AUERBACH PLACE
GLEN CARBON, IL. 62034

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	5	1	0	49	0	63
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	5	1	0	49	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	264	208
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	63	0	0	0	63
Race Unknown	0	0	0	0	0
Total	63	0	0	0	63

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	63	0	0	0	63
Ethnicity Unknown	0	0	0	0	0
Total	63	0	0	0	63

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	8.20
LPN's	8.40
Certified Aides	32.40
Other Health Staff	0.00
Non-Health Staff	14.40
Totals	66.40

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
37.6%	1.5%	0.0%	2.3%	58.7%	100.0%		0.0%
2,406,432	93,339	0	144,371	3,763,420	6,407,562	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

METHODIST HOSPITAL OF CHICAGO
5025 NORTH PAULINA STREET
CHICAGO, IL. 60640

Reference Numbers Facility ID 6012488
Health Service Area 006 Planning Service Area 601

Administrator
Jeffrey Kalkowski

Contact Person and Telephone
Jim Gregory
773-989-1469

Registered Agent Information

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	0
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	23	8	0	0	0	21	21
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	0	23	8	0	0	0	21	21

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	5
Total Admissions 2011	41
Total Discharges 2011	46
Residents on 12/31/2011	0
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	397	5.2%	0	0.0%	0	0	0	0	397	0.0%	4.7%
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	397	5.2%	0	0.0%	0	0	0	0	397	#Div/0!	4.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	0	0	0	0	0	0

METHODIST HOSPITAL OF CHICAGO
5025 NORTH PAULINA STREET
CHICAGO, IL. 60640

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	0	0	0

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	500
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	0	0	0	0	0
Total	0	0	0	0	0

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	0.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
100.0%	0.0%	0.0%	0.0%	0.0%	100.0%		0.0%
198,500	0	0	0	0	198,500	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

METROPOLIS NURSING & REHAB CENTER
2299 METROPOLIS STREET
METROPOLIS, IL. 62960

Reference Numbers Facility ID 6006118
Health Service Area 005 Planning Service Area 087

Administrator
Kristi Karch

Contact Person and Telephone
KRISTI KARCH
608-524-2634

Registered Agent Information
n/a

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	19
Mental Illness	1
Developmental Disability	2
Circulatory System	16
Respiratory System	12
Digestive System	4
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	74

Total Residents Diagnosed as Mentally Ill 1

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	103	92	84	87	74	29	103	103
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	103	92	84	87	74	29	103	103

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	71
Total Admissions 2011	302
Total Discharges 2011	299
Residents on 12/31/2011	74
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4951	13.2%	16120	42.9%	0	252	6580	0	27903	74.2%	83.1%
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	4951	13.2%	16120	42.9%	0	252	6580	0	27903	74.2%	83.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	4	4	0	0	0	0	0	0	4	4	8
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	3	6	0	0	0	0	0	0	3	6	9
75 to 84	4	13	0	0	0	0	0	0	4	13	17
85+	8	29	0	0	0	0	0	0	8	29	37
TOTALS	21	53	0	0	0	0	0	0	21	53	74

METROPOLIS NURSING & REHAB CENTER
2299 METROPOLIS STREET
METROPOLIS, IL. 62960

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 087

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	40	0	1	21	0	74
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	40	0	1	21	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	136	115
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	70	0	0	0	70
Race Unknown	0	0	0	0	0
Total	74	0	0	0	74

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	74	0	0	0	74
Ethnicity Unknown	0	0	0	0	0
Total	74	0	0	0	74

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	9.00
Certified Aides	36.00
Other Health Staff	0.00
Non-Health Staff	9.00
Totals	63.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
41.9%	35.8%	0.0%	3.0%	19.3%	100.0%		0.0%
2,151,821	1,840,110	0	153,907	991,229	5,137,067	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MID AMERICA CARE CENTER
4920 NORTH KENMORE
CHICAGO, IL. 60640

Reference Numbers Facility ID 6006134
Health Service Area 006 Planning Service Area 601

Administrator
Yehoshua Davis

Contact Person and Telephone
MICHAEL APPLEBAUM
773-769-2700

Registered Agent Information

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	35
Blood Disorders	17
*Nervous System Non Alzheimer	8
Alzheimer Disease	11
Mental Illness	68
Developmental Disability	6
Circulatory System	87
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	11
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	262
Total Residents Diagnosed as Mentally Ill	121

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	310	302	276	302	262	48	310	310
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	310	302	276	302	262	48	310	310

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	267
Total Admissions 2011	229
Total Discharges 2011	234
Residents on 12/31/2011	262
Identified Offenders	19

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6294	5.6%	87551	77.4%	1069	225	1319	0	96458	85.2%	87.5%
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	6294	5.6%	87551	77.4%	1069	225	1319	0	96458	85.2%	87.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	3	0	0	0	0	0	0	3	3	6
45 to 59	37	22	0	0	0	0	0	0	37	22	59
60 to 64	33	21	0	0	0	0	0	0	33	21	54
65 to 74	41	20	0	0	0	0	0	0	41	20	61
75 to 84	26	31	0	0	0	0	0	0	26	31	57
85+	9	16	0	0	0	0	0	0	9	16	25
TOTALS	149	113	0	0	0	0	0	0	149	113	262

MID AMERICA CARE CENTER
4920 NORTH KENMORE
CHICAGO, IL. 60640

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	239	4	2	3	0	262
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	239	4	2	3	0	262

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	200
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	26	0	0	0	26
American Indian	2	0	0	0	2
Black	114	0	0	0	114
Hawaiian/Pacific Isl.	0	0	0	0	0
White	120	0	0	0	120
Race Unknown	0	0	0	0	0
Total	262	0	0	0	262

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	31	0	0	0	31
Non-Hispanic	231	0	0	0	231
Ethnicity Unknown	0	0	0	0	0
Total	262	0	0	0	262

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	22.00
LPN's	18.00
Certified Aides	83.00
Other Health Staff	19.00
Non-Health Staff	69.00
Totals	213.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
14.0%	84.3%	0.0%	0.0%	1.8%	100.0%		0.0%
2,096,969	12,643,905	0	0	264,451	15,005,325	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MIDWAY NEUROLOGICAL & REHAB CENTER
8540 SOUTH HARLEM AVENUE
BRIDGEVIEW, IL. 60455

Reference Numbers Facility ID 6003826
Health Service Area 007 Planning Service Area 705

Administrator
BLAKE WILLEY

Contact Person and Telephone
JOSHUA GRABER
708-598-2605

Date Completed
4/19/2013

Registered Agent Information
DAVID GROSS
240 FENCL LANE
Hillside, IL 60162

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	21
Blood Disorders	13
*Nervous System Non Alzheimer	1
Alzheimer Disease	35
Mental Illness	115
Developmental Disability	21
Circulatory System	1
Respiratory System	15
Digestive System	5
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	16
Injuries and Poisonings	0
Other Medical Conditions	62
Non-Medical Conditions	4
TOTALS	318

Total Residents Diagnosed as Mentally Ill 115

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	404	404	331	404	318	86	404	404
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	404	404	331	404	318	86	404	404

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	313
Total Admissions 2011	294
Total Discharges 2011	289
Residents on 12/31/2011	318
Identified Offenders	35

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10848	7.4%	102301	69.4%	0	2041	1595	0	116785	79.2%	79.2%
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	10848	7.4%	102301	69.4%	0	2041	1595	0	116785	79.2%	79.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	24	13	0	0	0	0	0	0	24	13	37
45 to 59	86	51	0	0	0	0	0	0	86	51	137
60 to 64	23	19	0	0	0	0	0	0	23	19	42
65 to 74	35	20	0	0	0	0	0	0	35	20	55
75 to 84	12	20	0	0	0	0	0	0	12	20	32
85+	3	12	0	0	0	0	0	0	3	12	15
TOTALS	183	135	0	0	0	0	0	0	183	135	318

MIDWAY NEUROLOGICAL & REHAB CENTER
8540 SOUTH HARLEM AVENUE
BRIDGEVIEW, IL. 60455

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	291	0	4	4	0	318
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	291	0	4	4	0	318

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	133	0	0	0	133
Hawaiian/Pacific Isl.	0	0	0	0	0
White	177	0	0	0	177
Race Unknown	6	0	0	0	6
Total	318	0	0	0	318

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	26	0	0	0	26
Non-Hispanic	292	0	0	0	292
Ethnicity Unknown	0	0	0	0	0
Total	318	0	0	0	318

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	4.00
LPN's	32.00
Certified Aides	67.00
Other Health Staff	8.00
Non-Health Staff	72.00
Totals	188.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
24.2%	74.3%	0.0%	1.5%	0.0%	100.0%		0.0%
4,806,491	14,740,653	0	303,929	0	19,851,073	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MIDWEST REHAB & RESPIRATORY CENTER
727 NORTH 17TH STREET
BELLEVILLE, IL. 62226

Reference Numbers Facility ID 6001341
Health Service Area 011 Planning Service Area 163

Administrator
Jason Jones

Contact Person and Telephone
Jason Jones
618-234-3323

Date Completed
4/15/2013

Registered Agent Information
Lawrence Schwartz
8170 North McCormick Blvd Suite 219
SKOKIE, IL 60076

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	15
Mental Illness	35
Developmental Disability	0
Circulatory System	0
Respiratory System	18
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	82
Total Residents Diagnosed as Mentally Ill	42

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	180	180	129	180	82	98	135	180
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	180	180	129	180	82	98	135	180

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	129
Total Admissions 2011	67
Total Discharges 2011	114
Residents on 12/31/2011	82
Identified Offenders	4

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1128	2.3%	38730	58.9%	892	0	129	0	40879	62.2%	62.2%
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	1128	2.3%	38730	58.9%	892	0	129	0	40879	62.2%	62.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	3	0	0	0	0	0	0	1	3	4
45 to 59	15	11	0	0	0	0	0	0	15	11	26
60 to 64	6	9	0	0	0	0	0	0	6	9	15
65 to 74	6	9	0	0	0	0	0	0	6	9	15
75 to 84	8	6	0	0	0	0	0	0	8	6	14
85+	1	7	0	0	0	0	0	0	1	7	8
TOTALS	37	45	0	0	0	0	0	0	37	45	82

MIDWEST REHAB & RESPIRATORY CENTER
727 NORTH 17TH STREET
BELLEVILLE, IL. 62226

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	76	3	0	0	0	82
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	76	3	0	0	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	130
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	1	0	0	0	1
Black	46	0	0	0	46
Hawaiian/Pacific Isl.	0	0	0	0	0
White	33	0	0	0	33
Race Unknown	0	0	0	0	0
Total	82	0	0	0	82

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	82	0	0	0	82
Ethnicity Unknown	0	0	0	0	0
Total	82	0	0	0	82

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.50
LPN's	14.00
Certified Aides	20.00
Other Health Staff	4.00
Non-Health Staff	20.00
Totals	62.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
12.6%	88.4%	0.0%	0.2%	0.0%	101.3%		0.0%
751,689	5,257,596	0	13,650	-77,170	5,945,765	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MILESTONE - ELMWOOD EAST
2642 ELMWOOD ROAD
ROCKFORD, IL. 61103

Reference Numbers Facility ID 6006159
Health Service Area 001 Planning Service Area 201

Administrator
Joanna Grahn

Contact Person and Telephone
JOANNA GRAHN
815-639-2745

Registered Agent Information

Date Completed
4/25/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	12

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	12	0		12
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	12	0	0	12

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	12
Total Admissions 2011	4
Total Discharges 2011	4
Residents on 12/31/2011	12
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4188	95.6%	0	0	0	0	4188	95.6%	95.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4188	95.6%	0	0	0	0	4188	95.6%	95.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	3	0	0	3	3	6
45 to 59	0	0	0	0	2	1	0	0	2	1	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	1	2	0	0	1	2	3
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	6	6	0	0	6	6	12

MILESTONE - ELMWOOD EAST
2642 ELMWOOD ROAD
ROCKFORD, IL. 61103

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	200	185
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	10	0	10
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	3.00
Totals	13.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	79.2%	6.2%	0.0%	14.6%	100.0%		0.0%
0	476,713	37,042	0	88,126	601,881	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MILESTONE - ELMWOOD HEIGHTS
2662 ELMWOOD ROAD
ROCKFORD, IL. 61103

Reference Numbers Facility ID 6006142
Health Service Area 001 Planning Service Area 201

Administrator
Joanna Grahn

Contact Person and Telephone
JOANNA GRAHN
815-639-2745

Registered Agent Information

Date Completed
4/25/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	84
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	84

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	84	84	84	84	84	0		84
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	84	84	84	84	84	0	0	84

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	84
Total Admissions 2011	5
Total Discharges 2011	5
Residents on 12/31/2011	84
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			30684	######	0	0	0	0	30684	100.1%	100.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	30684	######	0	0	0	0	30684	100.1%	100.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	28	18	0	0	28	18	46
45 to 59	0	0	0	0	11	9	0	0	11	9	20
60 to 64	0	0	0	0	3	2	0	0	3	2	5
65 to 74	0	0	0	0	6	5	0	0	6	5	11
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	49	35	0	0	49	35	84

MILESTONE - ELMWOOD HEIGHTS
2662 ELMWOOD ROAD
ROCKFORD, IL. 61103

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		84	0	0	0	0	84
Sheltered Care			0	0	0	0	0
TOTALS	0	84	0	0	0	0	84

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	210	185
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	1	0	1
Black	0	0	22	0	22
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	60	0	60
Race Unknown	0	0	0	0	0
Total	0	0	84	0	84

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	8	0	8
Non-Hispanic	0	0	76	0	76
Ethnicity Unknown	0	0	0	0	0
Total	0	0	84	0	84

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	9.50
Certified Aides	116.00
Other Health Staff	20.00
Non-Health Staff	0.00
Totals	149.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	89.4%	2.0%	0.0%	8.7%	100.0%		0.0%
0	5,184,870	114,099	0	501,863	5,800,832	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MILESTONE SUN VALLEY
3351 SUN VALLEY
ROCKFORD, IL. 61103

Reference Numbers Facility ID 6012181
Health Service Area 001 Planning Service Area 201

Administrator
THERESA RISSER

Contact Person and Telephone
THERESA RISSER

Registered Agent Information

Date Completed
4/16/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	8
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	8
Total Residents Diagnosed as Mentally Ill	3

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	8	8	8	0	8	0		8
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	8	8	8	0	8	0	0	8

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	8
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	8
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			2920	######	0	0	0	0	2920	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2920	######	0	0	0	0	2920	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	2	0	0	3	2	5
45 to 59	0	0	0	0	1	2	0	0	1	2	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	4	4	0	0	4	4	8

MILESTONE SUN VALLEY
3351 SUN VALLEY
ROCKFORD, IL. 61103

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		8	0	0	0	0	8
Sheltered Care			0	0	0	0	0
TOTALS	0	8	0	0	0	0	8

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	210	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	7	0	7
Race Unknown	0	0	0	0	0
Total	0	0	8	0	8

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	8	0	8
Ethnicity Unknown	0	0	0	0	0
Total	0	0	8	0	8

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.50
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.50
LPN's	0.00
Certified Aides	6.00
Other Health Staff	0.00
Non-Health Staff	0.50
Totals	7.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	87.4%	0.0%	0.0%	12.6%	100.0%		0.0%
0	382,024	0	0	55,015	437,039	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MILLER HEALTH CARE CENTER
1601 BUTTERFIELD TRAIL
KANKAKEE, IL. 60901

Reference Numbers Facility ID 6014294
Health Service Area 009 Planning Service Area 091

Administrator
Joshua Danko

Contact Person and Telephone
Joshua Danko
815-936-6500

Registered Agent Information
Mr. Phillip Kambic
350 N. Wall St.
Kankakee, IL 60901

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	3
Mental Illness	1
Developmental Disability	0
Circulatory System	28
Respiratory System	11
Digestive System	2
Genitourinary System Disorders	8
Skin Disorders	2
Musculo-skeletal Disorders	37
Injuries and Poisonings	0
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	115

Total Residents Diagnosed as Mentally Ill 1

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	160	160	144	160	115	45	110	10
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	160	160	144	160	115	45	110	10

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	131
Total Admissions 2011	879
Total Discharges 2011	895
Residents on 12/31/2011	115
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	18611	46.4%	3394	93.0%	0	1441	22514	359	46319	79.3%	79.3%
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	18611	46.4%	3394	93.0%	0	1441	22514	359	46319	79.3%	79.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	10	0	0	0	0	0	0	1	10	11
75 to 84	6	18	0	0	0	0	0	0	6	18	24
85+	18	60	0	0	0	0	0	0	18	60	78
TOTALS	25	90	0	0	0	0	0	0	25	90	115

MILLER HEALTH CARE CENTER
1601 BUTTERFIELD TRAIL
KANKAKEE, IL. 60901

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	47	9	0	1	58	0	115
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	47	9	0	1	58	0	115

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	191	171
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	115	0	0	0	115
Race Unknown	0	0	0	0	0
Total	115	0	0	0	115

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	114	0	0	0	114
Ethnicity Unknown	0	0	0	0	0
Total	115	0	0	0	115

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	31.00
LPN's	18.00
Certified Aides	51.00
Other Health Staff	9.00
Non-Health Staff	35.00
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
63.5%	2.9%	0.0%	1.2%	32.4%	100.0%		0.4%
9,298,213	418,509	0	177,147	4,743,874	14,637,743	60,523	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MINIAT HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6006209
Health Service Area 006 Planning Service Area 601

Administrator
Joe Ferrara

Contact Person and Telephone
MARY PAT O'BRIEN
773-273-4169

Date Completed
3/29/2013

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.
Chicago, IL 60660

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	11
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	11

Total Residents Diagnosed as Mentally Ill 5

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	11	1		12
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	11	1	0	12

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	12
Total Admissions 2011	0
Total Discharges 2011	1
Residents on 12/31/2011	11
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4365	99.7%	0	0	0	0	4365	99.7%	99.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4365	99.7%	0	0	0	0	4365	99.7%	99.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	10	0	0	0	10	0	10
45 to 59	0	0	0	0	1	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	11	0	0	0	11	0	11

MINIAT HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		11	0	0	0	0	11
Sheltered Care			0	0	0	0	0
TOTALS	0	11	0	0	0	0	11

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	218	218
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	11	0	11

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	11	0	11
Ethnicity Unknown	0	0	0	0	0
Total	0	0	11	0	11

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.06
Director of Nursing	0.00
Registered Nurses	0.11
LPN's	0.00
Certified Aides	6.00
Other Health Staff	3.18
Non-Health Staff	0.27
Totals	9.87

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	89.2%	10.5%	0.0%	0.3%	100.0%		0.0%
0	670,480	78,992	0	2,333	751,805	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MOMENCE MEADOWS NURSING & REHAB
500 SOUTH WALNUT STREET
MOMENCE, IL. 60954

Reference Numbers Facility ID 6006258
Health Service Area 009 Planning Service Area 091

Administrator
Dino Varnavas

Contact Person and Telephone
Dino Varnavas
815-472-2423

Date Completed
4/11/2013

Registered Agent Information
David Gross
240 Fencil Lane

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	16
Mental Illness	1
Developmental Disability	5
Circulatory System	38
Respiratory System	4
Digestive System	4
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	97
Total Residents Diagnosed as Mentally Ill	13

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	140	140	110	140	97	43	140	140
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	140	140	110	140	97	43	140	140

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	107
Total Admissions 2011	80
Total Discharges 2011	90
Residents on 12/31/2011	97
Identified Offenders	6

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4450	8.7%	30405	59.5%	0	467	687	0	36009	70.5%	70.5%
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	4450	8.7%	30405	59.5%	0	467	687	0	36009	70.5%	70.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	9	9	0	0	0	0	0	0	9	9	18
60 to 64	12	2	0	0	0	0	0	0	12	2	14
65 to 74	15	12	0	0	0	0	0	0	15	12	27
75 to 84	9	12	0	0	0	0	0	0	9	12	21
85+	4	12	0	0	0	0	0	0	4	12	16
TOTALS	50	47	0	0	0	0	0	0	50	47	97

MOMENCE MEADOWS NURSING & REHAB
500 SOUTH WALNUT STREET
MOMENCE, IL. 60954

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	76	0	1	5	0	97
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	76	0	1	5	0	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	36	0	0	0	36
Hawaiian/Pacific Isl.	0	0	0	0	0
White	61	0	0	0	61
Race Unknown	0	0	0	0	0
Total	97	0	0	0	97

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	95	0	0	0	95
Ethnicity Unknown	0	0	0	0	0
Total	97	0	0	0	97

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	20.00
Certified Aides	42.00
Other Health Staff	0.00
Non-Health Staff	36.00
Totals	105.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
30.3%	68.1%	0.0%	1.7%	0.0%	100.0%		0.0%
2,086,095	4,689,240	0	115,145	0	6,890,480	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MONMOUTH NURSING HOME
117 SOUTH I STREET
MONMOUTH, IL. 61462

Reference Numbers Facility ID 6006266
Health Service Area 002 Planning Service Area 071

Administrator
Joyce Juergens

Contact Person and Telephone
JOYCE JUERGENS
309-734-3811

Registered Agent Information

Date Completed
4/1/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	1
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	0
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	5
Mental Illness	7
Developmental Disability	0
Circulatory System	13
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	44
Total Residents Diagnosed as Mentally Ill	7

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	59	52	52	50	44	15	0	59
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	59	52	52	50	44	15	0	59

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	48
Total Admissions 2011	104
Total Discharges 2011	108
Residents on 12/31/2011	44
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2111	0.0%	7378	34.3%	604	1	6526	0	16620	77.2%	87.6%
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	2111	0.0%	7378	34.3%	604	1	6526	0	16620	77.2%	87.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	3	3	0	0	0	0	0	0	3	3	6
75 to 84	4	7	0	0	0	0	0	0	4	7	11
85+	6	18	0	0	0	0	0	0	6	18	24
TOTALS	16	28	0	0	0	0	0	0	16	28	44

MONMOUTH NURSING HOME
117 SOUTH I STREET
MONMOUTH, IL. 61462

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 071

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	21	2	1	17	0	44
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	21	2	1	17	0	44

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	162	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	44	0	0	0	44
Race Unknown	0	0	0	0	0
Total	44	0	0	0	44

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	44	0	0	0	44
Ethnicity Unknown	0	0	0	0	0
Total	44	0	0	0	44

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	9.00
Certified Aides	23.00
Other Health Staff	0.00
Non-Health Staff	21.00
Totals	57.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
37.9%	31.1%	2.0%	0.0%	29.0%	100.0%		0.0%
1,099,846	901,632	58,337	0	841,560	2,901,375	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MONROE PAVILION HEALTH & TREATMNT CTR
1400 WEST MONROE STREET
CHICAGO, IL. 60607

Reference Numbers Facility ID 6006290
Health Service Area 006 Planning Service Area 602

Administrator
Linda Williams

Contact Person and Telephone
LESA JAGUSCH

Registered Agent Information
Monroe Pavilion
1400 W. Monroe
Chicago, IL 60607

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	131
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	131
Total Residents Diagnosed as Mentally Ill	131

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	136	136	131	136	131	5	0	136
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	136	136	131	136	131	5	0	136

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	135
Total Admissions 2011	85
Total Discharges 2011	89
Residents on 12/31/2011	131
Identified Offenders	52

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	43800	88.2%	0	0	4015	0	47815	96.3%	96.3%
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%	43800	88.2%	0	0	4015	0	47815	96.3%	96.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	14	4	0	0	0	0	0	0	14	4	18
45 to 59	51	15	0	0	0	0	0	0	51	15	66
60 to 64	15	8	0	0	0	0	0	0	15	8	23
65 to 74	13	6	0	0	0	0	0	0	13	6	19
75 to 84	2	1	0	0	0	0	0	0	2	1	3
85+	1	1	0	0	0	0	0	0	1	1	2
TOTALS	96	35	0	0	0	0	0	0	96	35	131

MONROE PAVILION HEALTH & TREATMNT CTR
1400 WEST MONROE STREET
CHICAGO, IL. 60607

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	120	0	0	11	0	131
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	120	0	0	11	0	131

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	120
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	97	0	0	0	97
Hawaiian/Pacific Isl.	0	0	0	0	0
White	32	0	0	0	32
Race Unknown	1	0	0	0	1
Total	131	0	0	0	131

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	123	0	0	0	123
Ethnicity Unknown	1	0	0	0	1
Total	131	0	0	0	131

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	18.00
Certified Aides	27.00
Other Health Staff	8.00
Non-Health Staff	16.00
Totals	73.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	92.6%	0.0%	7.3%	0.1%	100.0%		0.0%
0	5,434,202	0	426,931	4,980	5,866,113	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MONTEBELLO HEALTH CARE CENTER
1599 KEOKUK STREET
HAMILTON, IL. 62341

Reference Numbers Facility ID 6006316
Health Service Area 003 Planning Service Area 067

Administrator
TINA BATTERTON

Contact Person and Telephone
TINA BATTERTON
217-847-3931

Date Completed
4/19/2013

Registered Agent Information
CT Corporation System
208 south LaSalle Street
Chicago, IL 60604

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	13
Injuries and Poisonings	4
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	71

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	139	90	73	90	71	68	139	139
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	139	90	73	90	71	68	139	139

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	69
Total Admissions 2011	124
Total Discharges 2011	122
Residents on 12/31/2011	71
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2523	5.0%	17548	34.6%	7	134	5634	0	25846	50.9%	78.7%
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	2523	5.0%	17548	34.6%	7	134	5634	0	25846	50.9%	78.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	3	0	0	0	0	0	0	1	3	4
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	5	0	0	0	0	0	0	3	5	8
75 to 84	5	17	0	0	0	0	0	0	5	17	22
85+	8	29	0	0	0	0	0	0	8	29	37
TOTALS	17	54	0	0	0	0	0	0	17	54	71

MONTEBELLO HEALTH CARE CENTER
1599 KEOKUK STREET
HAMILTON, IL. 62341

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 067

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	48	0	0	14	0	71
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	48	0	0	14	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	69	0	0	0	69
Race Unknown	0	0	0	0	0
Total	71	0	0	0	71

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	71	0	0	0	71
Ethnicity Unknown	0	0	0	0	0
Total	71	0	0	0	71

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	8.00
Certified Aides	28.00
Other Health Staff	0.00
Non-Health Staff	25.00
Totals	70.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
33.0%	42.5%	0.0%	1.3%	23.2%	100.0%		0.0%
1,299,376	1,674,352	621	52,463	913,233	3,940,045	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MONTGOMERY NURSING & REHAB CENTER
SOUTH ROUTE 127 PO BOX 309
HILLSBORO, IL. 62049

Reference Numbers Facility ID 6004444
Health Service Area 003 Planning Service Area 135

Administrator
Carla Vonder Haar

Contact Person and Telephone
CARLA VONDER HAAR
217-532-6126

Date Completed
4/15/2013

Registered Agent Information
Carla Vonder Haar
PO Box 309
Hillsboro, IL 62049

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	42
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	96

Total Residents Diagnosed as Mentally Ill 8

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	110	110	108	110	96	14	20	110
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	110	110	108	110	96	14	20	110

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	99
Total Admissions 2011	199
Total Discharges 2011	202
Residents on 12/31/2011	96
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4087	56.0%	17974	44.8%	0	87	13684	0	35832	89.2%	89.2%
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	4087	56.0%	17974	44.8%	0	87	13684	0	35832	89.2%	89.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	1	0	0	0	0	0	0	3	1	4
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	5	8	0	0	0	0	0	0	5	8	13
75 to 84	13	11	0	0	0	0	0	0	13	11	24
85+	11	42	0	0	0	0	0	0	11	42	53
TOTALS	33	63	0	0	0	0	0	0	33	63	96

MONTGOMERY NURSING & REHAB CENTER
SOUTH ROUTE 127 PO BOX 309
HILLSBORO, IL. 62049

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 135

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	50	0	0	39	0	96
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	50	0	0	39	0	96

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	115
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	95	0	0	0	95
Race Unknown	0	0	0	0	0
Total	96	0	0	0	96

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	96	0	0	0	96
Ethnicity Unknown	0	0	0	0	0
Total	96	0	0	0	96

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	14.00
Certified Aides	55.00
Other Health Staff	8.00
Non-Health Staff	27.00
Totals	110.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
33.5%	37.6%	0.7%	0.0%	28.2%	100.0%		0.0%
2,032,176	2,280,436	39,762	0	1,705,679	6,058,053	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MONTGOMERY PLACE
5550 SOUTH SHORE DRIVE
CHICAGO, IL. 60637

Reference Numbers Facility ID 6013171
Health Service Area 006 Planning Service Area 603

Administrator
Michael Apa

Contact Person and Telephone
Michael Apa
773-753-4096

Registered Agent Information

Date Completed
5/29/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	23
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	36

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	40	40	39	40	36	4	14	4
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	40	40	39	40	36	4	14	4

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	35
Total Admissions 2011	194
Total Discharges 2011	193
Residents on 12/31/2011	36
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4321	84.6%	1225	83.9%	590	58	7039	189	13422	91.9%	91.9%
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	4321	84.6%	1225	83.9%	590	58	7039	189	13422	91.9%	91.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	1	0	0	0	0	0	0	2	1	3
75 to 84	1	9	0	0	0	0	0	0	1	9	10
85+	3	20	0	0	0	0	0	0	3	20	23
TOTALS	6	30	0	0	0	0	0	0	6	30	36

MONTGOMERY PLACE
5550 SOUTH SHORE DRIVE
CHICAGO, IL. 60637

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	3	1	0	19	1	36
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	3	1	0	19	1	36

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	308	232
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	18	0	0	0	18
Hawaiian/Pacific Isl.	0	0	0	0	0
White	17	0	0	0	17
Race Unknown	0	0	0	0	0
Total	36	0	0	0	36

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	36	0	0	0	36
Ethnicity Unknown	0	0	0	0	0
Total	36	0	0	0	36

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.50
LPN's	6.60
Certified Aides	15.70
Other Health Staff	5.80
Non-Health Staff	71.70
Totals	105.30

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
55.4%	4.0%	0.0%	2.4%	38.3%	100.0%		0.6%
2,408,411	172,623	0	103,208	1,665,723	4,349,965	28,031	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MONTGOMERY TERRACE
215 NORTH WALNUT BOX 158
NOKOMIS, IL. 62075

Reference Numbers Facility ID 6006324
Health Service Area 003 Planning Service Area 135

Administrator
Anna Brackenbush

Contact Person and Telephone
ANNA BRACKENBUSH
217-710-3195

Date Completed
4/4/2013

Registered Agent Information
E. Robert Anderson
1204 N. Main Street
Paris, IL 61944

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5856	######	0	0	0	0	5856	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5856	######	0	0	0	0	5856	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	3	0	0	6	3	9
45 to 59	0	0	0	0	2	4	0	0	2	4	6
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

MONTGOMERY TERRACE
215 NORTH WALNUT BOX 158
NOKOMIS, IL. 62075

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 135

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	107	107
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.10
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.15
LPN's	0.00
Certified Aides	7.02
Other Health Staff	0.80
Non-Health Staff	0.72
Totals	8.79

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	78.3%	0.0%	0.0%	21.7%	100.0%		0.0%
0	477,723	0	0	132,331	610,054	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MOORE HOUSE
9135 SOUTH BRANDON AVENUE
CHICAGO, IL. 60617

Reference Numbers Facility ID 6006340
Health Service Area 006 Planning Service Area 603

Administrator
Linda Darling

Contact Person and Telephone
LINDA DARLING
773-918-6209

Registered Agent Information
Adrienne Golembiewski
1359 West Washington
Chicago, IL 60607

Date Completed
3/25/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 3

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	15	15	15	0		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	15	15	15	0	0	15

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	14
Total Admissions 2011	1
Total Discharges 2011	0
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5475	######	0	0	0	0	5475	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5475	######	0	0	0	0	5475	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	0	0	0	2	0	2
45 to 59	0	0	0	0	6	2	0	0	6	2	8
60 to 64	0	0	0	0	3	0	0	0	3	0	3
65 to 74	0	0	0	0	1	1	0	0	1	1	2
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	12	3	0	0	12	3	15

MOORE HOUSE
9135 SOUTH BRANDON AVENUE
CHICAGO, IL. 60617

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	130	130
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	12	0	12
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	3	0	3
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	3.00
LPN's	0.00
Certified Aides	8.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	14.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	525,632	0	0	0	525,632	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MORRIS HLTHCARE & REHAB CTR(PERMIT)
1223 S. EDGEWATER DR.
MORRIS, IL. 60450

Reference Numbers Facility ID 6003875
Health Service Area 009 Planning Service Area 063

Administrator
SUZANNE DAY

Contact Person and Telephone
SUZANNE DAY
815-416-6216

Registered Agent Information

Date Completed
4/22/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	69
Injuries and Poisonings	0
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	104

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	142	142	120	142	104	38	67	142
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	142	142	120	142	104	38	67	142

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	113
Total Admissions 2011	220
Total Discharges 2011	229
Residents on 12/31/2011	104
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7855	32.1%	19885	38.4%	0	97	11356	0	39193	75.6%	75.6%
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	7855	32.1%	19885	38.4%	0	97	11356	0	39193	75.6%	75.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	2	6	0	0	0	0	0	0	2	6	8
75 to 84	9	24	0	0	0	0	0	0	9	24	33
85+	13	48	0	0	0	0	0	0	13	48	61
TOTALS	24	80	0	0	0	0	0	0	24	80	104

MORRIS HLTHCARE & REHAB CTR(PERMIT)
1223 S. EDGEWATER DR.
MORRIS, IL. 60450

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 063

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	51	0	0	32	0	104
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	51	0	0	32	0	104

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	104	0	0	0	104
Race Unknown	0	0	0	0	0
Total	104	0	0	0	104

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	104	0	0	0	104
Ethnicity Unknown	0	0	0	0	0
Total	104	0	0	0	104

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	7.00
Certified Aides	52.00
Other Health Staff	5.00
Non-Health Staff	54.00
Totals	133.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
42.7%	34.3%	0.0%	0.3%	22.8%	100.0%		0.0%
3,818,464	3,065,726	0	28,992	2,036,852	8,950,036	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MORTON TERRACE
191 EAST QUEENWOOD ROAD
MORTON, IL. 61550

Reference Numbers Facility ID 6006407
Health Service Area 002 Planning Service Area 179

Administrator
SCOTT MOW

Contact Person and Telephone
SCOTT MOW
(309) 266-5331

Registered Agent Information

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	18
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	10
Digestive System	5
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	38
Injuries and Poisonings	4
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	112

Total Residents Diagnosed as Mentally Ill 24

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	166	150	119	140	112	54	46	166
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	166	150	119	140	112	54	46	166

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	121
Total Admissions 2011	118
Total Discharges 2011	127
Residents on 12/31/2011	112
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3101	18.5%	9370	15.5%	0	2250	760	0	15481	25.6%	28.3%
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	3101	18.5%	9370	15.5%	0	2250	760	0	15481	25.6%	28.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	6	2	0	0	0	0	0	0	6	2	8
65 to 74	7	8	0	0	0	0	0	0	7	8	15
75 to 84	26	40	0	0	0	0	0	0	26	40	66
85+	8	14	0	0	0	0	0	0	8	14	22
TOTALS	47	65	0	0	0	0	0	0	47	65	112

MORTON TERRACE
191 EAST QUEENWOOD ROAD
MORTON, IL. 61550

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	87	0	5	13	0	112
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	87	0	5	13	0	112

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	158
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	107	0	0	0	107
Race Unknown	0	0	0	0	0
Total	112	0	0	0	112

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	112	0	0	0	112
Ethnicity Unknown	0	0	0	0	0
Total	112	0	0	0	112

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	19.00
Certified Aides	38.00
Other Health Staff	9.00
Non-Health Staff	46.00
Totals	117.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
21.0%	54.0%	7.9%	4.7%	12.3%	100.0%		1.2%
1,700,083	4,362,094	642,208	381,574	993,330	8,079,291	100,160	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MORTON VILLA CARE CENTER
190 EAST QUEENWOOD ROAD
MORTON, IL. 61550

Reference Numbers Facility ID 6006399
Health Service Area 002 Planning Service Area 179

Administrator
David McDaniel

Contact Person and Telephone
DAVID MCDANIEL
3092669741

Registered Agent Information
Abraham Stern
10 S. Wacker Drive 40th Floor
Chicago, IL 60606

Date Completed
4/15/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	11
Mental Illness	2
Developmental Disability	0
Circulatory System	12
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	3
Musculo-skeletal Disorders	4
Injuries and Poisonings	6
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	61
Total Residents Diagnosed as Mentally Ill	4

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	106	61	61	61	61	45	106	106
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	106	61	61	61	61	45	106	106

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	74
Total Admissions 2011	302
Total Discharges 2011	324
Residents on 12/31/2011	52
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3290	8.5%	12773	33.0%	1227	756	4219	0	22265	57.5%	100.0%
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	3290	8.5%	12773	33.0%	1227	756	4219	0	22265	57.5%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	5	1	0	0	0	0	0	0	5	1	6
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	7	8	0	0	0	0	0	0	7	8	15
75 to 84	0	10	0	0	0	0	0	0	0	10	10
85+	6	20	0	0	0	0	0	0	6	20	26
TOTALS	20	41	0	0	0	0	0	0	20	41	61

MORTON VILLA CARE CENTER
190 EAST QUEENWOOD ROAD
MORTON, IL. 61550

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	48	0	0	8	0	61
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	48	0	0	8	0	61

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	158
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	0	0	0	0	0
Total	61	0	0	0	61

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	60	0	0	0	60
Ethnicity Unknown	0	0	0	0	0
Total	61	0	0	0	61

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	12.00
Certified Aides	33.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	51.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
31.8%	51.6%	0.0%	2.5%	14.2%	100.0%		0.0%
1,359,787	2,207,465	0	106,358	607,767	4,281,379	160	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MOULTRIE COUNTY COMMUNITY CENTER
240 East State P.O. Box 229
LOVINGTON, IL. 61937

Reference Numbers Facility ID 6006423
Health Service Area 004 Planning Service Area 139

Administrator
VALERIE POLING

Contact Person and Telephone
DAVE JACOBUS
217-763-2191

Date Completed
3/29/2013

Registered Agent Information
DAVE JACOBUS
2576 N. GREENWAY RD.
Cerro Gordo, IL 61818

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	14
Total Admissions 2011	2
Total Discharges 2011	1
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4811	82.4%	243	0	0	0	5054	86.5%	86.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4811	82.4%	243	0	0	0	5054	86.5%	86.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	8	0	0	4	8	12
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	1	1	0	0	1	1	2
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	5	10	0	0	5	10	15

MOULTRIE COUNTY COMMUNITY CENTER
240 East State P.O. Box 229
LOVINGTON, IL. 61937

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 139

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	121	121
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	6.50
Other Health Staff	0.00
Non-Health Staff	0.25
Totals	7.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	87.0%	0.0%	0.0%	13.0%	100.0%		0.0%
0	505,497	0	0	75,228	580,725	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MOUNT ST. JOSEPH
24955 NORTH U.S. HIGHWAY 12
LAKE ZURICH, IL. 60047

Reference Numbers Facility ID 6006456
Health Service Area 008 Planning Service Area 097

Administrator
Sr. Anna Maria Bilotta

Contact Person and Telephone
Sister Esther Leroux
847-438-5050 ext. 110

Date Completed
4/18/2013

Registered Agent Information
Sr. Anna Maria Bilotta
24955 N. U.S. Hwy. 12
Lake Zurich, IL 60047

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	123
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	123

Total Residents Diagnosed as Mentally Ill 58

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	132	132	123	132	123	9		132
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	132	132	123	132	123	9	0	132

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	123
Total Admissions 2011	3
Total Discharges 2011	3
Residents on 12/31/2011	123
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			41995	87.2%	0	0	724	0	42719	88.7%	88.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	41995	87.2%	0	0	724	0	42719	88.7%	88.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	29	0	0	0	29	29
45 to 59	0	0	0	0	0	50	0	0	0	50	50
60 to 64	0	0	0	0	0	15	0	0	0	15	15
65 to 74	0	0	0	0	0	15	0	0	0	15	15
75 to 84	0	0	0	0	0	8	0	0	0	8	8
85+	0	0	0	0	0	6	0	0	0	6	6
TOTALS	0	0	0	0	0	123	0	0	0	123	123

MOUNT ST. JOSEPH
24955 NORTH U.S. HIGHWAY 12
LAKE ZURICH, IL. 60047

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		121	0	0	2	0	123
Sheltered Care			0	0	0	0	0
TOTALS	0	121	0	0	2	0	123

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	140	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	2	0	2
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	119	0	119
Race Unknown	0	0	0	0	0
Total	0	0	123	0	123

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	4	0	4
Non-Hispanic	0	0	119	0	119
Ethnicity Unknown	0	0	0	0	0
Total	0	0	123	0	123

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	4.00
Certified Aides	77.00
Other Health Staff	0.00
Non-Health Staff	63.00
Totals	154.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	77.3%	0.0%	0.0%	22.7%	100.0%		0.0%
0	4,474,975	0	0	1,312,038	5,787,013	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MOUNT VERNON COUNTRYSIDE MANOR
606 EAST IL HWY 15
MOUNT VERNON, IL. 62864

Reference Numbers Facility ID 6012512
Health Service Area 005 Planning Service Area 081

Administrator
Marla Howard

Contact Person and Telephone
MARLA HOWARD
618-242-1800

Registered Agent Information

Date Completed
4/15/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	10
Blood Disorders	2
*Nervous System Non Alzheimer	3
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	24
Respiratory System	8
Digestive System	7
Genitourinary System Disorders	12
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	77

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	101	101	88	101	77	24	32	101
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	101	101	88	101	77	24	32	101

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	78
Total Admissions 2011	260
Total Discharges 2011	261
Residents on 12/31/2011	77
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6002	51.4%	17445	47.3%	0	0	5869	0	29316	79.5%	79.5%
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	6002	51.4%	17445	47.3%	0	0	5869	0	29316	79.5%	79.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	2	17	0	0	0	0	0	0	2	17	19
85+	6	50	0	0	0	0	0	0	6	50	56
TOTALS	8	69	0	0	0	0	0	0	8	69	77

MOUNT VERNON COUNTRYSIDE MANOR
606 EAST IL HWY 15
MOUNT VERNON, IL. 62864

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 081

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	44	0	0	20	0	77
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	44	0	0	20	0	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	76	0	0	0	76
Race Unknown	0	0	0	0	0
Total	77	0	0	0	77

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	77	0	0	0	77
Ethnicity Unknown	0	0	0	0	0
Total	77	0	0	0	77

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	11.00
Certified Aides	57.00
Other Health Staff	0.00
Non-Health Staff	37.00
Totals	121.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
46.4%	37.6%	0.0%	0.0%	16.0%	100.0%		0.0%
2,787,305	2,256,342	0	0	960,019	6,003,666	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MOWEAQUA NURSING & RET CENTER
MAPLE & MACON STREETS
MOWEAQUA, IL. 62550

Reference Numbers Facility ID 6012322
Health Service Area 004 Planning Service Area 173

Administrator
Debra J. Maaks, LHNA

Contact Person and Telephone
DEBRA MAAKS
217 768 3951

Registered Agent Information
Robert Russell
525 South Macon Street
Moweaqua, IL 62550

Date Completed
5/7/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	16
Respiratory System	1
Digestive System	5
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	3
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	39

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	70	62	47	62	39	31	0	60
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	70	62	47	62	39	31	0	60

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	44
Total Admissions 2011	23
Total Discharges 2011	28
Residents on 12/31/2011	39
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	8088	36.9%	383	0	5830	0	14301	56.0%	63.2%
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%	8088	36.9%	383	0	5830	0	14301	56.0%	63.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	2	0	0	0	0	0	0	2	2	4
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	2	9	0	0	0	0	0	0	2	9	11
85+	8	13	0	0	0	0	0	0	8	13	21
TOTALS	13	26	0	0	0	0	0	0	13	26	39

MOWEAQUA NURSING & RET CENTER
MAPLE & MACON STREETS
MOWEAQUA, IL. 62550

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 173

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	25	0	0	14	0	39
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	25	0	0	14	0	39

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	167	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	38	0	0	0	38
Race Unknown	0	0	0	0	0
Total	39	0	0	0	39

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	39	0	0	0	39
Ethnicity Unknown	0	0	0	0	0
Total	39	0	0	0	39

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	9.00
Certified Aides	27.00
Other Health Staff	2.00
Non-Health Staff	26.00
Totals	69.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	47.4%	0.0%	0.0%	52.6%	100.0%		0.0%
0	949,919	0	0	1,052,794	2,002,714	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MT. VERNON HEALTH CARE CENTER
5 DOCTOR'S PARK
MOUNT VERNON, IL. 62864

Reference Numbers Facility ID 6001531
Health Service Area 005 Planning Service Area 081

Administrator
Eric Clark

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/17/2013

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	62
Mental Illness	2
Developmental Disability	0
Circulatory System	2
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	75
Total Residents Diagnosed as Mentally Ill	2

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	106	84	79	84	75	31	0	106
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	106	84	79	84	75	31	0	106

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	70
Total Admissions 2011	65
Total Discharges 2011	60
Residents on 12/31/2011	75
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	18399	47.6%	1212	0	5925	0	25536	66.0%	83.3%
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%	18399	47.6%	1212	0	5925	0	25536	66.0%	83.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	5	1	0	0	0	0	0	0	5	1	6
65 to 74	4	7	0	0	0	0	0	0	4	7	11
75 to 84	5	13	0	0	0	0	0	0	5	13	18
85+	4	36	0	0	0	0	0	0	4	36	40
TOTALS	18	57	0	0	0	0	0	0	18	57	75

MT. VERNON HEALTH CARE CENTER
5 DOCTOR'S PARK
MOUNT VERNON, IL. 62864

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 081

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	59	0	0	16	0	75
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	59	0	0	16	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	71	0	0	0	71
Race Unknown	0	0	0	0	0
Total	75	0	0	0	75

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	75	0	0	0	75
Ethnicity Unknown	0	0	0	0	0
Total	75	0	0	0	75

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	10.00
Certified Aides	43.00
Other Health Staff	2.00
Non-Health Staff	22.00
Totals	86.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	78.1%	0.0%	0.0%	21.9%	100.0%		0.0%
0	2,657,418	0	0	744,292	3,401,710	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

MULBERRY MANOR
612 EAST DAVIE STREET BOX 88
ANNA, IL. 62906

Reference Numbers Facility ID 6006472
Health Service Area 005 Planning Service Area 181

Administrator
JoAnn Keller

Contact Person and Telephone
LINDA ISOM
618-833-6012

Date Completed
4/3/2012

Registered Agent Information
James A, Keller
P.O. Box 88
Anna, IL 62906

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	62
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	62

Total Residents Diagnosed as Mentally Ill 44

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	64	64	62	64	62	2		64
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	64	64	62	64	62	2	0	64

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	61
Total Admissions 2011	2
Total Discharges 2011	1
Residents on 12/31/2011	62
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			22532	96.5%	0	0	0	0	22532	96.5%	96.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	22532	96.5%	0	0	0	0	22532	96.5%	96.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	10	11	0	0	10	11	21
45 to 59	0	0	0	0	21	2	0	0	21	2	23
60 to 64	0	0	0	0	3	3	0	0	3	3	6
65 to 74	0	0	0	0	5	1	0	0	5	1	6
75 to 84	0	0	0	0	1	4	0	0	1	4	5
85+	0	0	0	0	0	1	0	0	0	1	1
TOTALS	0	0	0	0	40	22	0	0	40	22	62

MULBERRY MANOR
612 EAST DAVIE STREET BOX 88
ANNA, IL. 62906

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 181

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		62	0	0	0	0	62
Sheltered Care			0	0	0	0	0
TOTALS	0	62	0	0	0	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	124	113
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	17	0	17
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	45	0	45
Race Unknown	0	0	0	0	0
Total	0	0	62	0	62

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	62	0	62
Ethnicity Unknown	0	0	0	0	0
Total	0	0	62	0	62

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	5.00
Certified Aides	29.00
Other Health Staff	0.00
Non-Health Staff	9.00
Totals	47.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	87.9%	12.0%	0.0%	0.0%	100.0%		0.0%
0	2,223,320	304,425	0	230	2,527,975	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

NATHAN HEALTH CARE CENTER
5050 SUMMIT AVENUE
EAST ST. LOUIS, IL. 62203

Reference Numbers Facility ID 6010904
Health Service Area 011 Planning Service Area 163

Administrator
Latrese F. Washington

Contact Person and Telephone
Latrese F. Washington
618-874-3597

Date Completed
4/15/2013

Registered Agent Information
Bob Craddick, Attorney at Law
5050 Summit Avenue
East Saint Louis, IL 62203

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	6
Mental Illness	19
Developmental Disability	1
Circulatory System	10
Respiratory System	7
Digestive System	2
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	75
Total Residents Diagnosed as Mentally Ill	19

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	150	141	91	141	75	75	26	150
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	150	141	91	141	75	75	26	150

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	89
Total Admissions 2011	121
Total Discharges 2011	135
Residents on 12/31/2011	75
Identified Offenders	7

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4	0.0%	69	0.1%	0	0	5	0	78	0.1%	0.2%
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	4	0.0%	69	0.1%	0	0	5	0	78	0.1%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	1	0	0	0	0	0	0	2	1	3
45 to 59	17	8	0	0	0	0	0	0	17	8	25
60 to 64	6	3	0	0	0	0	0	0	6	3	9
65 to 74	12	5	0	0	0	0	0	0	12	5	17
75 to 84	6	5	0	0	0	0	0	0	6	5	11
85+	2	8	0	0	0	0	0	0	2	8	10
TOTALS	45	30	0	0	0	0	0	0	45	30	75

NATHAN HEALTH CARE CENTER
5050 SUMMIT AVENUE
EAST ST. LOUIS, IL. 62203

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	61	7	0	2	0	75
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	61	7	0	2	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	132	127
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	58	0	0	0	58
Hawaiian/Pacific Isl.	0	0	0	0	0
White	17	0	0	0	17
Race Unknown	0	0	0	0	0
Total	75	0	0	0	75

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	75	0	0	0	75
Ethnicity Unknown	0	0	0	0	0
Total	75	0	0	0	75

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	10.00
Certified Aides	26.00
Other Health Staff	11.00
Non-Health Staff	11.00
Totals	64.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
12.5%	72.9%	7.6%	1.0%	6.0%	100.0%		0.0%
595,820	3,460,841	361,808	45,638	283,526	4,747,633	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

NATURE TRAIL HEALTH CARE CTR
1001 SOUTH 34TH STREET
MOUNT VERNON, IL. 62864

Reference Numbers Facility ID 6006498
Health Service Area 005 Planning Service Area 081

Administrator
Verna Germanceri

Contact Person and Telephone
VERNA GERMANCERI
618-242-5700

Registered Agent Information

Date Completed
4/28/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	8
Mental Illness	6
Developmental Disability	0
Circulatory System	10
Respiratory System	1
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	3
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	46

Total Residents Diagnosed as Mentally Ill 6

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	74	74	61	74	46	28	19	74
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	74	74	61	74	46	28	19	74

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	54
Total Admissions 2011	117
Total Discharges 2011	125
Residents on 12/31/2011	46
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3552	51.2%	12767	47.3%	1932	59	1035	0	19345	71.6%	71.6%
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	3552	51.2%	12767	47.3%	1932	59	1035	0	19345	71.6%	71.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	3	4	0	0	0	0	0	0	3	4	7
65 to 74	4	1	0	0	0	0	0	0	4	1	5
75 to 84	5	7	0	0	0	0	0	0	5	7	12
85+	4	15	0	0	0	0	0	0	4	15	19
TOTALS	18	28	0	0	0	0	0	0	18	28	46

NATURE TRAIL HEALTH CARE CTR
1001 SOUTH 34TH STREET
MOUNT VERNON, IL. 62864

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 081

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	28	5	0	3	0	46
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	28	5	0	3	0	46

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	164	153
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	45	0	0	0	45
Race Unknown	0	0	0	0	0
Total	46	0	0	0	46

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	45	0	0	0	45
Ethnicity Unknown	0	0	0	0	0
Total	46	0	0	0	46

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	5.00
Certified Aides	20.00
Other Health Staff	9.00
Non-Health Staff	17.00
Totals	60.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
48.4%	33.7%	11.9%	2.2%	3.7%	100.0%		0.0%
1,876,679	1,306,771	462,612	86,187	143,244	3,875,493	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

NEIGHBORS REHABILITATION CENTER
P.O. BOX 585
BYRON, IL. 61010

Reference Numbers Facility ID 6006514
Health Service Area 001 Planning Service Area 141

Administrator
Pawn Thammarath

Contact Person and Telephone
PAWN THAMMARATH
815-234-2511

Date Completed
4/1/2013

Registered Agent Information
Thomas Winter
6840 north Lincoln Ave
Lincolnwood, IL 60712

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	13
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	40
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	85

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	101	101	99	101	85	16	101	101
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	101	101	99	101	85	16	101	101

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	96
Total Admissions 2011	83
Total Discharges 2011	94
Residents on 12/31/2011	85
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3109	8.4%	22795	61.8%	3540	189	4225	0	33858	91.8%	91.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3109	8.4%	22795	61.8%	3540	189	4225	0	33858	91.8%	91.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	4	0	0	0	0	0	0	2	4	6
75 to 84	10	17	0	0	0	0	0	0	10	17	27
85+	14	37	0	0	0	0	0	0	14	37	51
TOTALS	26	59	0	0	0	0	0	0	26	59	85

NEIGHBORS REHABILITATION CENTER
P.O. BOX 585
BYRON, IL. 61010

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 141

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	65	0	1	10	0	85
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	65	0	1	10	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	200	185

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	83	0	0	0	83
Race Unknown	0	0	0	0	0
Total	85	0	0	0	85

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	85	0	0	0	85
Total	85	0	0	0	85

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	12.00
Certified Aides	42.00
Other Health Staff	3.00
Non-Health Staff	41.00
Totals	111.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
27.1%	35.8%	7.8%	1.4%	27.9%	100.0%		0.0%
1,613,565	2,125,998	463,268	84,240	1,658,189	5,945,260	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

NEW ATHENS HOME
203 SOUTH JOHNSON STREET
NEW ATHENS, IL. 62264

Reference Numbers Facility ID 6006522
Health Service Area 011 Planning Service Area 163

Administrator
GARY W. HOLTGREWE

Contact Person and Telephone
GARY W. HOLTGREWE
(618) 475-2550

Date Completed
4/9/2013

Registered Agent Information
Gary W. Holtgrewe
4586 County Hwy 6
Okawville, IL 62271

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	18
Mental Illness	0
Developmental Disability	0
Circulatory System	19
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	41

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	53	53	44	53	41	12	0	53
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	53	53	44	53	41	12	0	53

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	40
Total Admissions 2011	32
Total Discharges 2011	31
Residents on 12/31/2011	41
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	796	0.0%	8254	42.7%	0	625	4659	0	14334	74.1%	74.1%
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	796	0.0%	8254	42.7%	0	625	4659	0	14334	74.1%	74.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	3	0	0	0	0	0	0	0	3	0	3
65 to 74	1	3	0	0	0	0	0	0	1	3	4
75 to 84	3	11	0	0	0	0	0	0	3	11	14
85+	4	16	0	0	0	0	0	0	4	16	20
TOTALS	11	30	0	0	0	0	0	0	11	30	41

NEW ATHENS HOME
203 SOUTH JOHNSON STREET
NEW ATHENS, IL. 62264

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	26	0	2	12	0	41
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	26	0	2	12	0	41

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	122	120
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	41	0	0	0	41
Race Unknown	0	0	0	0	0
Total	41	0	0	0	41

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	41	0	0	0	41
Ethnicity Unknown	0	0	0	0	0
Total	41	0	0	0	41

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.90
LPN's	7.40
Certified Aides	15.20
Other Health Staff	3.00
Non-Health Staff	16.40
Totals	44.90

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
16.7%	31.6%	0.0%	1.8%	49.9%	100.0%		0.0%
303,922	575,461	0	32,744	909,362	1,821,489	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

NEW MAIN GROUP HOME
1201 MIDDLE ROAD
DIXON, IL. 61021

Reference Numbers Facility ID 6013908
Health Service Area 001 Planning Service Area 103

Administrator
Connie K. Foster

Contact Person and Telephone
CONNIE FOSTER
815-288-6691 Ext.295

Date Completed
4/17/2013

Registered Agent Information
Jeffrey Stauter
500 Anchor Road
Dixon, IL 61021

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5801	99.3%	0	0	0	0	5801	99.3%	99.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5801	99.3%	0	0	0	0	5801	99.3%	99.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	0	0	0	1	0	1
45 to 59	0	0	0	0	2	8	0	0	2	8	10
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	2	0	0	0	2	0	2
75 to 84	0	0	0	0	0	1	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	6	10	0	0	6	10	16

NEW MAIN GROUP HOME
1201 MIDDLE ROAD
DIXON, IL. 61021

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 103

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	194	184
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	16	0	16
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	2.00
Certified Aides	13.50
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	18.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	11.5%	88.5%	0.0%	0.0%	100.0%		0.0%
0	124,477	954,717	0	0	1,079,194	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

NEW WAY
80 KNUPP SCHOOL LANE
ANNA, IL. 62906

Reference Numbers Facility ID 6006530
Health Service Area 005 Planning Service Area 181

Administrator
Don Pippins

Contact Person and Telephone
VICTOR M. METZGER
618833-2299

Registered Agent Information
John S. Rendleman
2001 West Main St.
Carbondale, IL 62903

Date Completed
5/24/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	14
Total Residents Diagnosed as Mentally Ill	6

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	14	2	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	2
Total Discharges 2011	4
Residents on 12/31/2011	14
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5577	95.5%	0	0	0	0	5577	95.5%	95.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5577	95.5%	0	0	0	0	5577	95.5%	95.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	3	0	0	2	3	5
45 to 59	0	0	0	0	3	2	0	0	3	2	5
60 to 64	0	0	0	0	2	1	0	0	2	1	3
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	7	7	0	0	7	7	14

NEW WAY
80 KNUPP SCHOOL LANE
ANNA, IL. 62906

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 181

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	125	110
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	9.00
Other Health Staff	0.00
Non-Health Staff	3.00
Totals	12.75

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	84.0%	0.0%	0.0%	16.0%	100.0%		0.0%
0	639,765	0	0	121,800	761,565	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

NEWMAN REHAB & HEALTHCARE CTR
418 SOUTH MEMORIAL PARK DRIVE
NEWMAN, IL. 61942

Reference Numbers Facility ID 6002091
Health Service Area 004 Planning Service Area 041

Administrator
Patricia J. Galindo

Contact Person and Telephone
Marikay Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	5
Mental Illness	5
Developmental Disability	1
Circulatory System	1
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	4
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	51
Total Residents Diagnosed as Mentally Ill	10

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	60	58	58	58	51	9	60	60
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	60	58	58	58	51	9	60	60

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	45
Total Admissions 2011	43
Total Discharges 2011	37
Residents on 12/31/2011	51
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1517	6.9%	9792	44.7%	12	242	5735	0	17298	79.0%	81.7%
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	1517	6.9%	9792	44.7%	12	242	5735	0	17298	79.0%	81.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	3	2	0	0	0	0	0	0	3	2	5
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	1	4	0	0	0	0	0	0	1	4	5
75 to 84	0	9	0	0	0	0	0	0	0	9	9
85+	4	25	0	0	0	0	0	0	4	25	29
TOTALS	10	41	0	0	0	0	0	0	10	41	51

NEWMAN REHAB & HEALTHCARE CTR
418 SOUTH MEMORIAL PARK DRIVE
NEWMAN, IL. 61942

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 041

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	27	0	1	17	0	51
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	27	0	1	17	0	51

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	130
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	51	0	0	0	51
Race Unknown	0	0	0	0	0
Total	51	0	0	0	51

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	51	0	0	0	51
Ethnicity Unknown	0	0	0	0	0
Total	51	0	0	0	51

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	6.00
Certified Aides	12.00
Other Health Staff	11.00
Non-Health Staff	1.00
Totals	33.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
12.3%	55.8%	0.0%	0.0%	31.9%	100.0%		0.1%
298,604	1,352,154	0	0	774,250	2,425,008	1,480	

*Charity Care Expense does not include expenses which may be considered a community benefit.

NEWTON REST HAVEN
300 S. SCOTT ST. P.O. BOX 360
NEWTON, IL. 62448

Reference Numbers Facility ID 6006548
Health Service Area 005 Planning Service Area 079

Administrator
Karen E. Kinder

Contact Person and Telephone
PAULA SCHOONOVER
618/783-2309

Registered Agent Information

Date Completed
4/3/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	33

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	57	57	44	57	33	24	16	57
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	57	57	44	57	33	24	16	57

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	44
Total Admissions 2011	43
Total Discharges 2011	54
Residents on 12/31/2011	33
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2014	34.5%	6317	30.4%	0	0	5012	0	13343	64.1%	64.1%
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	2014	34.5%	6317	30.4%	0	0	5012	0	13343	64.1%	64.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	4	0	0	0	0	0	0	2	4	6
75 to 84	2	6	0	0	0	0	0	0	2	6	8
85+	5	13	0	0	0	0	0	0	5	13	18
TOTALS	10	23	0	0	0	0	0	0	10	23	33

NEWTON REST HAVEN
300 S. SCOTT ST. P.O. BOX 360
NEWTON, IL. 62448

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 079

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	15	0	0	11	0	33
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	15	0	0	11	0	33

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	120
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	33	0	0	0	33
Race Unknown	0	0	0	0	0
Total	33	0	0	0	33

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	32	0	0	0	32
Ethnicity Unknown	0	0	0	0	0
Total	33	0	0	0	33

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	4.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	12.00
Totals	32.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
27.3%	38.1%	0.0%	0.0%	34.6%	100.0%		0.0%
583,055	812,360	0	0	737,779	2,133,194	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Bed Change 7/1/2012 Facility discontinued 25 Nursing Care beds; facility now has 57 Nursing Care beds.

NILES NURSING & REHABILITATION CENTER
9777 GREENWOOD
NILES, IL. 60714

Reference Numbers Facility ID 6003644
Health Service Area 007 Planning Service Area 702

Administrator
Michael Perl

Contact Person and Telephone
MICHAEL PERL
847967700

Registered Agent Information
David Gross
240 Fencl Ln
Hillside, IL 60162

Date Completed
4/11/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	26
Blood Disorders	2
*Nervous System Non Alzheimer	27
Alzheimer Disease	25
Mental Illness	52
Developmental Disability	6
Circulatory System	76
Respiratory System	22
Digestive System	4
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	25
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	276

Total Residents Diagnosed as Mentally Ill 68

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	304	304	284	304	276	28	152	304
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	304	304	284	304	276	28	152	304

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	261
Total Admissions 2011	174
Total Discharges 2011	159
Residents on 12/31/2011	276
Identified Offenders	16

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6879	12.4%	89646	80.8%	0	79	2393	0	98997	89.2%	89.2%
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	6879	12.4%	89646	80.8%	0	79	2393	0	98997	89.2%	89.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	6	5	0	0	0	0	0	0	6	5	11
45 to 59	36	21	0	0	0	0	0	0	36	21	57
60 to 64	9	9	0	0	0	0	0	0	9	9	18
65 to 74	25	24	0	0	0	0	0	0	25	24	49
75 to 84	18	31	0	0	0	0	0	0	18	31	49
85+	15	77	0	0	0	0	0	0	15	77	92
TOTALS	109	167	0	0	0	0	0	0	109	167	276

NILES NURSING & REHABILITATION CENTER
9777 GREENWOOD
NILES, IL. 60714

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	250	0	0	9	0	276
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	250	0	0	9	0	276

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	127	0	0	0	127
American Indian	0	0	0	0	0
Black	11	0	0	0	11
Hawaiian/Pacific Isl.	0	0	0	0	0
White	128	0	0	0	128
Race Unknown	10	0	0	0	10
Total	276	0	0	0	276

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	266	0	0	0	266
Ethnicity Unknown	0	0	0	0	0
Total	276	0	0	0	276

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	14.00
Certified Aides	86.00
Other Health Staff	5.00
Non-Health Staff	55.00
Totals	182.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
20.8%	76.5%	0.0%	0.1%	2.6%	100.0%		0.0%
3,563,270	13,105,565	0	17,145	439,146	17,125,126	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

NOKOMIS REHAB & HEALTH CARE CENTER
505 STEVENS STREET
NOKOMIS, IL. 62075

Reference Numbers Facility ID 6006555
Health Service Area 003 Planning Service Area 135

Administrator
Tracy Craig

Contact Person and Telephone
Marikay Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	7
Mental Illness	17
Developmental Disability	0
Circulatory System	8
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	45
Total Residents Diagnosed as Mentally Ill	32

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	92	92	47	92	45	47	92	92
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	92	92	47	92	45	47	92	92

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	44
Total Admissions 2011	32
Total Discharges 2011	31
Residents on 12/31/2011	45
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1436	4.3%	9885	29.4%	295	89	4694	0	16399	48.8%	48.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1436	4.3%	9885	29.4%	295	89	4694	0	16399	48.8%	48.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	4	3	0	0	0	0	0	0	4	3	7
75 to 84	4	6	0	0	0	0	0	0	4	6	10
85+	5	18	0	0	0	0	0	0	5	18	23
TOTALS	15	30	0	0	0	0	0	0	15	30	45

NOKOMIS REHAB & HEALTH CARE CENTER
505 STEVENS STREET
NOKOMIS, IL. 62075

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 135

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	29	0	0	12	0	45
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	29	0	0	12	0	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	128	125
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	45	0	0	0	45
Race Unknown	0	0	0	0	0
Total	45	0	0	0	45

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	45	0	0	0	45
Ethnicity Unknown	0	0	0	0	0
Total	45	0	0	0	45

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	6.00
Certified Aides	16.00
Other Health Staff	0.00
Non-Health Staff	14.00
Totals	40.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
14.8%	54.7%	0.0%	0.0%	30.6%	100.0%		0.3%
286,298	1,059,877	0	0	592,507	1,938,682	6,493	

*Charity Care Expense does not include expenses which may be considered a community benefit.

NORRIDGE HEALTHCARE & REHAB CENTRE
7001 WEST CULLOM AVE
NORRIDGE, IL. 60706

Reference Numbers Facility ID 6006571
Health Service Area 007 Planning Service Area 704

Administrator
Safet Keljalic

Contact Person and Telephone
Julie Manchester
708-457-0700

Registered Agent Information

Date Completed
4/11/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	46
Blood Disorders	3
*Nervous System Non Alzheimer	20
Alzheimer Disease	29
Mental Illness	0
Developmental Disability	0
Circulatory System	61
Respiratory System	24
Digestive System	8
Genitourinary System Disorders	14
Skin Disorders	8
Musculo-skeletal Disorders	9
Injuries and Poisonings	27
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	257

Total Residents Diagnosed as Mentally Ill 67

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	292	292	287	292	257	35	292	292
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	292	292	287	292	257	35	292	292

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	279
Total Admissions 2011	351
Total Discharges 2011	373
Residents on 12/31/2011	257
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	19161	18.0%	62657	58.8%	0	726	16768	0	99312	93.2%	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	19161	18.0%	62657	58.8%	0	726	16768	0	99312	93.2%	93.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	8	4	0	0	0	0	0	0	8	4	12
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	16	15	0	0	0	0	0	0	16	15	31
75 to 84	25	56	0	0	0	0	0	0	25	56	81
85+	26	102	0	0	0	0	0	0	26	102	128
TOTALS	77	180	0	0	0	0	0	0	77	180	257

NORRIDGE HEALTHCARE & REHAB CENTRE
7001 WEST CULLOM AVE
NORRIDGE, IL. 60706

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	59	155	0	1	42	0	257
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	59	155	0	1	42	0	257

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	275	248
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	7	0	0	0	7
American Indian	0	0	0	0	0
Black	14	0	0	0	14
Hawaiian/Pacific Isl.	0	0	0	0	0
White	236	0	0	0	236
Race Unknown	0	0	0	0	0
Total	257	0	0	0	257

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	27	0	0	0	27
Non-Hispanic	230	0	0	0	230
Ethnicity Unknown	0	0	0	0	0
Total	257	0	0	0	257

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	32.00
LPN's	13.00
Certified Aides	106.00
Other Health Staff	15.00
Non-Health Staff	104.00
Totals	272.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
42.6%	39.6%	0.0%	1.1%	16.7%	100.0%		0.0%
10,071,067	9,368,687	0	258,112	3,953,679	23,651,545	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

NORTH ADAMS COUNTY NURSING HOME
2259 EAST 1100TH STREET
MENDON, IL. 62351

Reference Numbers Facility ID 6006589
Health Service Area 003 Planning Service Area 001

Administrator
Robyn Johnson

Contact Person and Telephone
ROBYN JOHNSON
217-936-2137

Date Completed
4/1/2013

Registered Agent Information
Hubert Staff
237 North 6th

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	14
Blood Disorders	1
*Nervous System Non Alzheimer	7
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	0
Circulatory System	19
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	64

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	92	92	64	92	64	28	92	92
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	92	92	64	92	64	28	92	92

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	60
Total Admissions 2011	121
Total Discharges 2011	117
Residents on 12/31/2011	64
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1288	3.8%	13059	38.9%	0	0	7087	0	21434	63.8%	63.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1288	3.8%	13059	38.9%	0	0	7087	0	21434	63.8%	63.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	7	1	0	0	0	0	0	0	7	1	8
75 to 84	15	2	0	0	0	0	0	0	15	2	17
85+	30	6	0	0	0	0	0	0	30	6	36
TOTALS	53	11	0	0	0	0	0	0	53	11	64

NORTH ADAMS COUNTY NURSING HOME
2259 EAST 1100TH STREET
MENDON, IL. 62351

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 001

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	40	0	0	18	0	64
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	40	0	0	18	0	64

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	174	164
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	64	0	0	0	64
Race Unknown	0	0	0	0	0
Total	64	0	0	0	64

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	64	0	0	0	64
Ethnicity Unknown	0	0	0	0	0
Total	64	0	0	0	64

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	12.00
Certified Aides	17.00
Other Health Staff	0.00
Non-Health Staff	20.00
Totals	58.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
18.6%	45.6%	0.0%	0.0%	35.8%	100.0%		0.0%
626,310	1,531,839	0	0	1,202,906	3,361,055	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

NORTH AURORA CARE CENTER
310 BANBURY ROAD
NORTH AURORA, IL. 60542

Reference Numbers Facility ID 6006605
Health Service Area 008 Planning Service Area 089

Administrator
Ken M. Bogard

Contact Person and Telephone
Marikay Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	109
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	2
Non-Medical Conditions	0
TOTALS	112
Total Residents Diagnosed as Mentally Ill	109

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	129	129	118	129	112	17	0	129
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	129	129	118	129	112	17	0	129

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	113
Total Admissions 2011	31
Total Discharges 2011	32
Residents on 12/31/2011	112
Identified Offenders	6

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	39534	84.0%	539	0	1098	0	41171	87.4%	87.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	39534	84.0%	539	0	1098	0	41171	87.4%	87.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	11	4	0	0	0	0	0	0	11	4	15
45 to 59	24	26	0	0	0	0	0	0	24	26	50
60 to 64	10	4	0	0	0	0	0	0	10	4	14
65 to 74	11	12	0	0	0	0	0	0	11	12	23
75 to 84	4	3	0	0	0	0	0	0	4	3	7
85+	0	3	0	0	0	0	0	0	0	3	3
TOTALS	60	52	0	0	0	0	0	0	60	52	112

NORTH AURORA CARE CENTER
310 BANBURY ROAD
NORTH AURORA, IL. 60542

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	109	0	0	3	0	112
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	109	0	0	3	0	112

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	1	0	0	0	1
Black	13	0	0	0	13
Hawaiian/Pacific Isl.	0	0	0	0	0
White	89	0	0	0	89
Race Unknown	8	0	0	0	8
Total	112	0	0	0	112

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	104	0	0	0	104
Ethnicity Unknown	2	0	0	0	2
Total	112	0	0	0	112

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	12.00
Certified Aides	28.00
Other Health Staff	4.00
Non-Health Staff	30.00
Totals	82.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	96.5%	0.0%	0.0%	3.5%	100.0%		0.0%
0	4,665,690	0	0	167,475	4,833,165	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

NORTH CHURCH NURSING & REHAB
1021 NORTH CHURCH STREET
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6008650
Health Service Area 003 Planning Service Area 137

Administrator
Chris Robb

Contact Person and Telephone
CHRIS ROBB
217-245-4174

Registered Agent Information

Date Completed
4/11/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	26
Alzheimer Disease	14
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	72
Total Residents Diagnosed as Mentally Ill	46

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	113	95	91	95	72	41	23	113
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	113	95	91	95	72	41	23	113

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	85
Total Admissions 2011	15
Total Discharges 2011	28
Residents on 12/31/2011	72
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2364	28.2%	25135	60.9%	0	2411	343	0	30253	73.3%	87.2%
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	2364	28.2%	25135	60.9%	0	2411	343	0	30253	73.3%	87.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	5	1	0	0	0	0	0	0	5	1	6
45 to 59	7	5	0	0	0	0	0	0	7	5	12
60 to 64	7	5	0	0	0	0	0	0	7	5	12
65 to 74	9	11	0	0	0	0	0	0	9	11	20
75 to 84	9	7	0	0	0	0	0	0	9	7	16
85+	1	5	0	0	0	0	0	0	1	5	6
TOTALS	38	34	0	0	0	0	0	0	38	34	72

NORTH CHURCH NURSING & REHAB
1021 NORTH CHURCH STREET
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 137

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	68	0	0	1	0	72
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	68	0	0	1	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	62	0	0	0	62
Race Unknown	0	0	0	0	0
Total	72	0	0	0	72

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	71	0	0	0	71
Ethnicity Unknown	0	0	0	0	0
Total	72	0	0	0	72

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	2.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	15.00
Certified Aides	28.00
Other Health Staff	0.00
Non-Health Staff	25.00
Totals	78.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
5.8%	83.5%	0.0%	8.9%	1.8%	100.0%		0.0%
232,199	3,361,512	0	359,417	73,762	4,026,890	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

NORTH FROSTWOOD
6116 NORTH FROSTWOOD
PEORIA, IL. 61615

Reference Numbers Facility ID 6013379
Health Service Area 002 Planning Service Area 143

Administrator
Autumn Ostergaard

Contact Person and Telephone
Autumn Ostergaard
3092194997

Registered Agent Information
Autumn Ostergaard
21722 W. Farmington Rd.
Elmwood, IL 61529

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	4
Total Residents Diagnosed as Mentally Ill	3

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	4
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	4
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1464	######	0	0	0	0	1464	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1464	######	0	0	0	0	1464	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	1	0	0	0	1	1
45 to 59	0	0	0	0	0	2	0	0	0	2	2
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	4	0	0	0	4	4

NORTH FROSTWOOD
6116 NORTH FROSTWOOD
PEORIA, IL. 61615

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	4	0	4
Race Unknown	0	0	0	0	0
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	4	0	4
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.10
LPN's	0.10
Certified Aides	5.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	5.45

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	83.5%	0.0%	0.0%	16.5%	100.0%		0.0%
0	221,507	0	0	43,654	265,161	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

NORTH KICKAPOO
1903 NORTH KICKAPOO
LINCOLN, IL. 62656

Reference Numbers Facility ID 6011472
Health Service Area 003 Planning Service Area 107

Administrator
Kristi Nottelmann

Contact Person and Telephone
JEREMY MAUPIN
217-422-6361

Date Completed
3/27/2013

Registered Agent Information
Christopher Ellis
202 South Franklin Street 2nd Floor
Decatur, IL 62523

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 7

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5828	99.8%	0	0	0	0	5828	99.8%	99.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5828	99.8%	0	0	0	0	5828	99.8%	99.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	4	0	0	3	4	7
45 to 59	0	0	0	0	2	5	0	0	2	5	7
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	6	10	0	0	6	10	16

NORTH KICKAPOO
1903 NORTH KICKAPOO
LINCOLN, IL. 62656

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 107

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	245	123
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	10.00
Non-Health Staff	1.00
Totals	13.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	82.4%	0.0%	0.0%	17.6%	100.0%		0.0%
0	728,465	0	0	155,441	883,906	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

NORTH LOGAN HEALTHCARE CENTER
801 NORTH LOGAN AVENUE
DANVILLE, IL. 61832

Reference Numbers Facility ID 6000210
Health Service Area 004 Planning Service Area 183

Administrator
Joan C. Darr

Contact Person and Telephone
Joan C. Darr
Administrator

Registered Agent Information

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	14
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	16
Mental Illness	0
Developmental Disability	0
Circulatory System	39
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	4
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	89

Total Residents Diagnosed as Mentally Ill 2

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	108	107	97	107	89	19	108	108
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	108	107	97	107	89	19	108	108

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	78
Total Admissions 2011	261
Total Discharges 2011	250
Residents on 12/31/2011	89
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4822	12.2%	20485	52.0%	0	1694	5044	0	32045	81.3%	82.1%
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	4822	12.2%	20485	52.0%	0	1694	5044	0	32045	81.3%	82.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	1	3	0	0	0	0	0	0	1	3	4
75 to 84	3	20	0	0	0	0	0	0	3	20	23
85+	8	52	0	0	0	0	0	0	8	52	60
TOTALS	12	77	0	0	0	0	0	0	12	77	89

NORTH LOGAN HEALTHCARE CENTER
801 NORTH LOGAN AVENUE
DANVILLE, IL. 61832

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 183

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	68	0	3	13	0	89
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	68	0	3	13	0	89

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	127
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	17	0	0	0	17
Hawaiian/Pacific Isl.	0	0	0	0	0
White	72	0	0	0	72
Race Unknown	0	0	0	0	0
Total	89	0	0	0	89

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	89	0	0	0	89
Ethnicity Unknown	0	0	0	0	0
Total	89	0	0	0	89

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	9.00
Certified Aides	47.00
Other Health Staff	5.00
Non-Health Staff	33.00
Totals	105.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
35.2%	27.2%	0.0%	9.7%	27.9%	100.0%		0.0%
1,883,329	1,455,567	0	518,607	1,489,802	5,347,305	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

NORTHWOODS CARE CENTRE
2250 PEARL STREET
BELVIDERE, IL. 61008

Reference Numbers Facility ID 6006670
Health Service Area 001 Planning Service Area 007

Administrator
BERNARD ESGUERRA

Contact Person and Telephone
BERNARD ESGUERRA
815-544-0358

Registered Agent Information

Date Completed
4/5/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	10
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	19
Mental Illness	1
Developmental Disability	0
Circulatory System	15
Respiratory System	5
Digestive System	4
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	1
Other Medical Conditions	31
Non-Medical Conditions	0
TOTALS	104

Total Residents Diagnosed as Mentally Ill 1

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	113	113	113	113	104	9	113	113
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	113	113	113	113	104	9	113	113

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	103
Total Admissions 2011	187
Total Discharges 2011	186
Residents on 12/31/2011	104
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4177	10.1%	21285	51.6%	3054	680	6932	0	36128	87.6%	87.6%
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	4177	10.1%	21285	51.6%	3054	680	6932	0	36128	87.6%	87.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	2	11	0	0	0	0	0	0	2	11	13
75 to 84	4	27	0	0	0	0	0	0	4	27	31
85+	14	42	0	0	0	0	0	0	14	42	56
TOTALS	21	83	0	0	0	0	0	0	21	83	104

NORTHWOODS CARE CENTRE
2250 PEARL STREET
BELVIDERE, IL. 61008

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 007

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	56	12	3	21	0	104
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	56	12	3	21	0	104

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	104	0	0	0	104
Race Unknown	0	0	0	0	0
Total	104	0	0	0	104

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	104	0	0	0	104
Ethnicity Unknown	0	0	0	0	0
Total	104	0	0	0	104

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	6.00
Certified Aides	38.00
Other Health Staff	3.00
Non-Health Staff	44.00
Totals	111.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
30.5%	49.8%	0.0%	4.7%	15.0%	100.0%		0.0%
2,288,139	3,727,618	0	349,896	1,126,584	7,492,237	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW 1/10/2012 Change of Ownership occurred.

NORWOOD CROSSING
6016 N. NINA AVENUE
CHICAGO, IL. 60631

Reference Numbers Facility ID 6006696
Health Service Area 006 Planning Service Area 601

Administrator
Silvia Morici

Contact Person and Telephone
SILVIA MORICI
773-577-5327

Registered Agent Information
Michael Toohey Chief Executive Director
6016-20 N. Nina Ave.
Chicago, IL 60631

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	4
Blood Disorders	2
*Nervous System Non Alzheimer	16
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	0
Circulatory System	62
Respiratory System	15
Digestive System	4
Genitourinary System Disorders	17
Skin Disorders	3
Musculo-skeletal Disorders	16
Injuries and Poisonings	16
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	185

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	131	130	127	130	118	13	131	88
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	130	78	77	78	67	63		
TOTAL BEDS	261	208	204	208	185	76	131	88

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	191
Total Admissions 2011	472
Total Discharges 2011	478
Residents on 12/31/2011	185
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	13856	29.0%	14493	45.1%	0	1237	15222	737	45545	95.3%	96.0%
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					12929	0	15194	14	28137	59.3%	98.8%
TOTALS	13856	29.0%	14493	45.1%	12929	1237	30416	751	73682	77.3%	97.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	1	0	1	1
65 to 74	6	5	0	0	0	0	2	5	8	10	18
75 to 84	11	31	0	0	0	0	1	19	12	50	62
85+	16	49	0	0	0	0	9	30	25	79	104
TOTALS	33	85	0	0	0	0	12	55	45	140	185

NORWOOD CROSSING
6016 N. NINA AVENUE
CHICAGO, IL. 60631

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	40	34	0	4	39	1	118
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			32	0	35	0	67
TOTALS	40	34	32	4	74	1	185

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	232	272
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	153	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	3	0	0	0	3
White	112	0	0	67	179
Race Unknown	0	0	0	0	0
Total	118	0	0	67	185

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	116	0	0	67	183
Ethnicity Unknown	0	0	0	0	0
Total	118	0	0	67	185

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	38.00
LPN's	16.00
Certified Aides	110.00
Other Health Staff	11.00
Non-Health Staff	106.00
Totals	284.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
42.4%	13.5%	4.3%	1.9%	38.0%	100.0%		1.3%
6,467,909	2,054,448	660,682	285,957	5,792,150	15,261,146	200,283	

*Charity Care Expense does not include expenses which may be considered a community benefit.

OAK BROOK HEALTH CARE CENTER
2013 MIDWEST ROAD
OAK BROOK, IL. 60523

Reference Numbers Facility ID 6006720
Health Service Area 007 Planning Service Area 703

Administrator
Jina Lebert-Davies

Contact Person and Telephone
JINA LEBERT-DAVIES
630-495-0220

Registered Agent Information
Laurence Zung
5061 N Pulaski Road
Chicago, IL 60630

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System Non Alzheimer	14
Alzheimer Disease	20
Mental Illness	0
Developmental Disability	0
Circulatory System	26
Respiratory System	11
Digestive System	4
Genitourinary System Disorders	12
Skin Disorders	2
Musculo-skeletal Disorders	26
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	120

Total Residents Diagnosed as Mentally Ill 22

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	156	156	146	141	120	36	126	87
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	156	156	146	141	120	36	126	87

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	134
Total Admissions 2011	402
Total Discharges 2011	416
Residents on 12/31/2011	120
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9530	20.7%	22139	69.7%	0	1084	16761	0	49514	87.0%	87.0%
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	9530	20.7%	22139	69.7%	0	1084	16761	0	49514	87.0%	87.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	2	8	0	0	0	0	0	0	2	8	10
75 to 84	5	20	0	0	0	0	0	0	5	20	25
85+	11	70	0	0	0	0	0	0	11	70	81
TOTALS	20	100	0	0	0	0	0	0	20	100	120

OAK BROOK HEALTH CARE CENTER
2013 MIDWEST ROAD
OAK BROOK, IL. 60523

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	28	46	0	3	43	0	120
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	28	46	0	3	43	0	120

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	268	221
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	115	0	0	0	115
Race Unknown	0	0	0	0	0
Total	120	0	0	0	120

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	120	0	0	0	120
Ethnicity Unknown	0	0	0	0	0
Total	120	0	0	0	120

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	29.00
LPN's	9.00
Certified Aides	66.00
Other Health Staff	17.00
Non-Health Staff	60.00
Totals	183.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
39.6%	25.7%	0.0%	3.1%	31.6%	100.0%		0.0%
5,077,150	3,297,551	0	395,194	4,044,866	12,814,761	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

OAK CREST/DEKALB
2944 GREENWOOD ACRES DRIVE
DEKALB, IL. 60115

Reference Numbers Facility ID 6006738
Health Service Area 001 Planning Service Area 037

Administrator
Stephen P. Cichy

Contact Person and Telephone
SHARON COX
815-756-8461

Registered Agent Information

Date Completed
4/16/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	25
Blood Disorders	0
*Nervous System Non Alzheimer	25
Alzheimer Disease	15
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	91

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	73	73	73	73	65	8	6	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	49	49	49	49	26	23		
TOTAL BEDS	122	122	122	122	91	31	6	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	93
Total Admissions 2011	140
Total Discharges 2011	142
Residents on 12/31/2011	91
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1600	73.1%	0	0.0%	0	0	21494	0	23094	86.7%	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	10826	0	10826	60.5%	60.5%
TOTALS	1600	73.1%	0	0.0%	0	0	32320	0	33920	76.2%	76.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	7	16	0	0	0	0	1	5	8	21	29
85+	11	31	0	0	0	0	3	17	14	48	62
TOTALS	18	47	0	0	0	0	4	22	22	69	91

OAK CREST/DEKALB
2944 GREENWOOD ACRES DRIVE
DEKALB, IL. 60115

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 037

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	0	0	0	60	0	65
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	26	0	26
TOTALS	5	0	0	0	86	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	172	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	116	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	65	0	0	26	91
Race Unknown	0	0	0	0	0
Total	65	0	0	26	91

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	65	0	0	26	91
Ethnicity Unknown	0	0	0	0	0
Total	65	0	0	26	91

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	32.00
LPN's	7.00
Certified Aides	76.00
Other Health Staff	2.00
Non-Health Staff	122.00
Totals	241.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
91.7%	0.0%	0.0%	3.5%	4.8%	100.0%		23.6%
767,926	0	0	28,925	40,403	837,254	197,703	

*Charity Care Expense does not include expenses which may be considered a community benefit.

OAK HILL
623 HAMACHER
WATERLOO, IL. 62298

Reference Numbers Facility ID 6006274
Health Service Area 011 Planning Service Area 133

Administrator
Kim Keckritz

Contact Person and Telephone
CHRISTINE BRINKMANN
618-939-3488 X 1121

Registered Agent Information

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	12
Mental Illness	0
Developmental Disability	0
Circulatory System	16
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	1
Other Medical Conditions	67
Non-Medical Conditions	0
TOTALS	123

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	131	131	131	131	123	8	131	131
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	131	131	131	131	123	8	131	131

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	124
Total Admissions 2011	125
Total Discharges 2011	126
Residents on 12/31/2011	123
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3385	7.1%	20854	43.6%	0	0	21880	0	46119	96.5%	96.5%
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	3385	7.1%	20854	43.6%	0	0	21880	0	46119	96.5%	96.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	1	2	0	0	0	0	0	0	1	2	3
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	3	2	0	0	0	0	0	0	3	2	5
75 to 84	10	30	0	0	0	0	0	0	10	30	40
85+	17	56	0	0	0	0	0	0	17	56	73
TOTALS	32	91	0	0	0	0	0	0	32	91	123

OAK HILL
623 HAMACHER
WATERLOO, IL. 62298

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 133

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	57	0	0	58	0	123
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	57	0	0	58	0	123

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	155
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	122	0	0	0	122
Race Unknown	0	0	0	0	0
Total	123	0	0	0	123

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	123	0	0	0	123
Ethnicity Unknown	0	0	0	0	0
Total	123	0	0	0	123

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	15.00
Certified Aides	44.00
Other Health Staff	0.00
Non-Health Staff	65.00
Totals	135.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
20.7%	23.2%	0.0%	0.0%	56.1%	100.0%		0.0%
1,742,871	1,956,291	0	0	4,731,905	8,431,067	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

OAK LAWN RESPIRATORY & REHAB CENTER
9525 SOUTH MAYFIELD
OAK LAWN, IL. 60453

Reference Numbers Facility ID 6006779
Health Service Area 007 Planning Service Area 705

Administrator
Carrie A. DiPaolo

Contact Person and Telephone
Carrie A. DiPaolo
773-575-5015

Date Completed
4/15/2013

Registered Agent Information
David Gross
240 Fencl Lane
Hillside, IL 60162

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	8
Blood Disorders	5
*Nervous System Non Alzheimer	2
Alzheimer Disease	5
Mental Illness	7
Developmental Disability	0
Circulatory System	2
Respiratory System	34
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	10
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	80

Total Residents Diagnosed as Mentally Ill 12

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	143	143	80	143	80	63	54	143
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	143	143	80	143	80	63	54	143

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	74
Total Admissions 2011	149
Total Discharges 2011	143
Residents on 12/31/2011	80
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3632	18.4%	25249	48.4%	0	132	187	0	29200	55.9%	55.9%
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	3632	18.4%	25249	48.4%	0	132	187	0	29200	55.9%	55.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	6	1	0	0	0	0	0	0	6	1	7
45 to 59	14	9	0	0	0	0	0	0	14	9	23
60 to 64	6	4	0	0	0	0	0	0	6	4	10
65 to 74	13	6	0	0	0	0	0	0	13	6	19
75 to 84	1	12	0	0	0	0	0	0	1	12	13
85+	1	7	0	0	0	0	0	0	1	7	8
TOTALS	41	39	0	0	0	0	0	0	41	39	80

OAK LAWN RESPIRATORY & REHAB CENTER
9525 SOUTH MAYFIELD
OAK LAWN, IL. 60453

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	69	0	0	0	0	80
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	69	0	0	0	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	47	0	0	0	47
Hawaiian/Pacific Isl.	0	0	0	0	0
White	31	0	0	0	31
Race Unknown	0	0	0	0	0
Total	80	0	0	0	80

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	74	0	0	0	74
Ethnicity Unknown	0	0	0	0	0
Total	80	0	0	0	80

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	20.00
Certified Aides	43.00
Other Health Staff	0.00
Non-Health Staff	44.00
Totals	114.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
72.5%	26.0%	0.0%	1.0%	0.5%	100.0%		0.0%
6,113,735	2,195,341	0	80,283	40,661	8,430,020	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

OAK TERRACE
4219 LINCOLNSHIRE DRIVE
MOUNT VERNON, IL. 62864

Reference Numbers Facility ID 6006803
Health Service Area 005 Planning Service Area 081

Administrator
BRIDGET P. 'PAT' MCDONAGH

Contact Person and Telephone
BRIDGET P. 'PAT' MCDONAGH
618 242-2117

Registered Agent Information

Date Completed
4/5/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	1
Total Discharges 2011	2
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5814	99.6%	0	0	0	0	5814	99.6%	99.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5814	99.6%	0	0	0	0	5814	99.6%	99.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	0	0	0	3	0	3
45 to 59	0	0	0	0	4	0	0	0	4	0	4
60 to 64	0	0	0	0	3	2	0	0	3	2	5
65 to 74	0	0	0	0	0	3	0	0	0	3	3
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	10	5	0	0	10	5	15

OAK TERRACE
4219 LINCOLNSHIRE DRIVE
MOUNT VERNON, IL. 62864

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 081

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	112	111
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.25
Registered Nurses	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	10.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	84.5%	0.0%	0.0%	15.5%	100.0%		0.0%
0	544,688	0	0	99,916	644,604	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

OAK TERRACE HEALTHCARE CENTER
1750 WEST WASHINGTON
SPRINGFIELD, IL. 62702

Reference Numbers Facility ID 6006811
Health Service Area 003 Planning Service Area 167

Administrator
JEREMY WOODLE

Contact Person and Telephone
JEREMY WOODLE
2177876466

Date Completed
4/18/2013

Registered Agent Information
Oak Terrace Healthcare Center c/o Kelly
1750 W. Washington St.
Springfield, IL 60425

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	1
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	1
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	36
Total Residents Diagnosed as Mentally Ill	1

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	78	69	53	60	38	40	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	20	16	8	16	4	16		
TOTAL BEDS	98	85	61	76	42	56	0	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	53
Total Admissions 2011	62
Total Discharges 2011	73
Residents on 12/31/2011	42
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	15131	0	15131	53.1%	60.1%
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	2334	0	2334	32.0%	40.0%
TOTALS	0	0.0%	0	0.0%	0	0	17465	0	17465	48.8%	56.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	1	0	0	0	0	0	0	1	1	2
75 to 84	4	5	0	0	0	0	1	0	5	5	10
85+	5	22	0	0	0	0	0	3	5	25	30
TOTALS	10	28	0	0	0	0	1	3	11	31	42

OAK TERRACE HEALTHCARE CENTER
1750 WEST WASHINGTON
SPRINGFIELD, IL. 62702

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	38	0	38
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	4	0	4
TOTALS	0	0	0	0	42	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	130	110

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	36	0	0	4	40
Race Unknown	0	0	0	0	0
Total	38	0	0	4	42

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	38	0	0	4	42
Ethnicity Unknown	0	0	0	0	0
Total	38	0	0	4	42

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	7.25
Certified Aides	19.75
Other Health Staff	3.00
Non-Health Staff	21.75
Totals	53.75

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		0.0%
0	0	0	0	2,749,772	2,749,772	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

OAK TRACE
250 VILLAGE DRIVE
DOWNERS GROVE, IL. 60516

Reference Numbers Facility ID 6003032
Health Service Area 007 Planning Service Area 703

Administrator
Lynn Blakemore

Contact Person and Telephone
Lynn Blakemore
630-769-6201

Registered Agent Information

Date Completed
4/8/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	8
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	18
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	20
Injuries and Poisonings	0
Other Medical Conditions	25
Non-Medical Conditions	0
TOTALS	105

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	160	146	77	146	60	100	39	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	72	61	45	61	45	27		
TOTAL BEDS	232	207	122	207	105	127	39	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	107
Total Admissions 2011	310
Total Discharges 2011	312
Residents on 12/31/2011	105
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6634	46.6%	0	0.0%	0	509	14879	0	22022	37.7%	41.3%
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	16384	0	16384	62.3%	73.6%
TOTALS	6634	46.6%	0	0.0%	0	509	31263	0	38406	45.4%	50.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	3	0	0	0	0	0	2	0	5	5
65 to 74	0	6	0	0	0	0	0	3	0	9	9
75 to 84	5	9	0	0	0	0	1	4	6	13	19
85+	7	30	0	0	0	0	3	32	10	62	72
TOTALS	12	48	0	0	0	0	4	41	16	89	105

OAK TRACE
250 VILLAGE DRIVE
DOWNERS GROVE, IL. 60516

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	0	0	0	45	0	60
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	45	0	45
TOTALS	15	0	0	0	90	0	105

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	318	260
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	145	145

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	12	0	0	0	12
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	43	0	0	45	88
Race Unknown	0	0	0	0	0
Total	60	0	0	45	105

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	60	0	0	45	105
Ethnicity Unknown	0	0	0	0	0
Total	60	0	0	45	105

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	5.00
Certified Aides	31.00
Other Health Staff	11.00
Non-Health Staff	112.00
Totals	175.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
51.5%	0.0%	0.0%	8.0%	40.4%	100.0%		3.1%
3,789,230	0	0	591,917	2,972,571	7,353,718	227,500	

*Charity Care Expense does not include expenses which may be considered a community benefit.

OAKRIDGE HEALTHCARE CENTER
323 OAKRIDGE AVENUE
HILLSIDE, IL. 60162

Reference Numbers Facility ID 6006829
Health Service Area 007 Planning Service Area 704

Administrator
Elisha Atkin

Contact Person and Telephone
LISA BOIVIN
7085476595

Registered Agent Information

Date Completed
5/24/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	22
Mental Illness	0
Developmental Disability	8
Circulatory System	0
Respiratory System	2
Digestive System	6
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	54
Total Residents Diagnosed as Mentally Ill	30

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	73	73	70	73	54	19	18	73
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	73	73	70	73	54	19	18	73

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	67
Total Admissions 2011	42
Total Discharges 2011	55
Residents on 12/31/2011	54
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1640	25.0%	14904	55.9%	830	1546	2948	0	21868	82.1%	82.1%
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	1640	25.0%	14904	55.9%	830	1546	2948	0	21868	82.1%	82.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	5	0	0	0	0	0	0	2	5	7
60 to 64	4	3	0	0	0	0	0	0	4	3	7
65 to 74	8	1	0	0	0	0	0	0	8	1	9
75 to 84	5	6	0	0	0	0	0	0	5	6	11
85+	3	17	0	0	0	0	0	0	3	17	20
TOTALS	22	32	0	0	0	0	0	0	22	32	54

OAKRIDGE HEALTHCARE CENTER
323 OAKRIDGE AVENUE
HILLSIDE, IL. 60162

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	32	7	3	6	0	54
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	32	7	3	6	0	54

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	142
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	21	0	0	0	21
Hawaiian/Pacific Isl.	0	0	0	0	0
White	31	0	0	0	31
Race Unknown	0	0	0	0	0
Total	54	0	0	0	54

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	49	0	0	0	49
Ethnicity Unknown	0	0	0	0	0
Total	54	0	0	0	54

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	5.00
Certified Aides	26.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	37.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
19.9%	54.6%	3.4%	7.4%	14.8%	100.0%		0.0%
766,072	2,102,096	130,767	283,359	571,040	3,853,334	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	1/3/2012	Name changed from Oakridge Nursing & Rehab. Center.
CHOW	1/3/2012	Change of ownership occurred.

OAKTON PAVILION
1660 OAKTON PLACE
DES PLAINES, IL. 60018

Reference Numbers Facility ID 6006837
Health Service Area 007 Planning Service Area 702

Administrator
Jay Lewkowitz

Contact Person and Telephone
JAY LEWKOWITZ
(847) 299-5588

Date Completed
4/12/2013

Registered Agent Information
Fred Weiss
1745 W. Fulton St.
Chicago, IL 60612

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	3
*Nervous System Non Alzheimer	4
Alzheimer Disease	3
Mental Illness	2
Developmental Disability	0
Circulatory System	21
Respiratory System	11
Digestive System	5
Genitourinary System Disorders	14
Skin Disorders	1
Musculo-skeletal Disorders	12
Injuries and Poisonings	17
Other Medical Conditions	31
Non-Medical Conditions	0
TOTALS	130

Total Residents Diagnosed as Mentally Ill 54

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	294	195	135	195	130	164	195	152
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	294	195	135	195	130	164	195	152

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	138
Total Admissions 2011	262
Total Discharges 2011	270
Residents on 12/31/2011	130
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5736	8.1%	25616	46.2%	843	374	16480	0	49049	45.7%	68.9%
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	5736	8.1%	25616	46.2%	843	374	16480	0	49049	45.7%	68.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	4	8	0	0	0	0	0	0	4	8	12
75 to 84	14	21	0	0	0	0	0	0	14	21	35
85+	19	64	0	0	0	0	0	0	19	64	83
TOTALS	37	93	0	0	0	0	0	0	37	93	130

OAKTON PAVILION
1660 OAKTON PLACE
DES PLAINES, IL. 60018

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	61	3	2	49	0	130
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	61	3	2	49	0	130

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	215
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	127	0	0	0	127
Race Unknown	0	0	0	0	0
Total	130	0	0	0	130

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	128	0	0	0	128
Ethnicity Unknown	0	0	0	0	0
Total	130	0	0	0	130

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	24.00
LPN's	7.00
Certified Aides	83.00
Other Health Staff	33.00
Non-Health Staff	28.00
Totals	178.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
12.0%	34.7%	1.2%	12.2%	39.9%	100.0%		0.0%
1,174,352	3,401,660	118,174	1,198,974	3,918,140	9,811,300	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

OAKVIEW
2311 VETERAN'S DRIVE
EFFINGHAM, IL. 62401

Reference Numbers Facility ID 6016109
Health Service Area 005 Planning Service Area 049

Administrator
Barbara Rodgers

Contact Person and Telephone
BARBARA RODGERS
217-857-3186 Ext: 109

Registered Agent Information
Debra Parmenter
618 W. Main St.
Teutopolis, IL 62467

Date Completed
4/12/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 2

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	1
Total Discharges 2011	2
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5394	92.4%	0	0	0	0	5394	92.4%	92.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5394	92.4%	0	0	0	0	5394	92.4%	92.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	6	0	0	4	6	10
45 to 59	0	0	0	0	2	2	0	0	2	2	4
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	1	0	0	0	1	0	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	7	8	0	0	7	8	15

OAKVIEW
2311 VETERAN'S DRIVE
EFFINGHAM, IL. 62401

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 049

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	113	113
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.65
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.33
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	0.23
Totals	12.21

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	79.8%	0.6%	0.0%	19.6%	100.0%		0.0%
0	512,809	3,603	0	126,207	642,619	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

OAKVIEW HEIGHTS CONT C & REHAB CENTER
1320 WEST 9TH STREET
MOUNT CARMEL, IL. 62863

Reference Numbers Facility ID 6003487
Health Service Area 005 Planning Service Area 047

Administrator
Mark Brewster

Contact Person and Telephone
MARK BREWSTER
618-263-4337

Registered Agent Information
Mark Brewster
1320 West 9th St
Mount Carmel, IL 62863

Date Completed
4/1/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	8
Alzheimer Disease	28
Mental Illness	0
Developmental Disability	1
Circulatory System	16
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	77

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	90	90	90	90	77	13	90	75
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	90	90	90	90	77	13	90	75

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	82
Total Admissions 2011	24
Total Discharges 2011	29
Residents on 12/31/2011	77
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4525	13.8%	16258	59.4%	0	0	8566	0	29349	89.3%	89.3%
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	4525	13.8%	16258	59.4%	0	0	8566	0	29349	89.3%	89.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	3	2	0	0	0	0	0	0	3	2	5
75 to 84	7	14	0	0	0	0	0	0	7	14	21
85+	17	32	0	0	0	0	0	0	17	32	49
TOTALS	28	49	0	0	0	0	0	0	28	49	77

OAKVIEW HEIGHTS CONT C & REHAB CENTER
1320 WEST 9TH STREET
MOUNT CARMEL, IL. 62863

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 047

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	39	1	1	26	0	77
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	39	1	1	26	0	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	77	0	0	0	77
Race Unknown	0	0	0	0	0
Total	77	0	0	0	77

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	77	0	0	0	77
Ethnicity Unknown	0	0	0	0	0
Total	77	0	0	0	77

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	11.00
Certified Aides	30.00
Other Health Staff	0.00
Non-Health Staff	32.00
Totals	81.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
34.9%	33.1%	0.0%	2.4%	29.5%	100.0%		0.3%
2,222,392	2,108,605	0	155,874	1,878,992	6,365,863	18,164	

*Charity Care Expense does not include expenses which may be considered a community benefit.

OAKVIEW HOME
420 EAST SECOND STREET
TRENTON, IL. 62293

Reference Numbers Facility ID 6012629
Health Service Area 011 Planning Service Area 027

Administrator
Sherry Newton

Contact Person and Telephone
Sherry Newton
217 398 0754 ext 13

Registered Agent Information
Dave Krchak
30 E Main St
Champaign, IL 61821

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	11
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	11

Total Residents Diagnosed as Mentally Ill 7

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	12	16	11	5		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	12	16	11	5	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	13
Total Admissions 2011	1
Total Discharges 2011	3
Residents on 12/31/2011	11
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4258	72.9%	0	0	0	0	4258	72.9%	72.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4258	72.9%	0	0	0	0	4258	72.9%	72.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	2	0	0	2	2	4
45 to 59	0	0	0	0	2	3	0	0	2	3	5
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	1	1	0	0	1	1	2
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	5	6	0	0	5	6	11

OAKVIEW HOME
420 EAST SECOND STREET
TRENTON, IL. 62293

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 027

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		11	0	0	0	0	11
Sheltered Care			0	0	0	0	0
TOTALS	0	11	0	0	0	0	11

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	147	147
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	9	0	9
Race Unknown	0	0	0	0	0
Total	0	0	11	0	11

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	10	0	10
Ethnicity Unknown	0	0	0	0	0
Total	0	0	11	0	11

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	11.50
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	11.75

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	85.1%	14.9%	0.0%	0.0%	100.0%		0.0%
0	467,107	81,738	0	0	548,845	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

OAKWOOD ESTATES
2213 VETERANS ROAD
MORTON, IL. 61550

Reference Numbers Facility ID 6011522
Health Service Area 002 Planning Service Area 179

Administrator
Crystal Streitmatter

Contact Person and Telephone
Michael A. Prevo
(309) 266-9781

Date Completed
4/16/2013

Registered Agent Information
Ron Messner
2125 Veterans Road
Morton, IL 61550

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 5

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	1
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5476	93.8%	0	0	0	0	5476	93.8%	93.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5476	93.8%	0	0	0	0	5476	93.8%	93.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	5	0	0	3	5	8
45 to 59	0	0	0	0	4	1	0	0	4	1	5
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	7	0	0	8	7	15

OAKWOOD ESTATES
2213 VETERANS ROAD
MORTON, IL. 61550

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	119	119
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.25
Registered Nurses	0.50
LPN's	0.00
Certified Aides	9.60
Other Health Staff	1.00
Non-Health Staff	1.50
Totals	13.10

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	86.3%	0.0%	0.0%	13.7%	100.0%		0.0%
0	593,603	0	0	94,032	687,635	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ODD FELLOWS - REBAKAH HOME
201 LAFAYETTE AVENUE EAST
MATTOON, IL. 61938

Reference Numbers Facility ID 6006860
Health Service Area 004 Planning Service Area 029

Administrator
David Standerfer

Contact Person and Telephone
Rabecca Howard
309-828-4361

Registered Agent Information
Craig Ater
115 W. Jefferson Street, Suite 401
Bloomington, IL 61702

Date Completed
4/11/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	4
*Nervous System Non Alzheimer	3
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	0
Circulatory System	19
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	11
Injuries and Poisonings	7
Other Medical Conditions	47
Non-Medical Conditions	0
TOTALS	118

Total Residents Diagnosed as Mentally Ill 2

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	162	140	130	140	118	44	162	162
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	162	140	130	140	118	44	162	162

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	130
Total Admissions 2011	212
Total Discharges 2011	224
Residents on 12/31/2011	118
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5290	8.9%	30780	52.1%	0	0	9889	0	45959	77.7%	89.9%
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	5290	8.9%	30780	52.1%	0	0	9889	0	45959	77.7%	89.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	1	6	0	0	0	0	0	0	1	6	7
75 to 84	11	31	0	0	0	0	0	0	11	31	42
85+	6	61	0	0	0	0	0	0	6	61	67
TOTALS	19	99	0	0	0	0	0	0	19	99	118

ODD FELLOWS - REBAKAH HOME
201 LAFAYETTE AVENUE EAST
MATTOON, IL. 61938

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 029

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	71	0	0	36	0	118
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	71	0	0	36	0	118

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	182	147
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	117	0	0	0	117
Race Unknown	0	0	0	0	0
Total	118	0	0	0	118

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	118	0	0	0	118
Ethnicity Unknown	0	0	0	0	0
Total	118	0	0	0	118

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	16.00
Certified Aides	50.00
Other Health Staff	8.00
Non-Health Staff	32.00
Totals	119.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
31.6%	46.9%	0.0%	0.0%	21.5%	100.0%		0.0%
2,519,676	3,743,216	0	0	1,719,836	7,982,728	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ODIN HEALTH CARE CENTER
300 GREEN STREET
ODIN, IL. 62870

Reference Numbers Facility ID 6006878
Health Service Area 005 Planning Service Area 121

Administrator
Mary Ann Smith

Contact Person and Telephone
MARY ANN SMITH
6187756444

Registered Agent Information

Date Completed
4/29/2012

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	2
*Nervous System Non Alzheimer	10
Alzheimer Disease	9
Mental Illness	5
Developmental Disability	0
Circulatory System	12
Respiratory System	4
Digestive System	6
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	34
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	90

Total Residents Diagnosed as Mentally Ill 5

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	99	99	90	99	90	9	33	99
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	90	99	90	9	33	99

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	85
Total Admissions 2011	287
Total Discharges 2011	282
Residents on 12/31/2011	90
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7840	65.1%	17435	48.2%	0	494	4877	0	30646	84.8%	84.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	7840	65.1%	17435	48.2%	0	494	4877	0	30646	84.8%	84.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	2	0	0	0	0	0	0	1	2	3
45 to 59	1	2	0	0	0	0	0	0	1	2	3
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	4	6	0	0	0	0	0	0	4	6	10
75 to 84	4	18	0	0	0	0	0	0	4	18	22
85+	12	36	0	0	0	0	0	0	12	36	48
TOTALS	24	66	0	0	0	0	0	0	24	66	90

ODIN HEALTH CARE CENTER
300 GREEN STREET
ODIN, IL. 62870

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 121

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	50	0	1	15	0	90
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	50	0	1	15	0	90

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	142
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	89	0	0	0	89
Race Unknown	0	0	0	0	0
Total	90	0	0	0	90

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	90	0	0	0	90
Ethnicity Unknown	0	0	0	0	0
Total	90	0	0	0	90

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	11.00
Certified Aides	46.00
Other Health Staff	21.00
Non-Health Staff	20.00
Totals	111.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
56.2%	28.8%	1.0%	3.5%	10.5%	100.0%		0.0%
3,643,076	1,865,787	63,921	229,364	680,524	6,482,672	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

O'DONNELL HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6010300
Health Service Area 006 Planning Service Area 601

Administrator
Michael Diaz

Contact Person and Telephone
MARY PAT O'BRIEN
773-273-4169

Date Completed
4/1/2013

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.
Chicago, IL 60660

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	12

Total Residents Diagnosed as Mentally Ill 5

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	12	0		12
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	12	0	0	12

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	12
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	12
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4380	######	0	0	0	0	4380	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4380	######	0	0	0	0	4380	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	8	0	0	0	8	8
45 to 59	0	0	0	0	0	4	0	0	0	4	4
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	12	0	0	0	12	12

O'DONNELL HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	218	218
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	1	0	1
White	0	0	10	0	10
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.06
Director of Nursing	0.00
Registered Nurses	0.11
LPN's	0.00
Certified Aides	8.93
Other Health Staff	2.18
Non-Health Staff	0.27
Totals	11.80

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	89.2%	10.5%	0.0%	0.3%	100.0%		0.0%
0	668,027	78,703	0	2,324	749,055	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

OLSON TERRACE
3006 ALIDA STREET
ROCKFORD, IL. 61101

Reference Numbers Facility ID 6010839
Health Service Area 001 Planning Service Area 201

Administrator
Steve Bennett

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Registered Agent Information
J. Michael Bibo
285 S. Farnham St.
Galesburg, IL 61401

Date Completed
4/6/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5856	######	0	0	0	0	5856	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5856	######	0	0	0	0	5856	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	4	0	0	2	4	6
45 to 59	0	0	0	0	2	5	0	0	2	5	7
60 to 64	0	0	0	0	2	0	0	0	2	0	2
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	6	10	0	0	6	10	16

OLSON TERRACE
3006 ALIDA STREET
ROCKFORD, IL. 61101

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	119
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	80.8%	1.2%	0.0%	18.1%	100.0%		0.0%
0	566,334	8,228	0	126,609	701,172	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

OREGON LIVING & REHAB CENTER
811 SOUTH 10TH STREET
OREGON, IL. 61061

Reference Numbers Facility ID 6009989
Health Service Area 001 Planning Service Area 141

Administrator
KATHY MAY

Contact Person and Telephone
CHERYL CARL
847-982-2300

Date Completed
4/17/2013

Registered Agent Information
SHELDON WOLFE
7434 SKOKIE BLVD
SKOKIE, IL 60077

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	3
Mental Illness	12
Developmental Disability	0
Circulatory System	9
Respiratory System	14
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	17
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	76
Total Residents Diagnosed as Mentally Ill	24

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	104	104	84	104	76	28	20	104
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	104	104	84	104	76	28	20	104

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	71
Total Admissions 2011	82
Total Discharges 2011	77
Residents on 12/31/2011	76
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2231	30.6%	16789	44.2%	0	0	6696	0	25716	67.7%	67.7%
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	2231	30.6%	16789	44.2%	0	0	6696	0	25716	67.7%	67.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	2	1	0	0	0	0	0	0	2	1	3
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	7	9	0	0	0	0	0	0	7	9	16
75 to 84	7	17	0	0	0	0	0	0	7	17	24
85+	9	20	0	0	0	0	0	0	9	20	29
TOTALS	26	50	0	0	0	0	0	0	26	50	76

OREGON LIVING & REHAB CENTER
811 SOUTH 10TH STREET
OREGON, IL. 61061

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 141

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	52	0	0	19	0	76
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	52	0	0	19	0	76

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	75	0	0	0	75
Race Unknown	0	0	0	0	0
Total	76	0	0	0	76

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	76	0	0	0	76
Ethnicity Unknown	0	0	0	0	0
Total	76	0	0	0	76

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	6.00
Certified Aides	30.00
Other Health Staff	0.00
Non-Health Staff	33.00
Totals	76.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
21.6%	55.0%	0.0%	0.0%	23.5%	100.0%		0.0%
928,366	2,368,400	0	0	1,010,975	4,307,741	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

OTTAWA GROUP HOME
726 NORTH OTTAWA
DIXON, IL. 61021

Reference Numbers Facility ID 6013916
Health Service Area 001 Planning Service Area 103

Administrator
Patricia A. Howard

Contact Person and Telephone
PAT HOWARD
815-288-6691 Ext. 223

Date Completed
4/9/2013

Registered Agent Information
Jeffrey Stauter
500 Anchor Road
Dixon, IL 61021

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	6
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	6
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	6
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			2185	99.8%	0	0	0	0	2185	99.8%	99.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2185	99.8%	0	0	0	0	2185	99.8%	99.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	3	0	0	0	3	3
45 to 59	0	0	0	0	0	2	0	0	0	2	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	1	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	6	0	0	0	6	6

OTTAWA GROUP HOME
726 NORTH OTTAWA
DIXON, IL. 61021

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 103

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	6	0	6
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	6	0	6
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.25
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	6.25
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	9.25

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	7.9%	92.0%	0.0%	0.1%	100.0%		0.0%
0	31,084	359,774	0	233	391,091	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

OTTAWA PAVILION
704 E. GLOVER STREET
OTTAWA, IL. 61350

Reference Numbers Facility ID 6006985
Health Service Area 002 Planning Service Area 099

Administrator
Margie Lyle

Contact Person and Telephone
MARGIE LYLE
815-431-4900

Registered Agent Information
Abrham Stern
2672 Payshere Dr.
Chicago, IL 60674

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	1
Circulatory System	18
Respiratory System	15
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	18
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	85
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	119	119	102	119	85	34	119	119
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	119	119	102	119	85	34	119	119

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	98
Total Admissions 2011	275
Total Discharges 2011	288
Residents on 12/31/2011	85
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7355	16.9%	17790	41.0%	0	0	6630	0	31775	73.2%	73.2%
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	7355	16.9%	17790	41.0%	0	0	6630	0	31775	73.2%	73.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	8	0	0	0	0	0	0	2	8	10
75 to 84	7	22	0	0	0	0	0	0	7	22	29
85+	6	37	0	0	0	0	0	0	6	37	43
TOTALS	16	69	0	0	0	0	0	0	16	69	85

OTTAWA PAVILION
704 E. GLOVER STREET
OTTAWA, IL. 61350

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	37	0	2	24	0	85
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	22	37	0	2	24	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	83	0	0	0	83
Race Unknown	0	0	0	0	0
Total	85	0	0	0	85

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	83	0	0	0	83
Ethnicity Unknown	0	0	0	0	0
Total	85	0	0	0	85

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	11.00
Certified Aides	38.00
Other Health Staff	9.00
Non-Health Staff	30.00
Totals	95.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
44.7%	38.1%	0.0%	0.9%	16.4%	100.0%		0.0%
2,800,048	2,388,646	0	54,841	1,026,080	6,269,615	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

09-048	6/6/2012	Facility abandoned to modernize existing facility; modernization will include addition of 10 nursing care beds, for a total of 129 nursing care beds.
12-063	12/10/2012	Received permit to modernize existing facility; modernization will include addition of 10 nursing care beds, for a total of 129 nursing care beds.

OUR LADY OF ANGELS RETIREMENT HOME
1201 WYOMING AVENUE
JOLIET, IL. 60435

Reference Numbers Facility ID 6006993
Health Service Area 009 Planning Service Area 197

Administrator
James Boyle

Contact Person and Telephone
James Boyle
815-725-6631

Registered Agent Information

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	10
Endocrine/Metabolic	8
Blood Disorders	2
*Nervous System Non Alzheimer	4
Alzheimer Disease	10
Mental Illness	2
Developmental Disability	5
Circulatory System	20
Respiratory System	15
Digestive System	6
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	25
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	122

Total Residents Diagnosed as Mentally Ill 10

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	87	87	85	87	73	14	37	75
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	50	50	37	50	33	17		
TOTAL BEDS	137	137	122	137	106	31	37	75

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	108
Total Admissions 2011	269
Total Discharges 2011	271
Residents on 12/31/2011	106
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5760	42.7%	12482	45.6%	0	0	10165	0	28407	89.5%	89.5%
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	13139	0	13139	72.0%	72.0%
TOTALS	5760	42.7%	12482	45.6%	0	0	23304	0	41546	83.1%	83.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	7	21	0	0	0	0	2	7	9	28	37
85+	5	40	0	0	0	0	3	21	8	61	69
TOTALS	12	61	0	0	0	0	5	28	17	89	106

OUR LADY OF ANGELS RETIREMENT HOME
1201 WYOMING AVENUE
JOLIET, IL. 60435

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	33	0	0	32	0	73
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	33	0	33
TOTALS	8	33	0	0	65	0	106

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	228	216
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	104	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	72	0	0	33	105
Race Unknown	0	0	0	0	0
Total	73	0	0	33	106

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	73	0	0	33	106
Ethnicity Unknown	0	0	0	0	0
Total	73	0	0	33	106

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	12.00
Certified Aides	34.00
Other Health Staff	9.00
Non-Health Staff	50.00
Totals	120.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
30.0%	20.8%	0.0%	0.0%	49.2%	100.0%		0.0%
2,348,283	1,629,418	0	0	3,854,990	7,832,691	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

OUR PLACE
301 N. 13TH
MURPHYSBORO, IL. 62966

Reference Numbers Facility ID 6007017
Health Service Area 005 Planning Service Area 077

Administrator
Lallia 'Betsy' Shanks

Contact Person and Telephone
BETSY SHANKS
618 687-1415

Registered Agent Information

Date Completed
4/15/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 14

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	3
Total Discharges 2011	3
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5556	95.1%	0	0	0	0	5556	95.1%	95.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5556	95.1%	0	0	0	0	5556	95.1%	95.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	5	0	0	4	5	9
45 to 59	0	0	0	0	3	2	0	0	3	2	5
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	7	0	0	8	7	15

OUR PLACE
301 N. 13TH
MURPHYSBORO, IL. 62966

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 077

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	117	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	13.00
Totals	13.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	83.6%	0.0%	0.0%	16.4%	100.0%		0.0%
0	535,595	0	0	104,959	640,554	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

P.A. PETERSON CENTER FOR HEALTH.
1311 PARKVIEW AVENUE
ROCKFORD, IL. 61107

Reference Numbers Facility ID 6007041
Health Service Area 001 Planning Service Area 201

Administrator
PEGGY HOLT

Contact Person and Telephone
CHRISTINA MESSINEO
815-399-8832

Date Completed
7/16/2013

Registered Agent Information
CRAIG COLMAR
1001 TOUHY AVE
Des Plaines, IL 60018

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	52
Mental Illness	0
Developmental Disability	0
Circulatory System	19
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	17
Non-Medical Conditions	1
TOTALS	119

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	129	129	111	129	105	24	129	117
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	29	17	16	14	14	15		
TOTAL BEDS	158	146	127	143	119	39	129	117

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	117
Total Admissions 2011	899
Total Discharges 2011	897
Residents on 12/31/2011	119
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	11223	23.8%	12885	30.2%	0	4087	12431	0	40626	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	5752	0	5752	54.3%	92.7%
TOTALS	11223	23.8%	12885	30.2%	0	4087	18183	0	46378	80.4%	87.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	3	5	0	0	0	0	0	1	3	6	9
75 to 84	10	15	0	0	0	0	0	2	10	17	27
85+	16	55	0	0	0	0	4	7	20	62	82
TOTALS	29	76	0	0	0	0	4	10	33	86	119

P.A. PETERSON CENTER FOR HEALTH.
1311 PARKVIEW AVENUE
ROCKFORD, IL. 61107

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	32	0	9	41	0	105
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	14	0	14
TOTALS	23	32	0	9	55	0	119

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	272	217
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	155	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	104	0	0	14	118
Race Unknown	0	0	0	0	0
Total	105	0	0	14	119

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	105	0	0	14	119
Ethnicity Unknown	0	0	0	0	0
Total	105	0	0	14	119

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.05
LPN's	18.78
Certified Aides	44.93
Other Health Staff	6.90
Non-Health Staff	58.62
Totals	147.28

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
39.7%	13.4%	0.0%	13.8%	33.1%	100.0%		0.0%
5,090,902	1,715,417	0	1,771,447	4,249,541	12,827,307	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PALM TERRACE OF MATTOON
1000 PALM
MATTOON, IL. 61938

Reference Numbers Facility ID 6002109
Health Service Area 004 Planning Service Area 029

Administrator
Glenna Birch

Contact Person and Telephone
Marikay Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	9
Blood Disorders	2
*Nervous System Non Alzheimer	2
Alzheimer Disease	23
Mental Illness	67
Developmental Disability	2
Circulatory System	0
Respiratory System	26
Digestive System	3
Genitourinary System Disorders	10
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	144
Total Residents Diagnosed as Mentally Ill	113

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	178	178	152	178	144	34	178	178
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	178	178	152	178	144	34	178	178

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	144
Total Admissions 2011	100
Total Discharges 2011	100
Residents on 12/31/2011	144
Identified Offenders	16

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3880	6.0%	40590	62.5%	1035	159	6294	0	51958	80.0%	80.0%
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	3880	6.0%	40590	62.5%	1035	159	6294	0	51958	80.0%	80.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	6	0	0	0	0	0	0	2	6	8
45 to 59	23	16	0	0	0	0	0	0	23	16	39
60 to 64	7	7	0	0	0	0	0	0	7	7	14
65 to 74	18	16	0	0	0	0	0	0	18	16	34
75 to 84	18	14	0	0	0	0	0	0	18	14	32
85+	9	8	0	0	0	0	0	0	9	8	17
TOTALS	77	67	0	0	0	0	0	0	77	67	144

PALM TERRACE OF MATTOON
1000 PALM
MATTOON, IL. 61938

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 029

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	117	1	0	14	0	144
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	117	1	0	14	0	144

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	125
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	17	0	0	0	17
Hawaiian/Pacific Isl.	0	0	0	0	0
White	127	0	0	0	127
Race Unknown	0	0	0	0	0
Total	144	0	0	0	144

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	144	0	0	0	144
Ethnicity Unknown	0	0	0	0	0
Total	144	0	0	0	144

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	14.00
Certified Aides	57.00
Other Health Staff	4.00
Non-Health Staff	47.00
Totals	134.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
13.3%	71.8%	1.1%	0.0%	13.8%	100.0%		0.1%
760,369	4,111,280	62,760	0	791,555	5,725,964	4,181	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PALOS HILLS HEALTHCARE
10426 SOUTH ROBERTS
PALOS HILLS, IL. 60465

Reference Numbers Facility ID 6010086
Health Service Area 007 Planning Service Area 705

Administrator
MATTHEW GIDLEY

Contact Person and Telephone
MATTHEW GIDLEY
708-598-3460

Registered Agent Information
Avrum Weinfeld
6865 N Lincoln
Lincolnwood, IL 60712

Date Completed
4/22/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	29
Blood Disorders	5
*Nervous System Non Alzheimer	5
Alzheimer Disease	16
Mental Illness	14
Developmental Disability	0
Circulatory System	39
Respiratory System	7
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	2
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	133

Total Residents Diagnosed as Mentally Ill 83

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	203	158	149	158	133	70	135	183
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	203	158	149	158	133	70	135	183

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	140
Total Admissions 2011	297
Total Discharges 2011	304
Residents on 12/31/2011	133
Identified Offenders	3

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6438	13.1%	41383	62.0%	0	668	4103	0	52592	71.0%	91.2%
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	6438	13.1%	41383	62.0%	0	668	4103	0	52592	71.0%	91.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	3	0	0	0	0	0	0	0	3	3
45 to 59	19	8	0	0	0	0	0	0	19	8	27
60 to 64	9	8	0	0	0	0	0	0	9	8	17
65 to 74	17	15	0	0	0	0	0	0	17	15	32
75 to 84	12	16	0	0	0	0	0	0	12	16	28
85+	3	23	0	0	0	0	0	0	3	23	26
TOTALS	60	73	0	0	0	0	0	0	60	73	133

PALOS HILLS HEALTHCARE
10426 SOUTH ROBERTS
PALOS HILLS, IL. 60465

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	108	0	1	8	0	133
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	108	0	1	8	0	133

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	0	5
American Indian	0	0	0	0	0
Black	22	0	0	0	22
Hawaiian/Pacific Isl.	0	0	0	0	0
White	106	0	0	0	106
Race Unknown	0	0	0	0	0
Total	133	0	0	0	133

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	129	0	0	0	129
Ethnicity Unknown	0	0	0	0	0
Total	133	0	0	0	133

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.50
LPN's	22.10
Certified Aides	39.00
Other Health Staff	9.00
Non-Health Staff	46.00
Totals	122.60

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
19.7%	72.4%	0.0%	1.5%	6.4%	100.0%		0.0%
1,762,200	6,466,872	0	134,046	573,004	8,936,122	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PARAMOUNT OF OAK PARK Rehab & Nu. CENTE
625 NORTH HARLEM AVENUE
OAK PARK, IL. 60302

Reference Numbers Facility ID 6006795
Health Service Area 007 Planning Service Area 704

Administrator
David Wengrow

Contact Person and Telephone
DAVID WENGROW
708-848-5966

Registered Agent Information

Date Completed
4/12/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	0
Mental Illness	11
Developmental Disability	0
Circulatory System	0
Respiratory System	15
Digestive System	10
Genitourinary System Disorders	0
Skin Disorders	5
Musculo-skeletal Disorders	5
Injuries and Poisonings	6
Other Medical Conditions	47
Non-Medical Conditions	20
TOTALS	126

Total Residents Diagnosed as Mentally Ill 11

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	204	204	160	204	126	78	204	204
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	204	204	160	204	126	78	204	204

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	145
Total Admissions 2011	113
Total Discharges 2011	132
Residents on 12/31/2011	126
Identified Offenders	6

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4715	6.3%	41510	55.7%	624	20	520	0	47389	63.6%	63.6%
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	4715	6.3%	41510	55.7%	624	20	520	0	47389	63.6%	63.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	1	0	0	0	0	0	0	2	1	3
45 to 59	12	13	0	0	0	0	0	0	12	13	25
60 to 64	12	13	0	0	0	0	0	0	12	13	25
65 to 74	16	15	0	0	0	0	0	0	16	15	31
75 to 84	10	14	0	0	0	0	0	0	10	14	24
85+	8	10	0	0	0	0	0	0	8	10	18
TOTALS	60	66	0	0	0	0	0	0	60	66	126

PARAMOUNT OF OAK PARK Rehab & Nu. CENTE
625 NORTH HARLEM AVENUE
OAK PARK, IL. 60302

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	110	2	0	2	0	126
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	110	2	0	2	0	126

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	175	150

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	88	0	0	0	88
Hawaiian/Pacific Isl.	0	0	0	0	0
White	35	0	0	0	35
Race Unknown	0	0	0	0	0
Total	126	0	0	0	126

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	119	0	0	0	119
Ethnicity Unknown	0	0	0	0	0
Total	126	0	0	0	126

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	18.00
Certified Aides	39.00
Other Health Staff	5.00
Non-Health Staff	29.00
Totals	98.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
22.2%	75.6%	1.2%	0.2%	0.9%	100.0%		0.0%
1,574,792	5,369,073	85,076	12,264	63,791	7,104,996	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PARENT & FRIENDS OF THE SLC
1450 CASEYVILLE AVENUE
SWANSEA, IL. 62226

Reference Numbers Facility ID 6008882
Health Service Area 011 Planning Service Area 163

Administrator
Karlene Dotson

Contact Person and Telephone
JUDY K. YOUNG
618-277-7730 Ext. 3302

Date Completed
4/2/2013

Registered Agent Information
Karlene Dotson
1450 Caseyville Avenue
Swansea, IL 62226

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	96
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	96

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	100	100	100	100	96	4		100
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	100	100	100	100	96	4	0	100

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	97
Total Admissions 2011	8
Total Discharges 2011	9
Residents on 12/31/2011	96
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			35593	97.5%	0	0	61	0	35654	97.7%	97.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	35593	97.5%	0	0	61	0	35654	97.7%	97.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	18	12	0	0	18	12	30
45 to 59	0	0	0	0	23	20	0	0	23	20	43
60 to 64	0	0	0	0	7	6	0	0	7	6	13
65 to 74	0	0	0	0	5	4	0	0	5	4	9
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	54	42	0	0	54	42	96

PARENT & FRIENDS OF THE SLC
1450 CASEYVILLE AVENUE
SWANSEA, IL. 62226

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		95	0	0	1	0	96
Sheltered Care			0	0	0	0	0
TOTALS	0	95	0	0	1	0	96

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	150	137
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	25	0	25
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	71	0	71
Race Unknown	0	0	0	0	0
Total	0	0	96	0	96

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	96	0	96
Ethnicity Unknown	0	0	0	0	0
Total	0	0	96	0	96

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	11.86
Certified Aides	77.78
Other Health Staff	14.46
Non-Health Staff	20.11
Totals	126.21

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
84.4%	0.0%	15.3%	0.0%	0.3%	100.0%		0.0%
4,046,644	0	734,047	0	16,132	4,796,823	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PARIS HEALTHCARE CENTER
1011 NORTH MAIN STREET
PARIS, IL. 61944

Reference Numbers Facility ID 6007090
Health Service Area 004 Planning Service Area 045

Administrator
Susan Jester

Contact Person and Telephone
Susan Jester
217-465-5376

Registered Agent Information

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	20
Mental Illness	6
Developmental Disability	1
Circulatory System	14
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	2
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	77

Total Residents Diagnosed as Mentally Ill 6

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	128	113	93	113	77	51	128	128
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	128	113	93	113	77	51	128	128

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	91
Total Admissions 2011	159
Total Discharges 2011	173
Residents on 12/31/2011	77
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3712	7.9%	19501	41.7%	221	32	7414	0	30880	66.1%	74.9%
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	3712	7.9%	19501	41.7%	221	32	7414	0	30880	66.1%	74.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	8	0	0	0	0	0	0	0	8	8
75 to 84	3	25	0	0	0	0	0	0	3	25	28
85+	6	33	0	0	0	0	0	0	6	33	39
TOTALS	10	67	0	0	0	0	0	0	10	67	77

PARIS HEALTHCARE CENTER
1011 NORTH MAIN STREET
PARIS, IL. 61944

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 045

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	42	6	0	20	0	77
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	42	6	0	20	0	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	125
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	77	0	0	0	77
Race Unknown	0	0	0	0	0
Total	77	0	0	0	77

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	77	0	0	0	77
Ethnicity Unknown	0	0	0	0	0
Total	77	0	0	0	77

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	15.00
Certified Aides	45.00
Other Health Staff	0.00
Non-Health Staff	35.00
Totals	108.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
26.2%	46.7%	0.0%	0.0%	27.2%	100.0%		0.0%
1,109,852	1,980,711	0	0	1,152,079	4,242,642	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PARK HAVEN CARE CENTER
107 SOUTH LINCOLN
SMITHTON, IL. 62285

Reference Numbers Facility ID 6007116
Health Service Area 011 Planning Service Area 163

Administrator
MICHAEL OLSON

Contact Person and Telephone
MICHAEL OLSON
618-235-4600

Registered Agent Information

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	82
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	83
Total Residents Diagnosed as Mentally Ill	83

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	101	86	85	86	83	18	0	101
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	101	86	85	86	83	18	0	101

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	74
Total Admissions 2011	65
Total Discharges 2011	56
Residents on 12/31/2011	83
Identified Offenders	8

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	26894	73.0%	62	366	1000	0	28322	76.8%	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	0	0.0%	26894	73.0%	62	366	1000	0	28322	76.8%	90.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	3	0	0	0	0	0	0	4	3	7
45 to 59	22	19	0	0	0	0	0	0	22	19	41
60 to 64	8	6	0	0	0	0	0	0	8	6	14
65 to 74	4	7	0	0	0	0	0	0	4	7	11
75 to 84	3	4	0	0	0	0	0	0	3	4	7
85+	1	2	0	0	0	0	0	0	1	2	3
TOTALS	42	41	0	0	0	0	0	0	42	41	83

PARK HAVEN CARE CENTER
107 SOUTH LINCOLN
SMITHTON, IL. 62285

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	79	0	1	3	0	83
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	79	0	1	3	0	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	116	98
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	13	0	0	0	13
Hawaiian/Pacific Isl.	0	0	0	0	0
White	69	0	0	0	69
Race Unknown	0	0	0	0	0
Total	83	0	0	0	83

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	83	0	0	0	83
Ethnicity Unknown	0	0	0	0	0
Total	83	0	0	0	83

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.70
LPN's	6.90
Certified Aides	17.50
Other Health Staff	3.00
Non-Health Staff	18.00
Totals	50.10

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%	94.4%	0.0%	1.3%	4.3%	100.0%		0.0%
0	2,596,357	0	35,905	117,186	2,749,448	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PARK HOUSE NURSING & REHABILITATION
2320 SOUTH LAWNDALE
CHICAGO, IL. 60623

Reference Numbers Facility ID 6007140
Health Service Area 006 Planning Service Area 602

Administrator
Melissa Lindsay

Contact Person and Telephone
MELISSA LINDSAY
7735220400

Date Completed
4/18/2013

Registered Agent Information
David Aronin
2201 Main Street
Evanston, IL 60202

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	16
Blood Disorders	6
*Nervous System Non Alzheimer	10
Alzheimer Disease	0
Mental Illness	10
Developmental Disability	5
Circulatory System	10
Respiratory System	5
Digestive System	10
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	11
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	85
Total Residents Diagnosed as Mentally Ill	85

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	106	106	106	106	85	21	14	106
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	106	106	106	106	85	21	14	106

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	85
Total Admissions 2011	313
Total Discharges 2011	313
Residents on 12/31/2011	85
Identified Offenders	17

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	365	7.1%	5142	13.3%	0	0	334	0	5841	15.1%	15.1%
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	365	7.1%	5142	13.3%	0	0	334	0	5841	15.1%	15.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	10	2	0	0	0	0	0	0	10	2	12
45 to 59	40	4	0	0	0	0	0	0	40	4	44
60 to 64	8	2	0	0	0	0	0	0	8	2	10
65 to 74	10	4	0	0	0	0	0	0	10	4	14
75 to 84	2	2	0	0	0	0	0	0	2	2	4
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	70	15	0	0	0	0	0	0	70	15	85

PARK HOUSE NURSING & REHABILITATION
2320 SOUTH LAWNDALE
CHICAGO, IL. 60623

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	68	9	0	0	0	85
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	68	9	0	0	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	126
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	65	0	0	0	65
Hawaiian/Pacific Isl.	0	0	0	0	0
White	13	0	0	0	13
Race Unknown	7	0	0	0	7
Total	85	0	0	0	85

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	78	0	0	0	78
Ethnicity Unknown	0	0	0	0	0
Total	85	0	0	0	85

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	8.00
Certified Aides	24.00
Other Health Staff	6.00
Non-Health Staff	29.00
Totals	74.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
15.5%	75.0%	0.0%	9.4%	0.0%	100.0%		0.0%
137,086	663,416	0	83,500	0	884,003	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PARK LAWN HOME
12615 SOUTH KOSTNER AVENUE
ALSIP, IL. 60803

Reference Numbers Facility ID 6012264
Health Service Area 007 Planning Service Area 705

Administrator
Eleanor L. Crumback

Contact Person and Telephone
ELEANOR L. CRUMBACK
708-396-1117 ext. 223

Registered Agent Information
James H. Himmel
6500 College Drive
Palos Heights, IL 60463

Date Completed
3/29/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15
Total Residents Diagnosed as Mentally Ill	10

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	15	15	15	0		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	15	15	15	0	0	15

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	14
Total Admissions 2011	1
Total Discharges 2011	0
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5253	95.9%	0	0	0	0	5253	95.9%	95.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5253	95.9%	0	0	0	0	5253	95.9%	95.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	8	4	0	0	8	4	12
60 to 64	0	0	0	0	0	2	0	0	0	2	2
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	7	0	0	8	7	15

PARK LAWN HOME
12615 SOUTH KOSTNER AVENUE
ALSIP, IL. 60803

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	135	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	2.00
Other Health Staff	9.00
Non-Health Staff	1.00
Totals	12.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	75.2%	0.0%	0.0%	24.8%	100.0%		0.0%
0	447,494	0	0	147,432	594,926	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PARK LAWN RESIDENTIAL CENTER
5831 WEST 115TH STREET
ALSIP, IL. 60803

Reference Numbers Facility ID 6007132
Health Service Area 007 Planning Service Area 705

Administrator
Eleanor L. Crumback

Contact Person and Telephone
ELEANOR L. CRUMBACK
708-396-1117 ext. 223

Date Completed
3/29/2013

Registered Agent Information
James H. Himmel
6500 College Drive
Palos Heights, IL 60463

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	39
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	39

Total Residents Diagnosed as Mentally Ill 13

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	41	41	39	41	39	2		41
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	41	41	39	41	39	2	0	41

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	39
Total Admissions 2011	4
Total Discharges 2011	4
Residents on 12/31/2011	39
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			13990	93.5%	0	0	0	0	13990	93.5%	93.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	13990	93.5%	0	0	0	0	13990	93.5%	93.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	7	0	0	3	7	10
45 to 59	0	0	0	0	10	13	0	0	10	13	23
60 to 64	0	0	0	0	1	2	0	0	1	2	3
65 to 74	0	0	0	0	1	1	0	0	1	1	2
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	16	23	0	0	16	23	39

PARK LAWN RESIDENTIAL CENTER
5831 WEST 115TH STREET
ALSIP, IL. 60803

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		39	0	0	0	0	39
Sheltered Care			0	0	0	0	0
TOTALS	0	39	0	0	0	0	39

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	165
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	35	0	35
Race Unknown	0	0	0	0	0
Total	0	0	39	0	39

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	38	0	38
Ethnicity Unknown	0	0	0	0	0
Total	0	0	39	0	39

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	4.00
Certified Aides	3.00
Other Health Staff	24.00
Non-Health Staff	14.00
Totals	50.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	87.0%	0.0%	0.0%	13.0%	100.0%		0.0%
0	2,069,960	0	0	310,416	2,380,376	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PARK PLACE
205 PARK AVENUE
PANA, IL. 62557

Reference Numbers Facility ID 6013015
Health Service Area 003 Planning Service Area 021

Administrator
Christina Durbin

Contact Person and Telephone
Christina Durbin
217-562-7023

Registered Agent Information
John Mirecki
3615 Park Drive Suite 100
Olympia Fields, IL 60461

Date Completed
4/16/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15
Total Residents Diagnosed as Mentally Ill	10

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5062	86.7%	0	0	0	0	5062	86.7%	86.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5062	86.7%	0	0	0	0	5062	86.7%	86.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	3	0	0	3	3	6
45 to 59	0	0	0	0	2	3	0	0	2	3	5
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	2	1	0	0	2	1	3
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	7	0	0	8	7	15

PARK PLACE
205 PARK AVENUE
PANA, IL. 62557

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 021

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	115	125
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.50
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.50
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	8.00
Totals	9.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	567,284	0	0	0	567,284	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PARK PLACE CHRISTIAN COMMUNITY
1150 EUCLID AVENUE
ELMHURST, IL. 60126

Reference Numbers Facility ID 6016430
Health Service Area 007 Planning Service Area 703

Administrator
Richard Nolden

Contact Person and Telephone
Richard Nolden
630-936-4100

Registered Agent Information
William DeYoung
18601 N. Creek Drive
Tinley Park, IL 60477

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	17
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	26

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	37	37	27	37	26	11	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	37	37	27	37	26	11	0	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	0
Total Admissions 2011	88
Total Discharges 2011	62
Residents on 12/31/2011	26
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	974	0.0%	0	0.0%	0	100	6	0	1080	8.0%	8.0%
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	974	0.0%	0	0.0%	0	100	6	0	1080	8.0%	8.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	2	4	0	0	0	0	0	0	2	4	6
75 to 84	5	6	0	0	0	0	0	0	5	6	11
85+	2	3	0	0	0	0	0	0	2	3	5
TOTALS	11	15	0	0	0	0	0	0	11	15	26

PARK PLACE CHRISTIAN COMMUNITY
1150 EUCLID AVENUE
ELMHURST, IL. 60126

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	0	0	4	0	0	26
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	22	0	0	4	0	0	26

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	355	355
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	1	0	0	0	1
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	23	0	0	0	23
Race Unknown	1	0	0	0	1
Total	26	0	0	0	26

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	24	0	0	0	24
Ethnicity Unknown	0	0	0	0	0
Total	26	0	0	0	26

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.50
LPN's	2.80
Certified Aides	27.20
Other Health Staff	9.33
Non-Health Staff	21.60
Totals	73.43

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
91.8%	0.0%	0.0%	8.2%	0.0%	100.0%		0.0%
450,981	0	0	40,477	0	491,458	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	4/17/2012	Formerly Park Place Christian Community.
12-007	4/17/2012	Permit issued to establish a facility with 37 Nursing Care beds.
07-071	4/17/2012	Permit abandoned.
Licensure	8/1/2012	Facility licensed for operation.

PARK PLACE-CENTRALIA
332 COUNTRY CLUB ROAD
CENTRALIA, IL. 62801

Reference Numbers Facility ID 6013502
Health Service Area 005 Planning Service Area 121

Administrator
Julie Clark

Contact Person and Telephone
JULIE CLARK
618-533-7922

Registered Agent Information

Date Completed
3/21/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 8

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	1
Total Discharges 2011	2
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5840	######	0	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	######	0	0	0	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	1	0	0	0	1	1
45 to 59	0	0	0	0	4	8	0	0	4	8	12
60 to 64	0	0	0	0	0	2	0	0	0	2	2
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	4	12	0	0	4	12	16

PARK PLACE-CENTRALIA
332 COUNTRY CLUB ROAD
CENTRALIA, IL. 62801

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 121

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	165	165
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	2.50
Certified Aides	18.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	21.75

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	85.7%	1.3%	0.0%	12.9%	100.0%		0.0%
0	827,310	12,976	0	124,518	964,804	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PARK RIDGE CARE CENTER
665 BUSSE HIGHWAY
PARK RIDGE, IL. 60068

Reference Numbers Facility ID 6007157
Health Service Area 007 Planning Service Area 702

Administrator
rob weisz

Contact Person and Telephone
ROB WEISZ
847-825-5517

Registered Agent Information

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	20
Mental Illness	1
Developmental Disability	10
Circulatory System	0
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	41

Total Residents Diagnosed as Mentally Ill 1

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	46	46	46	46	41	5	46	46
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	46	46	46	46	41	5	46	46

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	44
Total Admissions 2011	21
Total Discharges 2011	24
Residents on 12/31/2011	41
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1428	8.5%	11833	70.5%	0	1682	97	0	15040	89.6%	89.6%
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	1428	8.5%	11833	70.5%	0	1682	97	0	15040	89.6%	89.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	5	13	0	0	0	0	0	0	5	13	18
60 to 64	1	4	0	0	0	0	0	0	1	4	5
65 to 74	5	6	0	0	0	0	0	0	5	6	11
75 to 84	3	1	0	0	0	0	0	0	3	1	4
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	16	25	0	0	0	0	0	0	16	25	41

PARK RIDGE CARE CENTER
665 BUSSE HIGHWAY
PARK RIDGE, IL. 60068

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	37	0	0	1	0	41
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	37	0	0	1	0	41

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	155
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	41	0	0	0	41
Race Unknown	0	0	0	0	0
Total	41	0	0	0	41

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	38	0	0	0	38
Ethnicity Unknown	0	0	0	0	0
Total	41	0	0	0	41

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	1.00
Certified Aides	11.00
Other Health Staff	0.00
Non-Health Staff	12.00
Totals	27.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
7.4%	91.8%	0.0%	0.0%	0.7%	100.0%		0.0%
176,926	2,181,485	0	0	17,645	2,376,056	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PARK VIEW REHABILITATION CENTER
5888 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6002315
Health Service Area 006 Planning Service Area 601

Administrator
SUE BOHNE

Contact Person and Telephone
SUE BOHNE
773-769-2626

Registered Agent Information

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	4
Mental Illness	88
Developmental Disability	3
Circulatory System	4
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	119

Total Residents Diagnosed as Mentally Ill 93

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	127	127	124	127	119	8	21	127
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	127	127	124	127	119	8	21	127

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	108
Total Admissions 2011	76
Total Discharges 2011	65
Residents on 12/31/2011	119
Identified Offenders	20

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1154	15.1%	39293	84.8%	358	0	2	0	40807	88.0%	88.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1154	15.1%	39293	84.8%	358	0	2	0	40807	88.0%	88.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	12	7	0	0	0	0	0	0	12	7	19
45 to 59	22	16	0	0	0	0	0	0	22	16	38
60 to 64	10	11	0	0	0	0	0	0	10	11	21
65 to 74	17	13	0	0	0	0	0	0	17	13	30
75 to 84	3	5	0	0	0	0	0	0	3	5	8
85+	2	1	0	0	0	0	0	0	2	1	3
TOTALS	66	53	0	0	0	0	0	0	66	53	119

PARK VIEW REHABILITATION CENTER
5888 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	112	0	0	0	0	119
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	112	0	0	0	0	119

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	0	5
American Indian	2	0	0	0	2
Black	34	0	0	0	34
Hawaiian/Pacific Isl.	0	0	0	0	0
White	78	0	0	0	78
Race Unknown	0	0	0	0	0
Total	119	0	0	0	119

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	108	0	0	0	108
Ethnicity Unknown	0	0	0	0	0
Total	119	0	0	0	119

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	6.00
Certified Aides	22.00
Other Health Staff	4.00
Non-Health Staff	26.00
Totals	67.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
11.4%	88.6%	0.0%	0.0%	0.0%	100.0%		0.0%
555,928	4,305,235	0	0	230	4,861,393	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW	12/1/2012	Change of Ownership occurred.
Name Change	12/4/2012	Formerly Heritage Healthcare Center.

PARK VILLA NURSING & REHAB CENTER
12550 SOUTH RIDGELAND AVENUE
PALOS HEIGHTS, IL. 60463

Reference Numbers Facility ID 6007934
Health Service Area 007 Planning Service Area 705

Administrator
Rick Hennessy

Contact Person and Telephone
Rick Hennessy
708 597-9300

Date Completed
4/15/2013

Registered Agent Information
Daniel Garden
7040 North Ridgeway

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	0
Circulatory System	25
Respiratory System	3
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	74

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	101	101	74	101	74	27	101	101
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	101	101	74	101	74	27	101	101

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	76
Total Admissions 2011	283
Total Discharges 2011	285
Residents on 12/31/2011	74
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9589	26.0%	15015	40.7%	0	443	1813	0	26860	72.9%	72.9%
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	9589	26.0%	15015	40.7%	0	443	1813	0	26860	72.9%	72.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	4	0	0	0	0	0	0	1	4	5
60 to 64	4	0	0	0	0	0	0	0	4	0	4
65 to 74	1	20	0	0	0	0	0	0	1	20	21
75 to 84	1	5	0	0	0	0	0	0	1	5	6
85+	3	35	0	0	0	0	0	0	3	35	38
TOTALS	10	64	0	0	0	0	0	0	10	64	74

PARK VILLA NURSING & REHAB CENTER
12550 SOUTH RIDGELAND AVENUE
PALOS HEIGHTS, IL. 60463

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	32	36	0	2	4	0	74
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	32	36	0	2	4	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	325	225
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawaiian/Pacific Isl.	0	0	0	0	0
White	56	0	0	0	56
Race Unknown	3	0	0	0	3
Total	74	0	0	0	74

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	73	0	0	0	73
Ethnicity Unknown	0	0	0	0	0
Total	74	0	0	0	74

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	7.00
Certified Aides	28.00
Other Health Staff	12.00
Non-Health Staff	15.00
Totals	75.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
64.6%	28.8%	0.0%	2.2%	4.5%	100.0%		0.0%
5,571,277	2,483,212	0	185,821	386,440	8,626,750	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PARKER NURSING AND REHABILITATION
516 WEST FRECH STREET
STREATOR, IL. 61364

Reference Numbers Facility ID 6001374
Health Service Area 002 Planning Service Area 099

Administrator
LeAnn Thomas

Contact Person and Telephone
LeAnn Thomas
Administrator

Registered Agent Information
David M Gross Esquire
240 Fencl Lane
Hillside, IL 60162

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	5
Mental Illness	12
Developmental Disability	0
Circulatory System	2
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	34

Total Residents Diagnosed as Mentally Ill 12

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	102	44	44	0	34	68	100	102
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	102	44	44	0	34	68	100	102

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	33
Total Admissions 2011	57
Total Discharges 2011	56
Residents on 12/31/2011	34
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2091	5.7%	8788	23.6%	0	8	2278	0	13165	35.4%	82.0%
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	2091	5.7%	8788	23.6%	0	8	2278	0	13165	35.4%	82.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	3	3	0	0	0	0	0	0	3	3	6
75 to 84	7	10	0	0	0	0	0	0	7	10	17
85+	2	4	0	0	0	0	0	0	2	4	6
TOTALS	14	20	0	0	0	0	0	0	14	20	34

PARKER NURSING AND REHABILITATION
516 WEST FRECH STREET
STREATOR, IL. 61364

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	24	0	0	5	0	34
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	24	0	0	5	0	34

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	34	0	0	0	34
Race Unknown	0	0	0	0	0
Total	34	0	0	0	34

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	34	0	0	0	34
Total	34	0	0	0	34

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	6.00
Certified Aides	17.00
Other Health Staff	14.00
Non-Health Staff	11.00
Totals	54.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
20.1%	18.0%	0.0%	0.0%	61.8%	100.0%		0.0%
1,104,372	989,265	0	0	3,390,608	5,484,245	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PARKSHORE ESTATES NURSING & REHAB
6125 SOUTH KENWOOD
CHICAGO, IL. 60637

Reference Numbers Facility ID 6005003
Health Service Area 006 Planning Service Area 603

Administrator
Thomeka Brown

Contact Person and Telephone
Michael Gaffen
773-752-6000 x101

Registered Agent Information

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	1
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	0
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	36
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	13
Mental Illness	62
Developmental Disability	7
Circulatory System	10
Respiratory System	22
Digestive System	7
Genitourinary System Disorders	9
Skin Disorders	4
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	198
Total Residents Diagnosed as Mentally Ill	112

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	318	213	213	198	198	120	64	318
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	318	213	213	198	198	120	64	318

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	177
Total Admissions 2011	147
Total Discharges 2011	126
Residents on 12/31/2011	198
Identified Offenders	35

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5459	23.4%	63879	55.0%	0	116	132	0	69586	60.0%	89.5%
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	5459	23.4%	63879	55.0%	0	116	132	0	69586	60.0%	89.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	19	11	0	0	0	0	0	0	19	11	30
45 to 59	60	23	0	0	0	0	0	0	60	23	83
60 to 64	17	4	0	0	0	0	0	0	17	4	21
65 to 74	19	8	0	0	0	0	0	0	19	8	27
75 to 84	7	9	0	0	0	0	0	0	7	9	16
85+	4	17	0	0	0	0	0	0	4	17	21
TOTALS	126	72	0	0	0	0	0	0	126	72	198

PARKSHORE ESTATES NURSING & REHAB
6125 SOUTH KENWOOD
CHICAGO, IL. 60637

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	188	0	0	0	0	198
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	188	0	0	0	0	198

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	173	0	0	0	173
Hawaiian/Pacific Isl.	0	0	0	0	0
White	25	0	0	0	25
Race Unknown	0	0	0	0	0
Total	198	0	0	0	198

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	194	0	0	0	194
Ethnicity Unknown	0	0	0	0	0
Total	198	0	0	0	198

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	8.00
Certified Aides	37.00
Other Health Staff	0.00
Non-Health Staff	52.00
Totals	102.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
19.5%	80.2%	0.0%	0.3%	0.0%	100.0%		0.0%
2,361,892	9,734,365	0	38,031	0	12,134,288	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PARKVIEW HOME
310 WEST ENZ
CISSNA PARK, IL. 60924

Reference Numbers Facility ID 6012082
Health Service Area 004 Planning Service Area 075

Administrator
Sherry Newton

Contact Person and Telephone
Sherry Newton
217 398 0754 ext 13

Registered Agent Information
Dave Krchak
30 E Main St
Champaign, IL 61821

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 3

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	1
Total Discharges 2011	2
Residents on 12/31/2011	15
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5726	98.0%	0	0	0	0	5726	98.0%	98.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5726	98.0%	0	0	0	0	5726	98.0%	98.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	2	0	0	2	2	4
45 to 59	0	0	0	0	4	6	0	0	4	6	10
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	1	0	0	0	1	0	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	7	8	0	0	7	8	15

PARKVIEW HOME
310 WEST ENZ
CISSNA PARK, IL. 60924

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 075

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	134	134
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	13.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	13.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	80.1%	19.9%	0.0%	0.0%	100.0%		0.0%
0	527,785	131,258	0	0	659,044	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PARKVIEW HOME
1234 SOUTH PARK BOULEVARD
FREEPORT, IL. 61032

Reference Numbers Facility ID 6007231
Health Service Area 001 Planning Service Area 177

Administrator
Debra Gitz

Contact Person and Telephone
DEBRA GITZ
815-232-8612

Date Completed
4/8/2013

Registered Agent Information
Debra Gitz
1234 S. Park Blvd.
Freeport, IL 61032

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	27
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	47

Total Residents Diagnosed as Mentally Ill 1

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	30	30	29	30	22	8	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	43	25	25	25	25	18		
TOTAL BEDS	73	55	54	55	47	26	0	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	45
Total Admissions 2011	20
Total Discharges 2011	18
Residents on 12/31/2011	47
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	7433	1787	9220	84.2%	84.2%
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	6291	366	6657	42.4%	73.0%
TOTALS	0	0.0%	0	0.0%	0	0	13724	2153	15877	59.6%	79.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	3	0	0	0	0	1	2	1	5	6
85+	2	17	0	0	0	0	7	15	9	32	41
TOTALS	2	20	0	0	0	0	8	17	10	37	47

PARKVIEW HOME
1234 SOUTH PARK BOULEVARD
FREEPORT, IL. 61032

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 177

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	15	7	22
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	24	1	25
TOTALS	0	0	0	0	39	8	47

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	227	151
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	71	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	22	0	0	25	47
Race Unknown	0	0	0	0	0
Total	22	0	0	25	47

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	22	0	0	25	47
Ethnicity Unknown	0	0	0	0	0
Total	22	0	0	25	47

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	3.00
Certified Aides	23.00
Other Health Staff	0.00
Non-Health Staff	30.00
Totals	66.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		8.8%
0	0	0	0	2,658,695	2,658,695	233,013	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PARKWAY MANOR
3116 WILLIAMSON COUNTY PARKWAY
MARION, IL. 62959

Reference Numbers Facility ID 6014385
Health Service Area 005 Planning Service Area 199

Administrator
Yolanda Fisher

Contact Person and Telephone
YOLANDA FISHER
618-993-8600

Date Completed
#########

Registered Agent Information
Michael Bibo 01215132
285 S. Farnham Street
Galesburg, IL 61401

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	7
Digestive System	5
Genitourinary System Disorders	11
Skin Disorders	4
Musculo-skeletal Disorders	1
Injuries and Poisonings	8
Other Medical Conditions	37
Non-Medical Conditions	0
TOTALS	91
Total Residents Diagnosed as Mentally Ill	30

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	119	119	105	119	91	28	119	83
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	119	119	105	119	91	28	119	83

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	84
Total Admissions 2011	437
Total Discharges 2011	430
Residents on 12/31/2011	91
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	13266	30.5%	8103	26.7%	0	20	10833	0	32222	74.2%	74.2%
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	13266	30.5%	8103	26.7%	0	20	10833	0	32222	74.2%	74.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	4	3	0	0	0	0	0	0	4	3	7
75 to 84	7	21	0	0	0	0	0	0	7	21	28
85+	13	41	0	0	0	0	0	0	13	41	54
TOTALS	24	67	0	0	0	0	0	0	24	67	91

PARKWAY MANOR
3116 WILLIAMSON COUNTY PARKWAY
MARION, IL. 62959

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 199

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	36	23	0	0	32	0	91
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	36	23	0	0	32	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	196	156
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	89	0	0	0	89
Race Unknown	0	0	0	0	0
Total	91	0	0	0	91

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	91	0	0	0	91
Ethnicity Unknown	0	0	0	0	0
Total	91	0	0	0	91

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	12.00
Certified Aides	48.00
Other Health Staff	37.00
Non-Health Staff	13.00
Totals	119.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
59.1%	18.4%	0.1%	0.5%	21.8%	100.0%		0.0%
5,378,707	1,679,050	11,736	49,657	1,984,280	9,103,430	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PATTERSON HOUSE
307 EAST JEFFERSON
SULLIVAN, IL. 61951

Reference Numbers Facility ID 6013114
Health Service Area 004 Planning Service Area 139

Administrator
Lori Dillman

Contact Person and Telephone
ASHLYN RIGHTER
217-728-4357

Registered Agent Information

Date Completed
3/28/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15
Total Residents Diagnosed as Mentally Ill	10

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	3
Total Discharges 2011	3
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5326	91.2%	0	0	0	0	5326	91.2%	91.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5326	91.2%	0	0	0	0	5326	91.2%	91.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	2	0	0	4	2	6
45 to 59	0	0	0	0	3	3	0	0	3	3	6
60 to 64	0	0	0	0	1	2	0	0	1	2	3
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	7	0	0	8	7	15

PATTERSON HOUSE
307 EAST JEFFERSON
SULLIVAN, IL. 61951

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 139

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	127
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	10.00
Non-Health Staff	0.00
Totals	11.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	687,840	0	0	0	687,840	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PAVILION OF WAUKEGAN
2217 WASHINGTON STREET
WAUKEGAN, IL. 60085

Reference Numbers Facility ID 6009799
Health Service Area 008 Planning Service Area 097

Administrator
Aaron Topper

Contact Person and Telephone
PEARL COLES
847-244-4100

Registered Agent Information
Abraham Gutnicki
4711 Golf Rd. Suite 200
SKOKIE, IL 60076

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	9
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	6
Mental Illness	1
Developmental Disability	1
Circulatory System	32
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	8
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	8
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	83
Total Residents Diagnosed as Mentally Ill	21

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	109	109	97	109	83	26	109	109
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	109	109	97	109	83	26	109	109

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	91
Total Admissions 2011	92
Total Discharges 2011	100
Residents on 12/31/2011	83
Identified Offenders	8

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5733	14.4%	24926	62.7%	462	160	924	0	32205	80.9%	80.9%
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	5733	14.4%	24926	62.7%	462	160	924	0	32205	80.9%	80.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	4	2	0	0	0	0	0	0	4	2	6
60 to 64	6	3	0	0	0	0	0	0	6	3	9
65 to 74	6	9	0	0	0	0	0	0	6	9	15
75 to 84	14	14	0	0	0	0	0	0	14	14	28
85+	8	17	0	0	0	0	0	0	8	17	25
TOTALS	38	45	0	0	0	0	0	0	38	45	83

PAVILION OF WAUKEGAN
2217 WASHINGTON STREET
WAUKEGAN, IL. 60085

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	53	6	1	5	0	83
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	53	6	1	5	0	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	35	0	0	0	35
Hawaiian/Pacific Isl.	1	0	0	0	1
White	47	0	0	0	47
Race Unknown	0	0	0	0	0
Total	83	0	0	0	83

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	13	0	0	0	13
Non-Hispanic	70	0	0	0	70
Ethnicity Unknown	0	0	0	0	0
Total	83	0	0	0	83

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	5.00
Certified Aides	19.00
Other Health Staff	0.00
Non-Health Staff	17.00
Totals	54.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
35.5%	46.3%	1.1%	3.0%	14.0%	100.0%		0.0%
2,326,449	3,031,031	72,043	196,150	919,420	6,545,093	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PEACHTREE ESTATES
1370 STATE ROUTE 127 SOUTH
JONESBORO, IL. 62952

Reference Numbers Facility ID 6014286
Health Service Area 005 Planning Service Area 181

Administrator
Gary Griffith

Contact Person and Telephone
Mike Cremeens
618-833-5344

Date Completed
4/15/2013

Registered Agent Information
Tim Keller
300 N. Monroe St.
Marion , IL 62952

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	14
Total Residents Diagnosed as Mentally Ill	10

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	14	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	14	16	14	2	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	12
Total Admissions 2011	2
Total Discharges 2011	0
Residents on 12/31/2011	14
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5022	86.0%	0	0	0	0	5022	86.0%	86.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5022	86.0%	0	0	0	0	5022	86.0%	86.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	3	0	0	4	3	7
45 to 59	0	0	0	0	5	1	0	0	5	1	6
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	9	5	0	0	9	5	14

PEACHTREE ESTATES
1370 STATE ROUTE 127 SOUTH
JONESBORO, IL. 62952

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 181

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	130
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	10	0	10
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.25
Certified Aides	9.00
Other Health Staff	8.00
Non-Health Staff	1.00
Totals	19.25

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	89.4%	10.6%	0.0%	0.0%	100.0%		0.0%
0	543,173	64,405	0	0	607,578	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PEKIN MANOR
1520 EL CAMINO DRIVE
PEKIN, IL. 61554

Reference Numbers Facility ID 6011712
Health Service Area 002 Planning Service Area 179

Administrator
Janet C. Peterson

Contact Person and Telephone
Marcos A. Perez II
(309) 353-1099

Date Completed
6/4/2013

Registered Agent Information
J. Michael Bibo - RFMS, Inc.
285 S. Farnham Street

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	10
Digestive System	3
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	9
Other Medical Conditions	41
Non-Medical Conditions	0
TOTALS	92
Total Residents Diagnosed as Mentally Ill	82

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	120	120	114	92	28	120	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	120	114	92	28	120	120

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	92
Total Admissions 2011	186
Total Discharges 2011	186
Residents on 12/31/2011	92
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6975	15.9%	16338	37.3%	0	137	10606	0	34056	77.8%	77.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	6975	15.9%	16338	37.3%	0	137	10606	0	34056	77.8%	77.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	7	0	0	0	0	0	0	2	7	9
75 to 84	8	18	0	0	0	0	0	0	8	18	26
85+	6	49	0	0	0	0	0	0	6	49	55
TOTALS	16	76	0	0	0	0	0	0	16	76	92

PEKIN MANOR
1520 EL CAMINO DRIVE
PEKIN, IL. 61554

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	40	0	0	30	0	92
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	22	40	0	0	30	0	92

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	91	0	0	0	91
Race Unknown	1	0	0	0	1
Total	92	0	0	0	92

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	91	0	0	0	91
Ethnicity Unknown	1	0	0	0	1
Total	92	0	0	0	92

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	21.00
Certified Aides	78.00
Other Health Staff	4.00
Non-Health Staff	40.00
Totals	150.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
37.5%	28.9%	3.4%	0.9%	29.4%	100.0%		0.0%
2,490,374	1,918,160	222,742	60,472	1,956,614	6,648,362	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PEKIN MEMORIAL HOSPITAL
600 SOUTH 13TH STREET
PEKIN, IL. 61554

Reference Numbers Facility ID 6013742
Health Service Area 002 Planning Service Area 179

Administrator
Kevin Andrews

Contact Person and Telephone
SHEILA JOHNSON
309-353-0526

Registered Agent Information

Date Completed
4/9/2012

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	0
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	27	27	14	0	0	27	20	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	27	27	14	0	0	27	20	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	9
Total Admissions 2011	93
Total Discharges 2011	102
Residents on 12/31/2011	0
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	896	12.3%	0	0.0%	0	47	3	0	946	9.6%	9.6%
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	896	12.3%	0	0.0%	0	47	3	0	946	9.6%	9.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	0	0	0	0	0	0

PEKIN MEMORIAL HOSPITAL
600 SOUTH 13TH STREET
PEKIN, IL. 61554

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	0	0	0

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	667	667
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	0	0	0	0	0
Total	0	0	0	0	0

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	1.00
Certified Aides	4.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	12.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
83.8%	0.0%	0.0%	16.2%	0.0%	100.0%		0.0%
323,996	0	0	62,605	0	386,601	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PERSHING GARDENS HEALTHCARE CENTER
3900 SOUTH OAK PARK AVENUE
STICKNEY, IL. 60402

Reference Numbers Facility ID 6007355
Health Service Area 007 Planning Service Area 705

Administrator
Jordan Call

Contact Person and Telephone
Jordan Call
708-484-7543

Date Completed
5/1/2013

Registered Agent Information
Stephen Sher
5750 Old Orchard Rd Suite 420
SKOKIE, IL 60077

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	13
Mental Illness	14
Developmental Disability	0
Circulatory System	2
Respiratory System	0
Digestive System	0
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

Total Residents Diagnosed as Mentally Ill 14

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	51	51	45	51	40	11	0	51
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	51	51	45	51	40	11	0	51

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	38
Total Admissions 2011	91
Total Discharges 2011	89
Residents on 12/31/2011	40
Identified Offenders	6

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2622	0.0%	9381	50.4%	0	1290	1614	0	14907	80.1%	80.1%
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	2622	0.0%	9381	50.4%	0	1290	1614	0	14907	80.1%	80.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	7	1	0	0	0	0	0	0	7	1	8
60 to 64	3	2	0	0	0	0	0	0	3	2	5
65 to 74	6	5	0	0	0	0	0	0	6	5	11
75 to 84	5	5	0	0	0	0	0	0	5	5	10
85+	2	3	0	0	0	0	0	0	2	3	5
TOTALS	23	17	0	0	0	0	0	0	23	17	40

PERSHING GARDENS HEALTHCARE CENTER
3900 SOUTH OAK PARK AVENUE
STICKNEY, IL. 60402

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	29	0	1	5	0	40
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	29	0	1	5	0	40

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	199	159
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	34	0	0	0	34
Race Unknown	0	0	0	0	0
Total	40	0	0	0	40

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	37	0	0	0	37
Ethnicity Unknown	0	0	0	0	0
Total	40	0	0	0	40

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	4.00
Certified Aides	11.00
Other Health Staff	0.00
Non-Health Staff	7.00
Totals	27.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
52.5%	38.8%	0.0%	1.1%	7.5%	100.0%		0.0%
1,595,044	1,180,462	0	34,673	228,967	3,039,146	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Correction	1/6/2012	City location corrected from Berwyn to Stickney.
CHOW	1/6/2012	Change of ownership occurred.
Correction	1/6/2012	Record corrected to indicate facility location in Stickney, not Berwyn as previously indicated.
Name Change	1/6/2012	Name changed from Pershing Convalescent Center.

PERSHING TERRACE
460 PERSHING
WOOD RIVER, IL. 62095

Reference Numbers Facility ID 6013924
Health Service Area 011 Planning Service Area 119

Administrator
James Haney

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/6/2013

Registered Agent Information
J. Michael Bibo
285 S, Farnham St.
Galesburg, IL 61401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	4
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	4
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	4
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1464	######	0	0	0	0	1464	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1464	######	0	0	0	0	1464	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	1	0	0	0	1	1
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	1	0	0	0	1	0	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	2	2	0	0	2	2	4

PERSHING TERRACE
460 PERSHING
WOOD RIVER, IL. 62095

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	210
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	4	0	4
Race Unknown	0	0	0	0	0
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	4	0	4
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	6.50
Other Health Staff	0.25
Non-Health Staff	0.00
Totals	7.59

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	90.3%	0.8%	0.0%	8.9%	100.0%		0.0%
0	263,204	2,201	0	26,044	291,450	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PETERMAN HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6016604
Health Service Area 006 Planning Service Area 601

Administrator
Emily Donahue Tazic

Contact Person and Telephone
MARY PAT O'BRIEN
773-273-4169

Date Completed
3/29/2013

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.
Chicago, IL 60660

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	12

Total Residents Diagnosed as Mentally Ill 2

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	12	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	12	0	0	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	12
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	12
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4380	#Div/0!	0	0	0	0	4380	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4380	0.0%	0	0	0	0	4380	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	7	0	0	0	7	0	7
45 to 59	0	0	0	0	5	0	0	0	5	0	5
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	12	0	0	0	12	0	12

PETERMAN HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	218	218
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	11	0	11
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.42
Physicians	0.06
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.22
Certified Aides	9.67
Other Health Staff	3.11
Non-Health Staff	0.17
Totals	13.90

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%	88.0%	9.4%	0.0%	2.6%	100.0%		0.0%
0	26,611,973	2,848,125	0	789,009	30,249,107	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PETERSON PARK HEALTH CARE CENTER
6141 NORTH PULASKI ROAD
CHICAGO, IL. 60646

Reference Numbers Facility ID 6007371
Health Service Area 006 Planning Service Area 601

Administrator
Alice Oshinski

Contact Person and Telephone
ALICE OSHINSKI
773-478-2000

Registered Agent Information
MS REGISTERED AGENT SERVICES I
191 North Wacker Drive Suite 1800
Chicago, IL 60606

Date Completed
4/9/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	14
Endocrine/Metabolic	48
Blood Disorders	16
*Nervous System Non Alzheimer	15
Alzheimer Disease	18
Mental Illness	17
Developmental Disability	0
Circulatory System	10
Respiratory System	8
Digestive System	4
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	171

Total Residents Diagnosed as Mentally Ill 17

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	188	188	171	171	171	17	92	188
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	188	188	171	171	171	17	92	188

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	168
Total Admissions 2011	312
Total Discharges 2011	309
Residents on 12/31/2011	171
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7741	23.1%	48483	70.7%	456	41	5694	0	62415	91.0%	91.0%
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	7741	23.1%	48483	70.7%	456	41	5694	0	62415	91.0%	91.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	3	4	0	0	0	0	0	0	3	4	7
60 to 64	7	4	0	0	0	0	0	0	7	4	11
65 to 74	19	17	0	0	0	0	0	0	19	17	36
75 to 84	23	41	0	0	0	0	0	0	23	41	64
85+	15	37	0	0	0	0	0	0	15	37	52
TOTALS	68	103	0	0	0	0	0	0	68	103	171

PETERSON PARK HEALTH CARE CENTER
6141 NORTH PULASKI ROAD
CHICAGO, IL. 60646

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	118	20	0	10	0	171
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	23	118	20	0	10	0	171

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	68	0	0	0	68
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	99	0	0	0	99
Race Unknown	0	0	0	0	0
Total	171	0	0	0	171

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	15	0	0	0	15
Non-Hispanic	156	0	0	0	156
Ethnicity Unknown	0	0	0	0	0
Total	171	0	0	0	171

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	30.00
LPN's	2.00
Certified Aides	54.00
Other Health Staff	0.00
Non-Health Staff	63.00
Totals	152.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
31.6%	60.5%	0.8%	0.1%	7.0%	100.0%		0.0%
4,257,193	8,140,209	106,509	14,690	941,346	13,459,947	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PHOENIX COURT
17312 CLYDE AVENUE
SOUTH HOLLAND, IL. 60473

Reference Numbers Facility ID 6012660
Health Service Area 007 Planning Service Area 705

Administrator
ANTHONY PISTERZI

Contact Person and Telephone
ANTHONY PISTERZI
708-359-6243

Registered Agent Information

Date Completed
4/2/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16
Total Residents Diagnosed as Mentally Ill	6

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5591	95.7%	0	0	0	0	5591	95.7%	95.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5591	95.7%	0	0	0	0	5591	95.7%	95.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	1	0	0	3	1	4
45 to 59	0	0	0	0	3	6	0	0	3	6	9
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	1	1	0	0	1	1	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

PHOENIX COURT
17312 CLYDE AVENUE
SOUTH HOLLAND, IL. 60473

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	145
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	2.00
Non-Health Staff	14.00
Totals	18.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
81.8%	0.0%	0.0%	0.0%	18.2%	100.0%		0.0%
664,041	0	0	0	148,093	812,134	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

Phoenix Rehabilitation and Nursing Care
P.O. Box 133
CARMI, IL. 62821

Reference Numbers Facility ID 6016539
Health Service Area 005 Planning Service Area 193

Administrator
Lil Fortner

Contact Person and Telephone
Angie Helsel
618-382-7270 Ext 110

Date Completed
6/21/2013

Registered Agent Information
Jay D. Walden, Attorney at Law
202 East North Street
Grayville, IL 62844

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	1
Mental Illness	3
Developmental Disability	1
Circulatory System	13
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	5
TOTALS	41

Total Residents Diagnosed as Mentally Ill 3

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	74	74	45	74	41	33	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	74	74	45	74	41	33	0	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	39
Total Admissions 2011	60
Total Discharges 2011	58
Residents on 12/31/2011	41
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2993	0.0%	5908	0.0%	346	11	4992	0	14250	52.8%	52.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2993	0.0%	5908	0.0%	346	11	4992	0	14250	52.8%	52.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	5	3	0	0	0	0	0	0	5	3	8
85+	10	20	0	0	0	0	0	0	10	20	30
TOTALS	15	26	0	0	0	0	0	0	15	26	41

Phoenix Rehabilitation and Nursing Care
P.O. Box 133
CARMI, IL. 62821

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 193

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	13	0	0	14	0	41
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	13	0	0	14	0	41

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	169	119
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	41	0	0	0	41
Race Unknown	0	0	0	0	0
Total	41	0	0	0	41

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	41	0	0	0	41
Ethnicity Unknown	0	0	0	0	0
Total	41	0	0	0	41

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	8.00
Certified Aides	21.00
Other Health Staff	4.00
Non-Health Staff	19.00
Totals	62.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
44.4%	23.0%	1.4%	0.1%	31.0%	100.0%		0.0%
1,145,152	593,754	35,203	3,450	799,428	2,576,987	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PIASA MANOR
110 NORTH ALBY COURT
GODFREY, IL. 62035

Reference Numbers Facility ID 6000079
Health Service Area 011 Planning Service Area 119

Administrator
Jill Henson

Contact Person and Telephone
CAROL DODD
618-466-9242

Date Completed
3/28/2013

Registered Agent Information
CT Corporation System
208 South LaSalle Suite 814
Chicago, IL 60604

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 8

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	2
Total Discharges 2011	3
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4904	84.0%	0	0	0	0	4904	84.0%	84.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4904	84.0%	0	0	0	0	4904	84.0%	84.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	6	0	0	5	6	11
45 to 59	0	0	0	0	2	2	0	0	2	2	4
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	7	8	0	0	7	8	15

PIASA MANOR
110 NORTH ALBY COURT
GODFREY, IL. 62035

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	15	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	0	15	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	108
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.33
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.25
Certified Aides	0.00
Other Health Staff	10.60
Non-Health Staff	0.25
Totals	11.43

NET REVENUE BY PAYOR SOURCE (Fiscal 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	720,539	0	0	0	720,539	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PIATT COUNTY NURSING HOME
1111 N. STATE STREET
MONTICELLO, IL. 61856

Reference Numbers Facility ID 6007389
Health Service Area 004 Planning Service Area 147

Administrator
KARLA BRADLEY

Contact Person and Telephone
KARLA BRADLEY
217-762-2506

Registered Agent Information

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	26
Mental Illness	0
Developmental Disability	0
Circulatory System	32
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	4
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	86

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	100	100	100	100	86	14	100	100
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	100	100	100	100	86	14	100	100

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	93
Total Admissions 2011	65
Total Discharges 2011	72
Residents on 12/31/2011	86
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1817	5.0%	14899	40.8%	0	0	16407	0	33123	90.7%	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	1817	5.0%	14899	40.8%	0	0	16407	0	33123	90.7%	90.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	7	13	0	0	0	0	0	0	7	13	20
85+	6	49	0	0	0	0	0	0	6	49	55
TOTALS	17	69	0	0	0	0	0	0	17	69	86

PIATT COUNTY NURSING HOME
1111 N. STATE STREET
MONTICELLO, IL. 61856

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 147

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	36	0	0	46	0	86
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	36	0	0	46	0	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	164
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	86	0	0	0	86
Race Unknown	0	0	0	0	0
Total	86	0	0	0	86

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	86	0	0	0	86
Ethnicity Unknown	0	0	0	0	0
Total	86	0	0	0	86

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	12.00
Certified Aides	44.00
Other Health Staff	0.00
Non-Health Staff	51.00
Totals	119.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
9.0%	36.6%	0.0%	0.0%	54.4%	100.0%		0.0%
468,988	1,896,201	0	0	2,819,903	5,185,094	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PILOT HOUSE
P.O. BOX 369
CAIRO, IL. 62914

Reference Numbers Facility ID 6011548
Health Service Area 005 Planning Service Area 003

Administrator
Cheryl Sherrill

Contact Person and Telephone
ERIC CHILMAN
618-734-3706

Registered Agent Information

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	14

Total Residents Diagnosed as Mentally Ill 6

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	14	2	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	0
Total Discharges 2011	1
Residents on 12/31/2011	14
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5423	92.9%	0	0	0	0	5423	92.9%	92.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5423	92.9%	0	0	0	0	5423	92.9%	92.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	3	0	0	2	3	5
45 to 59	0	0	0	0	3	3	0	0	3	3	6
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	7	7	0	0	7	7	14

PILOT HOUSE
P.O. BOX 369
CAIRO, IL. 62914

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 003

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	108	98
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	8	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	6	0	6
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.10
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.10
LPN's	0.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	10.20

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	82.0%	16.4%	0.0%	1.6%	100.0%		0.0%
0	444,206	88,642	0	8,677	541,525	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PINCKNEYVILLE HEALTH CARE CENTER
708 VIRGINIA COURT
PINCKNEYVILLE, IL. 62274

Reference Numbers Facility ID 6005441
Health Service Area 005 Planning Service Area 145

Administrator
Donna Yancey

Contact Person and Telephone
DONNA YANCEY
618-357-2493

Date Completed
4/10/2013

Registered Agent Information
Robert C. Russell
480 S. Meadow Brook
Springfield, IL 62707

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	11
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	4
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	36

Total Residents Diagnosed as Mentally Ill 5

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	60	56	38	56	36	24	0	60
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	60	56	38	56	36	24	0	60

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	35
Total Admissions 2011	30
Total Discharges 2011	29
Residents on 12/31/2011	36
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	10441	47.7%	0	0	2494	0	12935	59.1%	63.3%
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%	10441	47.7%	0	0	2494	0	12935	59.1%	63.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	2	0	0	0	0	0	0	3	2	5
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	4	1	0	0	0	0	0	0	4	1	5
75 to 84	2	4	0	0	0	0	0	0	2	4	6
85+	4	15	0	0	0	0	0	0	4	15	19
TOTALS	14	22	0	0	0	0	0	0	14	22	36

PINCKNEYVILLE HEALTH CARE CENTER
708 VIRGINIA COURT
PINCKNEYVILLE, IL. 62274

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 145

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	28	0	0	8	0	36
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	28	0	0	8	0	36

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	110
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	35	0	0	0	35
Race Unknown	0	0	0	0	0
Total	36	0	0	0	36

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	35	0	0	0	35
Ethnicity Unknown	0	0	0	0	0
Total	36	0	0	0	36

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	6.00
Certified Aides	16.00
Other Health Staff	0.00
Non-Health Staff	10.00
Totals	34.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	80.0%	0.0%	0.0%	20.0%	100.0%		0.0%
0	1,053,814	0	0	263,475	1,317,289	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PINE ACRES REHAB & LIVING CENTER
1212 SOUTH SECOND STREET
DEKALB, IL. 60115

Reference Numbers Facility ID 6007413
Health Service Area 001 Planning Service Area 037

Administrator
DALENA KEMNA-KAHN

Contact Person and Telephone
DALENA KEMNA-KAHN
815-758-8151

Registered Agent Information

Date Completed
4/1/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	11
Alzheimer Disease	34
Mental Illness	5
Developmental Disability	1
Circulatory System	3
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	15
Injuries and Poisonings	3
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	95

Total Residents Diagnosed as Mentally Ill 5

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	119	115	105	115	95	24	15	119
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	119	115	105	115	95	24	15	119

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	87
Total Admissions 2011	166
Total Discharges 2011	158
Residents on 12/31/2011	95
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6620	120.9%	17833	41.1%	0	38	10134	0	34625	79.7%	82.5%
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	6620	120.9%	17833	41.1%	0	38	10134	0	34625	79.7%	82.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	8	6	0	0	0	0	0	0	8	6	14
75 to 84	8	17	0	0	0	0	0	0	8	17	25
85+	10	43	0	0	0	0	0	0	10	43	53
TOTALS	27	68	0	0	0	0	0	0	27	68	95

PINE ACRES REHAB & LIVING CENTER
1212 SOUTH SECOND STREET
DEKALB, IL. 60115

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 037

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	49	0	0	31	0	95
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	49	0	0	31	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	208	181
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	92	0	0	0	92
Race Unknown	0	0	0	0	0
Total	95	0	0	0	95

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	94	0	0	0	94
Ethnicity Unknown	0	0	0	0	0
Total	95	0	0	0	95

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.30
LPN's	8.50
Certified Aides	38.80
Other Health Staff	0.00
Non-Health Staff	40.80
Totals	101.40

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
44.5%	31.2%	0.0%	1.5%	22.8%	100.0%		0.0%
3,566,470	2,500,354	0	117,833	1,828,843	8,013,500	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PINE CREST HEALTH CARE
3300 WEST 175TH STREET
HAZEL CREST, IL. 60429

Reference Numbers Facility ID 6004741
Health Service Area 007 Planning Service Area 705

Administrator
ZINA WARD

Contact Person and Telephone
ZINA WARD
708-335-2400

Registered Agent Information
Fran Meehan/Much shelist
191 N. Wacker Drive Suite 800
Chicago, IL 60606

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	13
Alzheimer Disease	25
Mental Illness	88
Developmental Disability	0
Circulatory System	21
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	1
Other Medical Conditions	5
Non-Medical Conditions	3
TOTALS	170
Total Residents Diagnosed as Mentally Ill	122

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	199	198	180	198	170	29	199	199
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	199	198	180	198	170	29	199	199

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	174
Total Admissions 2011	82
Total Discharges 2011	86
Residents on 12/31/2011	170
Identified Offenders	23

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3062	4.2%	57462	79.1%	2564	0	163	0	63251	87.1%	87.5%
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	3062	4.2%	57462	79.1%	2564	0	163	0	63251	87.1%	87.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	0	0	0	0	0	0	0	4	0	4
45 to 59	25	29	0	0	0	0	0	0	25	29	54
60 to 64	25	15	0	0	0	0	0	0	25	15	40
65 to 74	20	16	0	0	0	0	0	0	20	16	36
75 to 84	8	15	0	0	0	0	0	0	8	15	23
85+	2	11	0	0	0	0	0	0	2	11	13
TOTALS	84	86	0	0	0	0	0	0	84	86	170

PINE CREST HEALTH CARE
3300 WEST 175TH STREET
HAZEL CREST, IL. 60429

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	157	8	0	0	0	170
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	157	8	0	0	0	170

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	111	0	0	0	111
Hawaiian/Pacific Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	0	0	0	0	0
Total	170	0	0	0	170

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	162	0	0	0	162
Ethnicity Unknown	0	0	0	0	0
Total	170	0	0	0	170

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	16.00
Certified Aides	38.00
Other Health Staff	0.00
Non-Health Staff	44.00
Totals	103.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
5.5%	90.7%	3.1%	0.1%	0.6%	100.0%		0.0%
512,547	8,376,731	286,738	7,331	54,160	9,237,507	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PINE TERRACE
2017 PINE STREET
WAUKEGAN, IL. 60085

Reference Numbers Facility ID 6014740
Health Service Area 008 Planning Service Area 097

Administrator
Billie Callahan

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Registered Agent Information
J. Michael Bibo
285 S, Farnham St.
Galesburg, IL 61401

Date Completed
4/6/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5856	######	0	0	0	0	5856	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5856	######	0	0	0	0	5856	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	4	0	0	4	4	8
45 to 59	0	0	0	0	2	2	0	0	2	2	4
60 to 64	0	0	0	0	0	2	0	0	0	2	2
65 to 74	0	0	0	0	2	0	0	0	2	0	2
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

PINE TERRACE
2017 PINE STREET
WAUKEGAN, IL. 60085

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	134
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	85.3%	1.7%	0.0%	13.0%	100.0%		0.0%
0	631,181	12,839	0	96,134	740,155	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PINECREST MANOR
414 SOUTH WESLEY AVENUE
MOUNT MORRIS, IL. 61054

Reference Numbers Facility ID 6007447
Health Service Area 001 Planning Service Area 141

Administrator
Ferol Labash

Contact Person and Telephone
JOLENE LECLERE
815-734-4103

Registered Agent Information

Date Completed
4/3/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	40
Mental Illness	0
Developmental Disability	1
Circulatory System	32
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	107

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	125	125	115	125	107	18	71	139
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	125	125	115	125	107	18	71	139

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	109
Total Admissions 2011	182
Total Discharges 2011	184
Residents on 12/31/2011	107
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3446	13.3%	18755	37.0%	0	663	16433	0	39297	86.1%	86.1%
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	3446	13.3%	18755	37.0%	0	663	16433	0	39297	86.1%	86.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	4	3	0	0	0	0	0	0	4	3	7
75 to 84	13	17	0	0	0	0	0	0	13	17	30
85+	13	55	0	0	0	0	0	0	13	55	68
TOTALS	32	75	0	0	0	0	0	0	32	75	107

PINECREST MANOR
414 SOUTH WESLEY AVENUE
MOUNT MORRIS, IL. 61054

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 141

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	51	0	3	41	0	107
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	51	0	3	41	0	107

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	107	0	0	0	107
Race Unknown	0	0	0	0	0
Total	107	0	0	0	107

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	107	0	0	0	107
Ethnicity Unknown	0	0	0	0	0
Total	107	0	0	0	107

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	5.00
Certified Aides	23.00
Other Health Staff	3.00
Non-Health Staff	59.00
Totals	101.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
25.0%	29.1%	0.0%	0.3%	45.6%	100.0%		0.0%
2,063,863	2,403,234	0	23,700	3,763,517	8,254,314	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PIPER CITY REHAB & LIVING CENTER
600 SOUTH MAPLE
PIPER CITY, IL. 60959

Reference Numbers Facility ID 6003792
Health Service Area 004 Planning Service Area 053

Administrator
Sharon Bargmann

Contact Person and Telephone
Marikay Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
4/11/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	2
Mental Illness	1
Developmental Disability	1
Circulatory System	24
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	45

Total Residents Diagnosed as Mentally Ill 15

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	60	60	60	60	45	15	60	60
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	60	60	60	60	45	15	60	60

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	44
Total Admissions 2011	40
Total Discharges 2011	39
Residents on 12/31/2011	45
Identified Offenders	4

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1613	7.4%	9062	41.4%	215	8	4431	0	15329	70.0%	70.0%
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	1613	7.4%	9062	41.4%	215	8	4431	0	15329	70.0%	70.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	4	0	0	0	0	0	0	2	4	6
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	4	11	0	0	0	0	0	0	4	11	15
85+	2	16	0	0	0	0	0	0	2	16	18
TOTALS	10	35	0	0	0	0	0	0	10	35	45

PIPER CITY REHAB & LIVING CENTER
600 SOUTH MAPLE
PIPER CITY, IL. 60959

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 053

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	25	0	0	15	0	45
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	25	0	0	15	0	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	143	127
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	44	0	0	0	44
Race Unknown	1	0	0	0	1
Total	45	0	0	0	45

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	44	0	0	0	44
Ethnicity Unknown	0	0	0	0	0
Total	45	0	0	0	45

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	9.00
Certified Aides	19.00
Other Health Staff	24.00
Non-Health Staff	0.00
Totals	58.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
13.6%	55.0%	6.0%	0.0%	25.4%	100.0%		0.4%
325,390	1,315,769	144,297	0	608,773	2,394,229	9,430	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PITTSFIELD MANOR
610 LOWRY STREET
PITTSFIELD, IL. 62363

Reference Numbers Facility ID 6012470
Health Service Area 003 Planning Service Area 013

Administrator
Rubi Hoots

Contact Person and Telephone
Rubi Hoots
217-285-5200

Date Completed
4/11/2013

Registered Agent Information
J. Michael Bibo
285 S. Farnham Street
Galesburg, IL 61401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	17
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	6
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	4
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	62
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	89	89	75	89	64	25	89	89
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	89	89	75	89	64	25	89	89

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	65
Total Admissions 2011	85
Total Discharges 2011	86
Residents on 12/31/2011	64
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3168	9.8%	13108	40.4%	0	1736	7329	0	25341	78.0%	78.0%
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	3168	9.8%	13108	40.4%	0	1736	7329	0	25341	78.0%	78.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	1	4	0	0	0	0	0	0	1	4	5
75 to 84	8	8	0	0	0	0	0	0	8	8	16
85+	7	30	0	0	0	0	0	0	7	30	37
TOTALS	19	45	0	0	0	0	0	0	19	45	64

PITTSFIELD MANOR
610 LOWRY STREET
PITTSFIELD, IL. 62363

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 013

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	32	0	4	22	0	64
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	32	0	4	22	0	64

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	64	0	0	0	64
Race Unknown	0	0	0	0	0
Total	64	0	0	0	64

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	64	0	0	0	64
Ethnicity Unknown	0	0	0	0	0
Total	64	0	0	0	64

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	8.00
Certified Aides	27.00
Other Health Staff	0.00
Non-Health Staff	20.00
Totals	61.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
33.1%	29.3%	0.0%	0.0%	37.6%	100.0%		0.0%
1,718,688	1,522,382	0	1,092	1,952,766	5,194,928	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PLAZA NURSING & REHAB CENTER
3249 WEST 147 STREET
MIDLOTHIAN, IL. 60445

Reference Numbers Facility ID 6001077
Health Service Area 007 Planning Service Area 705

Administrator
Bonzetta Williams

Contact Person and Telephone
Bonzetta Williams
(708) 389-3141

Registered Agent Information

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	2
Mental Illness	30
Developmental Disability	4
Circulatory System	11
Respiratory System	9
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	84
Total Residents Diagnosed as Mentally Ill	46

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	91	91	91	91	84	7	48	91
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	91	91	91	91	84	7	48	91

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	79
Total Admissions 2011	62
Total Discharges 2011	57
Residents on 12/31/2011	84
Identified Offenders	14

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1966	11.2%	29020	87.4%	153	76	49	0	31264	94.1%	94.1%
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	1966	11.2%	29020	87.4%	153	76	49	0	31264	94.1%	94.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	2	0	0	0	0	0	0	2	2	4
45 to 59	30	8	0	0	0	0	0	0	30	8	38
60 to 64	9	6	0	0	0	0	0	0	9	6	15
65 to 74	12	3	0	0	0	0	0	0	12	3	15
75 to 84	3	6	0	0	0	0	0	0	3	6	9
85+	1	2	0	0	0	0	0	0	1	2	3
TOTALS	57	27	0	0	0	0	0	0	57	27	84

PLAZA NURSING & REHAB CENTER
3249 WEST 147 STREET
MIDLOTHIAN, IL. 60445

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	77	1	0	0	0	84
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	77	1	0	0	0	84

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	44	0	0	0	44
Hawaiian/Pacific Isl.	0	0	0	0	0
White	40	0	0	0	40
Race Unknown	0	0	0	0	0
Total	84	0	0	0	84

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	80	0	0	0	80
Ethnicity Unknown	0	0	0	0	0
Total	84	0	0	0	84

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	9.00
Certified Aides	14.00
Other Health Staff	3.00
Non-Health Staff	19.00
Totals	49.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
1.9%	97.0%	0.0%	0.9%	0.2%	100.0%		0.0%
83,100	4,337,871	0	38,758	10,454	4,470,183	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PLEASANT HILL HEALTHCARE
1010 WEST NORTH STREET
GIRARD, IL. 62640

Reference Numbers Facility ID 6007470
Health Service Area 003 Planning Service Area 117

Administrator
Kami Hopper

Contact Person and Telephone
DAWN SMITH
217-627-2181

Registered Agent Information

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	26
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	57
Non-Medical Conditions	0
TOTALS	83

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	98	92	87	92	83	15	0	98
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	98	92	87	92	83	15	0	98

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	86
Total Admissions 2011	47
Total Discharges 2011	50
Residents on 12/31/2011	83
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2388	0.0%	17777	49.7%	0	0	10899	0	31064	86.8%	92.5%
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	2388	0.0%	17777	49.7%	0	0	10899	0	31064	86.8%	92.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	1	4	0	0	0	0	0	0	1	4	5
75 to 84	4	19	0	0	0	0	0	0	4	19	23
85+	9	45	0	0	0	0	0	0	9	45	54
TOTALS	15	68	0	0	0	0	0	0	15	68	83

PLEASANT HILL HEALTHCARE
1010 WEST NORTH STREET
GIRARD, IL. 62640

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 117

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	46	0	0	30	0	83
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	46	0	0	30	0	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	118	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	83	0	0	0	83
Race Unknown	0	0	0	0	0
Total	83	0	0	0	83

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	82	0	0	0	82
Ethnicity Unknown	0	0	0	0	0
Total	83	0	0	0	83

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	8.00
Certified Aides	26.00
Other Health Staff	0.00
Non-Health Staff	31.00
Totals	70.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
27.7%	44.6%	0.0%	0.0%	27.7%	100.0%		0.0%
1,337,033	2,155,252	0	0	1,337,285	4,829,570	880	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PLEASANT MEADOWS CHRISTIAN VILLAGE
400 W WASHINGTON AVE
CHRISMAN, IL. 61924

Reference Numbers Facility ID 6007488
Health Service Area 004 Planning Service Area 045

Administrator
Robert Vincent

Contact Person and Telephone
Susan McGhee
314-387-7903

Date Completed
4/26/2013

Registered Agent Information
Tim Phillippe
Christian homes Inc. 200 N. Postville Dr.
Lincoln, IL 62656

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	31
Mental Illness	5
Developmental Disability	1
Circulatory System	42
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	105

Total Residents Diagnosed as Mentally Ill 5

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	109	109	106	109	105	4	109	95
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	109	109	106	109	105	4	109	95

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	99
Total Admissions 2011	105
Total Discharges 2011	99
Residents on 12/31/2011	105
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3482	8.8%	21456	61.9%	0	513	11619	0	37070	93.2%	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	3482	8.8%	21456	61.9%	0	513	11619	0	37070	93.2%	93.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	4	9	0	0	0	0	0	0	4	9	13
75 to 84	9	25	0	0	0	0	0	0	9	25	34
85+	10	47	0	0	0	0	0	0	10	47	57
TOTALS	24	81	0	0	0	0	0	0	24	81	105

PLEASANT MEADOWS CHRISTIAN VILLAGE
400 W WASHINGTON AVE
CHRISMAN, IL. 61924

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 045

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	61	0	1	36	0	105
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	61	0	1	36	0	105

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	186	166
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	105	0	0	0	105
Race Unknown	0	0	0	0	0
Total	105	0	0	0	105

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	105	0	0	0	105
Ethnicity Unknown	0	0	0	0	0
Total	105	0	0	0	105

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	12.00
Certified Aides	48.00
Other Health Staff	1.00
Non-Health Staff	37.00
Totals	111.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
30.6%	38.4%	0.0%	4.3%	26.8%	100.0%		0.0%
1,994,139	2,502,891	0	280,278	1,749,131	6,526,440	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PLEASANT VIEW LUTHERAN HOME
505 COLLEGE AVENUE
OTTAWA, IL. 61350

Reference Numbers Facility ID 6007512
Health Service Area 002 Planning Service Area 099

Administrator
Becky Cattani

Contact Person and Telephone
CHUCK BABEC
815-587-1020

Registered Agent Information

Date Completed
5/29/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	1
Circulatory System	16
Respiratory System	10
Digestive System	4
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	9
Other Medical Conditions	21
Non-Medical Conditions	0
TOTALS	81

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	90	90	90	90	81	9	90	46
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	90	90	90	90	81	9	90	46

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	84
Total Admissions 2011	315
Total Discharges 2011	318
Residents on 12/31/2011	81
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5891	17.9%	11984	71.4%	0	812	11924	0	30611	93.2%	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	5891	17.9%	11984	71.4%	0	812	11924	0	30611	93.2%	93.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	5	7	0	0	0	0	0	0	5	7	12
75 to 84	4	16	0	0	0	0	0	0	4	16	20
85+	11	37	0	0	0	0	0	0	11	37	48
TOTALS	20	61	0	0	0	0	0	0	20	61	81

PLEASANT VIEW LUTHERAN HOME
505 COLLEGE AVENUE
OTTAWA, IL. 61350

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	27	0	2	35	0	81
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	27	0	2	35	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	200
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	81	0	0	0	81
Race Unknown	0	0	0	0	0
Total	81	0	0	0	81

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	81	0	0	0	81
Ethnicity Unknown	0	0	0	0	0
Total	81	0	0	0	81

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.80
LPN's	9.20
Certified Aides	47.90
Other Health Staff	5.00
Non-Health Staff	56.00
Totals	129.90

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
31.5%	21.1%	0.0%	0.0%	47.4%	100.0%		0.0%
2,616,713	1,757,451	0	0	3,941,684	8,315,848	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PLEASANT VIEW REHAB & HEALTHCARE CENTE
500 NORTH JACKSON STREET
MORRISON, IL. 61270

Reference Numbers Facility ID 6007504
Health Service Area 001 Planning Service Area 195

Administrator
Emily Dykstra

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/17/2013

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	5
Mental Illness	9
Developmental Disability	1
Circulatory System	5
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	5
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	52

Total Residents Diagnosed as Mentally Ill 9

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	74	74	64	74	52	22	74	74
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	74	74	64	74	52	22	74	74

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	57
Total Admissions 2011	65
Total Discharges 2011	70
Residents on 12/31/2011	52
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1285	4.8%	12271	45.4%	1469	37	6457	0	21519	79.7%	79.7%
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	1285	4.8%	12271	45.4%	1469	37	6457	0	21519	79.7%	79.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	3	0	0	0	0	0	0	0	3	0	3
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	3	4	0	0	0	0	0	0	3	4	7
75 to 84	3	16	0	0	0	0	0	0	3	16	19
85+	5	12	0	0	0	0	0	0	5	12	17
TOTALS	16	36	0	0	0	0	0	0	16	36	52

PLEASANT VIEW REHAB & HEALTHCARE CENTE
500 NORTH JACKSON STREET
MORRISON, IL. 61270

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	30	0	0	18	0	52
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	30	0	0	18	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	151	136
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	49	0	0	0	49
Race Unknown	3	0	0	0	3
Total	52	0	0	0	52

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	49	0	0	0	49
Ethnicity Unknown	0	0	0	0	0
Total	52	0	0	0	52

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	8.00
Certified Aides	16.00
Other Health Staff	0.00
Non-Health Staff	16.00
Totals	46.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
8.2%	61.7%	0.0%	0.0%	30.1%	100.0%		0.1%
241,724	1,828,820	0	0	893,556	2,964,100	4,226	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PLONKA TERRACE
184 MAPLE AVENUE
GALESBURG, IL. 61401

Reference Numbers Facility ID 6012884
Health Service Area 002 Planning Service Area 095

Administrator
TIffany Lair

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/6/2013

Registered Agent Information
J. Michael Bibo
285 S. Farnham St.,
Galesburg, IL 61401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5840	######	0	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	######	0	0	0	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	5	0	0	4	5	9
45 to 59	0	0	0	0	1	1	0	0	1	1	2
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	1	1	0	0	1	1	2
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

PLONKA TERRACE
184 MAPLE AVENUE
GALESBURG, IL. 61401

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	121
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	80.9%	0.3%	0.0%	18.8%	100.0%		0.0%
0	561,140	1,989	0	130,153	693,283	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PLUM GROVE NURSING & REHAB CENTER
24 SOUTH PLUM GROVE ROAD
PALATINE, IL. 60067

Reference Numbers Facility ID 6007520
Health Service Area 007 Planning Service Area 701

Administrator
Scott Sklar

Contact Person and Telephone
Scott Sklar
847-358-0311

Date Completed
4/15/2013

Registered Agent Information
Frederick Frankel
8131 Monticello
SKOKIE, IL 60076

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	44
Blood Disorders	17
*Nervous System Non Alzheimer	16
Alzheimer Disease	8
Mental Illness	25
Developmental Disability	1
Circulatory System	55
Respiratory System	12
Digestive System	13
Genitourinary System Disorders	11
Skin Disorders	0
Musculo-skeletal Disorders	31
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	240

Total Residents Diagnosed as Mentally Ill 49

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	69	67	67	67	61	8	5	69
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	69	67	67	67	61	8	5	69

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	69
Total Admissions 2011	44
Total Discharges 2011	52
Residents on 12/31/2011	61
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1813	99.3%	15754	62.6%	0	1381	3951	0	22899	90.9%	93.6%
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	1813	99.3%	15754	62.6%	0	1381	3951	0	22899	90.9%	93.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	5	8	0	0	0	0	0	0	5	8	13
75 to 84	4	16	0	0	0	0	0	0	4	16	20
85+	6	19	0	0	0	0	0	0	6	19	25
TOTALS	16	45	0	0	0	0	0	0	16	45	61

PLUM GROVE NURSING & REHAB CENTER
24 SOUTH PLUM GROVE ROAD
PALATINE, IL. 60067

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	49	0	0	7	0	61
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	49	0	0	7	0	61

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	205
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	0	0	0	0	0
Total	61	0	0	0	61

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	60	0	0	0	60
Ethnicity Unknown	0	0	0	0	0
Total	61	0	0	0	61

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	5.00
Certified Aides	18.00
Other Health Staff	0.00
Non-Health Staff	13.00
Totals	42.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
6.6%	68.2%	0.0%	5.7%	19.4%	100.0%		0.0%
268,400	2,774,878	0	232,234	790,689	4,066,201	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PLYMOUTH PLACE
315 NORTH LAGRANGE ROAD
LAGRANGE PARK, IL. 60526

Reference Numbers Facility ID 6016265
Health Service Area 007 Planning Service Area 705

Administrator
Nancy VanDrunen

Contact Person and Telephone
DALE T. LILBURN
7084826668

Date Completed
3/29/2013

Registered Agent Information
Dale Lilburn
648 Citadel Dr.
Westmont, IL 60559

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	23
Injuries and Poisonings	0
Other Medical Conditions	49
Non-Medical Conditions	0
TOTALS	73

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	86	86	81	86	73	13	86	2
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	86	86	81	86	73	13	86	2

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	78
Total Admissions 2011	580
Total Discharges 2011	585
Residents on 12/31/2011	73
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10343	32.9%	0	0.0%	0	434	15240	407	26424	84.2%	84.2%
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	10343	32.9%	0	0.0%	0	434	15240	407	26424	84.2%	84.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	5	0	0	0	0	0	0	0	5	5
75 to 84	5	14	0	0	0	0	0	0	5	14	19
85+	11	38	0	0	0	0	0	0	11	38	49
TOTALS	16	57	0	0	0	0	0	0	16	57	73

PLYMOUTH PLACE
315 NORTH LAGRANGE ROAD
LAGRANGE PARK, IL. 60526

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	34	0	0	0	37	2	73
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	34	0	0	0	37	2	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	328	268
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	72	0	0	0	72
Race Unknown	0	0	0	0	0
Total	73	0	0	0	73

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	71	0	0	0	71
Ethnicity Unknown	0	0	0	0	0
Total	73	0	0	0	73

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.80
LPN's	7.22
Certified Aides	33.28
Other Health Staff	0.00
Non-Health Staff	39.30
Totals	92.60

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
56.0%	0.0%	0.0%	0.0%	44.0%	100.0%		1.7%
4,964,131	0	0	0	3,903,351	8,867,482	152,581	

*Charity Care Expense does not include expenses which may be considered a community benefit.

POLK HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6012330
Health Service Area 006 Planning Service Area 601

Administrator
Joe Ferrara

Contact Person and Telephone
MARY PAT O'BRIEN
773-273-4169

Date Completed
3/29/2013

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.
Chicago, IL 60660

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	12

Total Residents Diagnosed as Mentally Ill 3

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	12	0		12
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	12	0	0	12

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	12
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	12
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4380	######	0	0	0	0	4380	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4380	######	0	0	0	0	4380	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	12	0	0	0	12	0	12
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	12	0	0	0	12	0	12

POLK HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	218	218
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.06
Director of Nursing	0.00
Registered Nurses	0.11
LPN's	0.00
Certified Aides	7.23
Other Health Staff	3.18
Non-Health Staff	0.27
Totals	11.10

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	89.2%	10.5%	0.0%	0.3%	100.0%		0.0%
0	654,180	77,072	0	2,276	733,529	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

POLO REHAB & HEALTHCARE
703 EAST BUFFALO
POLO, IL. 61064

Reference Numbers Facility ID 6007546
Health Service Area 001 Planning Service Area 141

Administrator
Rhonda Biller

Contact Person and Telephone
Marikay Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
3/28/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	16
Mental Illness	1
Developmental Disability	1
Circulatory System	15
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	3
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	52

Total Residents Diagnosed as Mentally Ill 9

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	81	81	55	81	52	29	81	81
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	81	81	55	81	52	29	81	81

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	51
Total Admissions 2011	89
Total Discharges 2011	88
Residents on 12/31/2011	52
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1742	5.9%	10611	35.9%	0	211	4779	0	17343	58.7%	58.7%
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	1742	5.9%	10611	35.9%	0	211	4779	0	17343	58.7%	58.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	2	6	0	0	0	0	0	0	2	6	8
75 to 84	3	11	0	0	0	0	0	0	3	11	14
85+	9	14	0	0	0	0	0	0	9	14	23
TOTALS	18	34	0	0	0	0	0	0	18	34	52

POLO REHAB & HEALTHCARE
703 EAST BUFFALO
POLO, IL. 61064

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 141

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	33	0	0	13	0	52
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	33	0	0	13	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	51	0	0	0	51
Race Unknown	0	0	0	0	0
Total	52	0	0	0	52

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	52	0	0	0	52
Ethnicity Unknown	0	0	0	0	0
Total	52	0	0	0	52

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	6.00
Certified Aides	17.00
Other Health Staff	18.00
Non-Health Staff	0.00
Totals	48.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
14.4%	56.8%	0.0%	0.0%	28.8%	100.0%		0.4%
364,302	1,440,526	0	0	729,670	2,534,498	9,590	

*Charity Care Expense does not include expenses which may be considered a community benefit.

POPE COUNTY CARE CENTER
216 ROSALIE STREET BOX 488
GOLCONDA, IL. 62938

Reference Numbers Facility ID 6007553
Health Service Area 005 Planning Service Area 069

Administrator
ALAN L. ROBBS

Contact Person and Telephone
STEPHANI MCCAUGHAN
618-549-8331

Date Completed
4/13/2013

Registered Agent Information
ALAN L. ROBBS
P. O. BOX 488, 216 E. ROSALIE STREET
Golconda, IL 62938

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	1
Circulatory System	6
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	1
TOTALS	29

Total Residents Diagnosed as Mentally Ill 2

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	51	51	35	51	29	22	13	51
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	51	51	35	51	29	22	13	51

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	30
Total Admissions 2011	24
Total Discharges 2011	25
Residents on 12/31/2011	29
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1321	27.8%	6425	34.5%	0	0	3419	0	11165	60.0%	60.0%
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	1321	27.8%	6425	34.5%	0	0	3419	0	11165	60.0%	60.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	5	5	0	0	0	0	0	0	5	5	10
75 to 84	2	1	0	0	0	0	0	0	2	1	3
85+	1	13	0	0	0	0	0	0	1	13	14
TOTALS	8	21	0	0	0	0	0	0	8	21	29

POPE COUNTY CARE CENTER
216 ROSALIE STREET BOX 488
GOLCONDA, IL. 62938

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 069

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	18	0	0	11	0	29
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	18	0	0	11	0	29

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	127	102
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	27	0	0	0	27
Race Unknown	0	0	0	0	0
Total	29	0	0	0	29

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	29	0	0	0	29
Ethnicity Unknown	0	0	0	0	0
Total	29	0	0	0	29

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	2.00
Certified Aides	10.00
Other Health Staff	2.00
Non-Health Staff	10.00
Totals	29.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
19.6%	50.0%	0.0%	0.0%	30.4%	100.0%		0.0%
245,528	628,149	0	0	381,789	1,255,466	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PRAIRIE CITY REHAB & HEALTH CARE
825 E. MAIN
PRAIRIE CITY, IL. 61470

Reference Numbers Facility ID 6007561
Health Service Area 002 Planning Service Area 109

Administrator
Jason Stewart

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/1/2013

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	4
Mental Illness	5
Developmental Disability	3
Circulatory System	5
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	25
Total Residents Diagnosed as Mentally Ill	17

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	47	47	26	47	25	22	47	47
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	47	47	26	47	25	22	47	47

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	25
Total Admissions 2011	36
Total Discharges 2011	36
Residents on 12/31/2011	25
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	449	2.6%	4386	25.6%	1095	143	2094	0	8167	47.6%	47.6%
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	449	2.6%	4386	25.6%	1095	143	2094	0	8167	47.6%	47.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	4	0	0	0	0	0	0	0	4	4
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	5	3	0	0	0	0	0	0	5	3	8
85+	1	7	0	0	0	0	0	0	1	7	8
TOTALS	8	17	0	0	0	0	0	0	8	17	25

PRAIRIE CITY REHAB & HEALTH CARE
825 E. MAIN
PRAIRIE CITY, IL. 61470

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 109

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	15	0	0	9	0	25
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	15	0	0	9	0	25

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	108	132
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	23	0	0	0	23
Race Unknown	0	0	0	0	0
Total	25	0	0	0	25

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	25	0	0	0	25
Ethnicity Unknown	0	0	0	0	0
Total	25	0	0	0	25

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	3.00
Certified Aides	10.00
Other Health Staff	1.00
Non-Health Staff	14.00
Totals	33.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
9.6%	65.6%	0.0%	0.0%	24.8%	100.0%		0.0%
90,923	620,357	0	0	234,599	945,879	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PRAIRIE CROSSING LIVING & REHAB
409 WEST COMANCHE STREET
SHABBONA, IL. 60550

Reference Numbers Facility ID 6008502
Health Service Area 001 Planning Service Area 037

Administrator
DANA PAYTON

Contact Person and Telephone
CHERYL CARL
847-982-2300

Date Completed
4/17/2013

Registered Agent Information
SHELDON WOLFE
7434 SKOKIE BLVD
SKOKIE, IL 60077

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	11
Mental Illness	9
Developmental Disability	0
Circulatory System	8
Respiratory System	6
Digestive System	4
Genitourinary System Disorders	11
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	4
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	63
Total Residents Diagnosed as Mentally Ill	13

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	91	91	74	91	63	28	91	91
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	91	91	74	91	63	28	91	91

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	72
Total Admissions 2011	114
Total Discharges 2011	123
Residents on 12/31/2011	63
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1777	5.3%	19349	58.3%	0	0	4053	0	25179	75.8%	75.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1777	5.3%	19349	58.3%	0	0	4053	0	25179	75.8%	75.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	3	0	0	0	0	0	0	1	3	4
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	4	4	0	0	0	0	0	0	4	4	8
75 to 84	5	17	0	0	0	0	0	0	5	17	22
85+	2	26	0	0	0	0	0	0	2	26	28
TOTALS	12	51	0	0	0	0	0	0	12	51	63

PRAIRIE CROSSING LIVING & REHAB
409 WEST COMANCHE STREET
SHABBONA, IL. 60550

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 037

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	54	0	0	8	0	63
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	54	0	0	8	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	62	0	0	0	62
Race Unknown	0	0	0	0	0
Total	63	0	0	0	63

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	63	0	0	0	63
Ethnicity Unknown	0	0	0	0	0
Total	63	0	0	0	63

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	3.00
Certified Aides	28.00
Other Health Staff	0.00
Non-Health Staff	38.00
Totals	77.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
18.6%	64.8%	0.0%	0.0%	16.7%	100.0%		0.0%
777,493	2,712,560	0	0	698,076	4,188,129	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW	12/1/2012	Change of Ownership occurred.
Name Change	12/5/2012	Formerly Shabbona Healthcare Center.

PRAIRIE HOUSE
1770 SAUK TRAIL
SAUK VILLAGE, IL. 60411

Reference Numbers Facility ID 6011951
Health Service Area 007 Planning Service Area 705

Administrator
Bobbie Camacho

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Registered Agent Information
J. Michael Bibo
285 S. Farnham St.
Galesburg, IL 61401

Date Completed
4/6/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	12

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	12	16	12	4		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	12	16	12	4	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	14
Total Admissions 2011	0
Total Discharges 2011	2
Residents on 12/31/2011	12
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4380	75.0%	0	0	0	0	4380	75.0%	75.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4380	75.0%	0	0	0	0	4380	75.0%	75.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	2	0	0	2	2	4
45 to 59	0	0	0	0	3	0	0	0	3	0	3
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	0	3	0	0	0	3	3
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	6	6	0	0	6	6	12

PRAIRIE HOUSE
1770 SAUK TRAIL
SAUK VILLAGE, IL. 60411

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	141
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	7	0	7
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	11	0	11
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	80.0%	1.3%	0.0%	18.7%	100.0%		0.0%
0	617,976	10,222	0	144,440	772,639	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PRAIRIE MANOR NURSING & REHAB
345 DIXIE HIGHWAY
CHICAGO HEIGHTS, IL. 60411

Reference Numbers Facility ID 6011746
Health Service Area 007 Planning Service Area 705

Administrator
Mary Rose Stucker

Contact Person and Telephone
DARCIE MELIA
708-754-7601

Date Completed
3/27/2013

Registered Agent Information
N/A

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	9
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	36
Respiratory System	18
Digestive System	8
Genitourinary System Disorders	23
Skin Disorders	5
Musculo-skeletal Disorders	4
Injuries and Poisonings	6
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	122

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	148	148	148	148	122	26	148	148
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	148	148	148	148	122	26	148	148

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	128
Total Admissions 2011	304
Total Discharges 2011	310
Residents on 12/31/2011	122
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	13232	24.5%	24860	46.0%	0	263	7976	0	46331	85.8%	85.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	13232	24.5%	24860	46.0%	0	263	7976	0	46331	85.8%	85.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	2	0	0	0	0	0	0	2	2	4
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	8	11	0	0	0	0	0	0	8	11	19
75 to 84	12	22	0	0	0	0	0	0	12	22	34
85+	8	53	0	0	0	0	0	0	8	53	61
TOTALS	32	90	0	0	0	0	0	0	32	90	122

PRAIRIE MANOR NURSING & REHAB
345 DIXIE HIGHWAY
CHICAGO HEIGHTS, IL. 60411

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	41	64	0	0	17	0	122
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	41	64	0	0	17	0	122

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	44	0	0	0	44
Hawaiian/Pacific Isl.	0	0	0	0	0
White	70	0	0	0	70
Race Unknown	8	0	0	0	8
Total	122	0	0	0	122

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	114	0	0	0	114
Ethnicity Unknown	0	0	0	0	0
Total	122	0	0	0	122

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	24.00
Certified Aides	65.00
Other Health Staff	7.00
Non-Health Staff	45.00
Totals	152.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
44.0%	34.6%	5.0%	2.4%	13.9%	100.0%		0.0%
4,466,191	3,509,354	509,336	242,830	1,412,834	10,140,545	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PRAIRIE ROSE HEALTHCARE CENTER
900 SOUTH CHESTNUT STREET
PANA, IL. 62557

Reference Numbers Facility ID 6007082
Health Service Area 003 Planning Service Area 021

Administrator
Laura Morrell

Contact Person and Telephone
Marikay Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
3/29/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	15
Mental Illness	3
Developmental Disability	5
Circulatory System	9
Respiratory System	8
Digestive System	4
Genitourinary System Disorders	1
Skin Disorders	5
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	68

Total Residents Diagnosed as Mentally Ill 27

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	105	101	72	97	68	37	105	105
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	105	101	72	97	68	37	105	105

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	70
Total Admissions 2011	49
Total Discharges 2011	51
Residents on 12/31/2011	68
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1610	4.2%	18139	47.3%	240	83	5695	0	25767	67.2%	69.9%
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	1610	4.2%	18139	47.3%	240	83	5695	0	25767	67.2%	69.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	3	0	0	0	0	0	0	1	3	4
45 to 59	2	2	0	0	0	0	0	0	2	2	4
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	4	9	0	0	0	0	0	0	4	9	13
75 to 84	4	12	0	0	0	0	0	0	4	12	16
85+	3	25	0	0	0	0	0	0	3	25	28
TOTALS	16	52	0	0	0	0	0	0	16	52	68

PRAIRIE ROSE HEALTHCARE CENTER
900 SOUTH CHESTNUT STREET
PANA, IL. 62557

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 021

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	45	0	0	18	0	68
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	45	0	0	18	0	68

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	125
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	67	0	0	0	67
Race Unknown	0	0	0	0	0
Total	68	0	0	0	68

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	68	0	0	0	68
Ethnicity Unknown	0	0	0	0	0
Total	68	0	0	0	68

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	15.00
Certified Aides	35.00
Other Health Staff	4.00
Non-Health Staff	20.00
Totals	77.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
9.1%	71.1%	0.0%	0.0%	20.2%	100.4%		0.1%
317,777	2,474,118	0	-12,250	702,310	3,481,955	2,598	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PRAIRIE VIEW CARE CENTER - LEWISTOWN
175 EAST SYCAMORE DRIVE
LEWISTOWN, IL. 61542

Reference Numbers Facility ID 6001812
Health Service Area 002 Planning Service Area 057

Administrator
Amy Urben

Contact Person and Telephone
Amy Urben
309-547-2267

Registered Agent Information

Date Completed
6/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	7
Mental Illness	19
Developmental Disability	0
Circulatory System	2
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	46

Total Residents Diagnosed as Mentally Ill 43

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	99	99	53	99	46	53	50	99
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	53	99	46	53	50	99

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	47
Total Admissions 2011	23
Total Discharges 2011	24
Residents on 12/31/2011	46
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1096	6.0%	14499	40.1%	0	55	1433	0	17083	47.3%	47.3%
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	1096	6.0%	14499	40.1%	0	55	1433	0	17083	47.3%	47.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	2	0	0	0	0	0	0	4	2	6
45 to 59	10	4	0	0	0	0	0	0	10	4	14
60 to 64	4	0	0	0	0	0	0	0	4	0	4
65 to 74	4	3	0	0	0	0	0	0	4	3	7
75 to 84	2	2	0	0	0	0	0	0	2	2	4
85+	0	11	0	0	0	0	0	0	0	11	11
TOTALS	24	22	0	0	0	0	0	0	24	22	46

PRAIRIE VIEW CARE CENTER - LEWISTOWN
175 EAST SYCAMORE DRIVE
LEWISTOWN, IL. 61542

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 057

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	40	0	1	3	0	46
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	40	0	1	3	0	46

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	156	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	43	0	0	0	43
Race Unknown	0	0	0	0	0
Total	46	0	0	0	46

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	46	0	0	0	46
Ethnicity Unknown	0	0	0	0	0
Total	46	0	0	0	46

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	6.00
Certified Aides	22.00
Other Health Staff	8.00
Non-Health Staff	23.00
Totals	67.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
14.7%	75.5%	2.9%	0.3%	6.7%	100.0%		0.0%
404,418	2,082,348	80,927	6,900	185,168	2,759,761	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PRAIRIE VILLAGE HEALTHCARE CENTER
1024 WEST WALNUT
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6006027
Health Service Area 003 Planning Service Area 137

Administrator
kelly rothering

Contact Person and Telephone
kelly rothering
217-245-5175

Registered Agent Information

Date Completed
5/29/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	16
Respiratory System	16
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	5
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	62

Total Residents Diagnosed as Mentally Ill 53

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	126	126	79	0	62	64	53	126
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	126	126	79	0	62	64	53	126

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	76
Total Admissions 2011	49
Total Discharges 2011	63
Residents on 12/31/2011	62
Identified Offenders	4

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4330	22.4%	20075	43.7%	0	365	730	0	25500	55.4%	55.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4330	22.4%	20075	43.7%	0	365	730	0	25500	55.4%	55.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	5	7	0	0	0	0	0	0	5	7	12
60 to 64	4	4	0	0	0	0	0	0	4	4	8
65 to 74	10	12	0	0	0	0	0	0	10	12	22
75 to 84	4	5	0	0	0	0	0	0	4	5	9
85+	1	9	0	0	0	0	0	0	1	9	10
TOTALS	24	38	0	0	0	0	0	0	24	38	62

PRAIRIE VILLAGE HEALTHCARE CENTER
1024 WEST WALNUT
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 137

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	55	0	0	2	0	62
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	55	0	0	2	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	61	0	0	0	61
Race Unknown	0	0	0	0	0
Total	62	0	0	0	62

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	62	0	0	0	62
Ethnicity Unknown	0	0	0	0	0
Total	62	0	0	0	62

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	10.00
Certified Aides	28.00
Other Health Staff	0.00
Non-Health Staff	20.00
Totals	63.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
30.8%	65.3%	0.0%	1.4%	2.6%	100.0%		0.0%
1,268,214	2,692,764	0	56,951	106,036	4,123,965	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PRAIRIEVIEW AT THE GARLANDS
6000 GARLANDS LANE
BARRINGTON, IL. 60010

Reference Numbers Facility ID 6016158
Health Service Area 008 Planning Service Area 097

Administrator
Lynn Laystrom

Contact Person and Telephone
LYNN LAYSTROM
847-756-3106

Registered Agent Information

Date Completed
3/25/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	12

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	20	20	18	20	12	8	20	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	20	20	18	20	12	8	20	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	14
Total Admissions 2011	81
Total Discharges 2011	83
Residents on 12/31/2011	12
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1063	14.6%	0	0.0%	0	70	3848	0	4981	68.2%	68.2%
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	1063	14.6%	0	0.0%	0	70	3848	0	4981	68.2%	68.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	1	1	0	0	0	0	0	0	1	1	2
85+	2	8	0	0	0	0	0	0	2	8	10
TOTALS	3	9	0	0	0	0	0	0	3	9	12

PRAIRIEVIEW AT THE GARLANDS
6000 GARLANDS LANE
BARRINGTON, IL. 60010

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	0	0	0	9	0	12
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	0	0	0	9	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	360	345
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	12	0	0	0	12
Race Unknown	0	0	0	0	0
Total	12	0	0	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	12	0	0	0	12
Total	12	0	0	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	0.00
Certified Aides	14.00
Other Health Staff	8.00
Non-Health Staff	1.00
Totals	34.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
21.5%	0.0%	0.0%	6.4%	72.1%	100.0%		0.0%
381,716	0	0	112,976	1,278,776	1,773,468	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PRAIRIEVIEW LUTHERAN HOME
403 NORTH 4TH STREET
DANFORTH, IL. 60930

Reference Numbers Facility ID 6007595
Health Service Area 004 Planning Service Area 075

Administrator
Karen A Sippel

Contact Person and Telephone
KAREN A. SIPPEL
815-269-2970

Registered Agent Information

Date Completed
4/16/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	45
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	4
Digestive System	4
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	86
Total Residents Diagnosed as Mentally Ill	1

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	90	90	90	90	87	3	20	27
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	90	90	90	90	87	3	20	27

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	78
Total Admissions 2011	38
Total Discharges 2011	29
Residents on 12/31/2011	87
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1795	24.6%	5832	59.2%	0	132	22257	0	30016	91.4%	91.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1795	24.6%	5832	59.2%	0	132	22257	0	30016	91.4%	91.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	1	3	0	0	0	0	0	0	1	3	4
75 to 84	5	13	0	0	0	0	0	0	5	13	18
85+	11	51	0	0	0	0	0	0	11	51	62
TOTALS	17	70	0	0	0	0	0	0	17	70	87

PRAIRIEVIEW LUTHERAN HOME
403 NORTH 4TH STREET
DANFORTH, IL. 60930

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 075

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	17	0	0	66	0	87
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	17	0	0	66	0	87

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	202	209
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	87	0	0	0	87
Race Unknown	0	0	0	0	0
Total	87	0	0	0	87

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	87	0	0	0	87
Ethnicity Unknown	0	0	0	0	0
Total	87	0	0	0	87

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	10.00
Certified Aides	43.00
Other Health Staff	0.00
Non-Health Staff	49.00
Totals	118.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
17.7%	12.1%	0.0%	0.0%	70.2%	100.0%		0.0%
1,142,870	784,471	0	0	4,544,954	6,472,295	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PRESENCE BALLARD NURSING CENTER
9300 BALLARD ROAD
DES PLAINES, IL. 60016

Reference Numbers Facility ID 6000640
Health Service Area 007 Planning Service Area 702

Administrator
Jennifer Roach

Contact Person and Telephone
BRENDA DAVIS
847-813-3712

Date Completed
4/16/2013

Registered Agent Information
Sandra Bruce
7435 W. Talcott Ave
Chicago, IL 60631

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	24
Digestive System	1
Genitourinary System Disorders	9
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	11
Other Medical Conditions	67
Non-Medical Conditions	0
TOTALS	126

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	231	191	151	191	126	105	231	231
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	231	191	151	191	126	105	231	231

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	153
Total Admissions 2011	786
Total Discharges 2011	813
Residents on 12/31/2011	126
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12002	14.2%	26587	31.5%	0	5171	3674	1800	49234	58.4%	70.6%
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	12002	14.2%	26587	31.5%	0	5171	3674	1800	49234	58.4%	70.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	7	2	0	0	0	0	0	0	7	2	9
45 to 59	12	7	0	0	0	0	0	0	12	7	19
60 to 64	9	5	0	0	0	0	0	0	9	5	14
65 to 74	15	18	0	0	0	0	0	0	15	18	33
75 to 84	10	18	0	0	0	0	0	0	10	18	28
85+	7	16	0	0	0	0	0	0	7	16	23
TOTALS	60	66	0	0	0	0	0	0	60	66	126

PRESENCE BALLARD NURSING CENTER
9300 BALLARD ROAD
DES PLAINES, IL. 60016

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	36	66	0	10	9	5	126
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	36	66	0	10	9	5	126

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	309	232
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pacific Isl.	0	0	0	0	0
White	88	0	0	0	88
Race Unknown	22	0	0	0	22
Total	126	0	0	0	126

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	15	0	0	0	15
Non-Hispanic	98	0	0	0	98
Ethnicity Unknown	13	0	0	0	13
Total	126	0	0	0	126

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	33.70
LPN's	6.00
Certified Aides	48.20
Other Health Staff	56.00
Non-Health Staff	64.20
Totals	211.10

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
46.9%	35.3%	0.0%	0.0%	17.8%	100.0%		2.1%
8,216,331	6,187,095			3,120,730	17,524,156	363,366	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change 10/1/2012 Formerly Ballard Nursing Center.

PRESENCE COR MARIAE CENTER
3330 MARIA LINDEN DRIVE
ROCKFORD, IL. 61114

Reference Numbers Facility ID 6005771
Health Service Area 001 Planning Service Area 201

Administrator
Teresa Wester-Peters

Contact Person and Telephone
BRENDA DAVIS

Date Completed
4/17/2013

Registered Agent Information
Kendra Allaband
19065 Hickory Creek Drive
Mokena, IL 60448

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	26
Respiratory System	14
Digestive System	5
Genitourinary System Disorders	12
Skin Disorders	4
Musculo-skeletal Disorders	0
Injuries and Poisonings	17
Other Medical Conditions	21
Non-Medical Conditions	8
TOTALS	117

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	73	73	70	73	70	3	73	16
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	61	61	47	61	47	14		
TOTAL BEDS	134	134	117	134	117	17	73	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	116
Total Admissions 2011	259
Total Discharges 2011	258
Residents on 12/31/2011	117
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8008	30.1%	4855	83.1%	0	1949	10808	0	25620	96.2%	96.2%
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	17202	0	17202	77.3%	77.3%
TOTALS	8008	30.1%	4855	83.1%	0	1949	28010	0	42822	87.6%	87.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	4	1	0	0	0	0	3	2	7	3	10
75 to 84	7	11	0	0	0	0	3	5	10	16	26
85+	10	35	0	0	0	0	8	26	18	61	79
TOTALS	21	49	0	0	0	0	14	33	35	82	117

PRESENCE COR MARIAE CENTER
3330 MARIA LINDEN DRIVE
ROCKFORD, IL. 61114

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	28	14	0	0	28	0	70
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	47	0	47
TOTALS	28	14	0	0	75	0	117

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	257	219
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	1	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	1	1
White	69	0	0	45	114
Race Unknown	0	0	0	0	0
Total	70	0	0	47	117

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	1	3
Non-Hispanic	68	0	0	46	114
Ethnicity Unknown	0	0	0	0	0
Total	70	0	0	47	117

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.50
LPN's	14.00
Certified Aides	31.00
Other Health Staff	20.50
Non-Health Staff	48.00
Totals	128.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
23.0%	8.1%	0.0%	6.3%	62.6%	100.0%		0.4%
1,878,389	662,641		514,822	5,107,611	8,163,463	29,410	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	10/1/2012	Formerly Provena Cor Mariae Center.

PRESENCE HEALTH ST. ELIZABETH HOSPITAL
1431 NORTH CLAREMONT AVENUE
CHICAGO, IL. 60622

Reference Numbers Facility ID 6010730
Health Service Area 006 Planning Service Area 602

Administrator
Suzanne Lambert

Contact Person and Telephone
BRENDA DAVIS
847-813-3712

Date Completed
4/4/2013

Registered Agent Information
Sandra Bruce
7435 West Talcott Avenue
Chicago, IL 60631

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	13

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	28	25	25	25	13	15	28	28
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	28	25	25	25	13	15	28	28

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	8
Total Admissions 2011	401
Total Discharges 2011	396
Residents on 12/31/2011	13
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4197	41.1%	0	0.0%	0	1206	9	0	5412	53.0%	59.3%
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	4197	41.1%	0	0.0%	0	1206	9	0	5412	53.0%	59.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	3	0	0	0	0	0	0	3	3	6
75 to 84	2	2	0	0	0	0	0	0	2	2	4
85+	1	2	0	0	0	0	0	0	1	2	3
TOTALS	6	7	0	0	0	0	0	0	6	7	13

PRESENCE HEALTH ST. ELIZABETH HOSPITAL
1431 NORTH CLAREMONT AVENUE
CHICAGO, IL. 60622

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	0	0	2	0	0	13
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	0	0	2	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	809	809
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	6	0	0	0	6
Race Unknown	4	0	0	0	4
Total	13	0	0	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	11	0	0	0	11
Ethnicity Unknown	0	0	0	0	0
Total	13	0	0	0	13

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	2.00
Certified Aides	6.00
Other Health Staff	2.00
Non-Health Staff	2.00
Totals	24.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PRESENCE HERITAGE VILLAGE
901 NORTH ENTRANCE
KANKAKEE, IL. 60901

Reference Numbers Facility ID 6004246
Health Service Area 009 Planning Service Area 091

Administrator
Carol McIntyre

Contact Person and Telephone
BRENDA DAVIS

Registered Agent Information
Kendra Allaband
19065 Hickory Creek Drive
Mokena, IL 60448

Date Completed
4/3/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	19
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	51
Non-Medical Conditions	0
TOTALS	75

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	51	51	51	51	44	7	51	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	79	36	36	36	31	48		
TOTAL BEDS	130	87	87	87	75	55	51	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	77
Total Admissions 2011	158
Total Discharges 2011	160
Residents on 12/31/2011	75
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7723	41.5%	0	0.0%	0	687	7656	0	16066	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	11315	0	11315	39.2%	86.1%
TOTALS	7723	41.5%	0	0.0%	0	687	18971	0	27381	57.7%	86.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	2	0	0	0	0	0	1	1	3	4
75 to 84	3	6	0	0	0	0	0	3	3	9	12
85+	8	23	0	0	0	0	0	27	8	50	58
TOTALS	13	31	0	0	0	0	0	31	13	62	75

PRESENCE HERITAGE VILLAGE
901 NORTH ENTRANCE
KANKAKEE, IL. 60901

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	0	0	3	19	0	44
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	31	0	31
TOTALS	22	0	0	3	50	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	241	205
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	131	119

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	1	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	42	0	0	30	72
Race Unknown	0	0	0	0	0
Total	44	0	0	31	75

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	44	0	0	31	75
Ethnicity Unknown	0	0	0	0	0
Total	44	0	0	31	75

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	14.00
Certified Aides	36.00
Other Health Staff	4.00
Non-Health Staff	48.00
Totals	109.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
35.3%	0.0%	0.0%	3.8%	60.8%	100.0%		0.0%
1,790,255			193,334	3,081,371	5,064,960	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	10/1/2012	Formerly Provena Heritage Village.

PRESENCE MARYHAVEN NURSING & REHAB CT
1700 EAST LAKE AVENUE
GLENVIEW, IL. 60025

Reference Numbers Facility ID 6005854
Health Service Area 007 Planning Service Area 702

Administrator
Lisa Orzada

Contact Person and Telephone
BRENDA DAVIS

Date Completed
6/26/2013

Registered Agent Information
Sandra Bruce
7435 West Talcott Ave
Chicago, IL 60631

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	12
Blood Disorders	2
*Nervous System Non Alzheimer	4
Alzheimer Disease	36
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	28
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	102

Total Residents Diagnosed as Mentally Ill 4

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	135	135	116	128	102	33	135	61
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	135	135	116	128	102	33	135	61

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	112
Total Admissions 2011	134
Total Discharges 2011	144
Residents on 12/31/2011	102
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4333	8.8%	20700	93.0%	0	725	12532	1554	39844	80.9%	80.9%
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	4333	8.8%	20700	93.0%	0	725	12532	1554	39844	80.9%	80.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	3	0	0	0	0	0	0	0	3	0	3
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	3	21	0	0	0	0	0	0	3	21	24
85+	13	54	0	0	0	0	0	0	13	54	67
TOTALS	22	80	0	0	0	0	0	0	22	80	102

PRESENCE MARYHAVEN NURSING & REHAB CT
1700 EAST LAKE AVENUE
GLENVIEW, IL. 60025

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	48	0	1	35	2	102
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	48	0	1	35	2	102

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	266	219
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	101	0	0	0	101
Race Unknown	0	0	0	0	0
Total	102	0	0	0	102

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	101	0	0	0	101
Ethnicity Unknown	0	0	0	0	0
Total	102	0	0	0	102

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.75
LPN's	5.25
Certified Aides	41.20
Other Health Staff	12.00
Non-Health Staff	36.25
Totals	116.45

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
29.3%	41.4%	0.0%	4.1%	25.2%	100.0%		2.3%
2,533,616	3,584,029		353,022	2,184,458	8,655,125	196,752	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	10/1/2012	Formerly Maryhaven Nursing and Rehabilitation Center.

PRESENCE MCAULEY MANOR
400 W. SULLIVAN ROAD
AURORA, IL. 60506

Reference Numbers Facility ID 6005912
Health Service Area 008 Planning Service Area 089

Administrator
James Standish

Contact Person and Telephone
James Standish
630-859-3700

Date Completed
4/19/2013

Registered Agent Information
Kendra Allband
19065 Hickory Creek Drive
Mokena, IL 60448

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	60
Non-Medical Conditions	0
TOTALS	69

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	87	85	82	85	69	18	87	9
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	87	85	82	85	69	18	87	9

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	56
Total Admissions 2011	677
Total Discharges 2011	664
Residents on 12/31/2011	69
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10811	34.0%	3144	95.7%	0	3139	8609	0	25703	80.9%	82.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	10811	34.0%	3144	95.7%	0	3139	8609	0	25703	80.9%	82.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	7	16	0	0	0	0	0	0	7	16	23
85+	10	27	0	0	0	0	0	0	10	27	37
TOTALS	21	48	0	0	0	0	0	0	21	48	69

PRESENCE MCAULEY MANOR
400 W. SULLIVAN ROAD
AURORA, IL. 60506

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	35	6	0	9	19	0	69
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	35	6	0	9	19	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	266	241
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	67	0	0	0	67
Race Unknown	2	0	0	0	2
Total	69	0	0	0	69

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	67	0	0	0	67
Ethnicity Unknown	0	0	0	0	0
Total	69	0	0	0	69

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	6.00
Certified Aides	23.00
Other Health Staff	6.00
Non-Health Staff	31.00
Totals	77.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
41.6%	9.1%	0.0%	12.2%	37.0%	100.0%		0.4%
2,369,364	519,957		696,950	2,106,794	5,693,065	24,880	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	10/1/2012	Formerly Provena McAuley Manor.

PRESENCE NAZARETHVILLE
300 NORTH RIVER ROAD
DES PLAINES, IL. 60016

Reference Numbers Facility ID 6006506
Health Service Area 007 Planning Service Area 702

Administrator
Sister M. Lucille Madura

Contact Person and Telephone
BRENDA DAVIS
847 813-3712

Registered Agent Information
SANDRA BRUCE
7435 West Talcott Avenue
Chicago, IL 60632

Date Completed
4/15/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System Non Alzheimer	10
Alzheimer Disease	20
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	4
Digestive System	4
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	76

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	68	68	68	68	65	3	0	68
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	15	15	11	15	11	4		
TOTAL BEDS	83	83	79	83	76	7	0	68

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	73
Total Admissions 2011	25
Total Discharges 2011	22
Residents on 12/31/2011	76
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	12662	51.0%	0	0	11070	0	23732	95.6%	95.6%
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	3782	0	3782	69.1%	69.1%
TOTALS	0	0.0%	12662	51.0%	0	0	14852	0	27514	90.8%	90.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	1	1	0	0	0	0	0	1	1	2	3
75 to 84	0	10	0	0	0	0	0	1	0	11	11
85+	5	46	0	0	0	0	0	9	5	55	60
TOTALS	6	59	0	0	0	0	0	11	6	70	76

PRESENCE NAZARETHVILLE
300 NORTH RIVER ROAD
DES PLAINES, IL. 60016

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	32	0	0	33	0	65
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	11	0	11
TOTALS	0	32	0	0	44	0	76

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	240	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	200	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	65	0	0	11	76
Race Unknown	0	0	0	0	0
Total	65	0	0	11	76

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	64	0	0	11	75
Ethnicity Unknown	0	0	0	0	0
Total	65	0	0	11	76

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.30
LPN's	2.60
Certified Aides	30.80
Other Health Staff	8.00
Non-Health Staff	17.60
Totals	71.30

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	44.9%	0.0%	0.0%	55.1%	100.0%		0.0%
	1,919,160			2,356,016	4,275,176	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PRESENCE OUR LADY OF RESURRECTION MED
5645 WEST ADDISON STREET
CHICAGO, IL. 60634

Reference Numbers Facility ID 6004931
Health Service Area 006 Planning Service Area 601

Administrator
Diane Ortolano

Contact Person and Telephone
Brenda Davis
847-813-3712

Registered Agent Information
Sandra Bruce
7435 West Talcott Avenue
Chicago, IL 60631

Date Completed
4/3/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	36
Non-Medical Conditions	0
TOTALS	36

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	66	56	45	56	36	30	66	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	66	56	45	56	36	30	66	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	37
Total Admissions 2011	1,228
Total Discharges 2011	1,229
Residents on 12/31/2011	36
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12471	51.8%	0	0.0%	0	1330	0	0	13801	57.3%	67.5%
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	12471	51.8%	0	0.0%	0	1330	0	0	13801	57.3%	67.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	5	0	0	0	0	0	0	2	5	7
75 to 84	3	9	0	0	0	0	0	0	3	9	12
85+	3	13	0	0	0	0	0	0	3	13	16
TOTALS	8	28	0	0	0	0	0	0	8	28	36

PRESENCE OUR LADY OF RESURRECTION MED
5645 WEST ADDISON STREET
CHICAGO, IL. 60634

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	31	0	0	5	0	0	36
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	31	0	0	5	0	0	36

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	831	831
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	33	0	0	0	33
Race Unknown	0	0	0	0	0
Total	36	0	0	0	36

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	34	0	0	0	34
Ethnicity Unknown	0	0	0	0	0
Total	36	0	0	0	36

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.30
LPN's	0.98
Certified Aides	18.35
Other Health Staff	19.95
Non-Health Staff	13.46
Totals	76.04

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PRESENCE OUR LADY OF VICTORY
20 BRIARCLIFF LANE
BOURBONNAIS, IL. 60914

Reference Numbers Facility ID 6007009
Health Service Area 009 Planning Service Area 091

Administrator
Robin Gifford

Contact Person and Telephone
BRENDA DAVIS

Date Completed
4/18/2013

Registered Agent Information
Kendra Alaband
19065 Hickory Creek Drive
Mokena, IL 60448

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	2
*Nervous System Non Alzheimer	0
Alzheimer Disease	15
Mental Illness	0
Developmental Disability	0
Circulatory System	33
Respiratory System	18
Digestive System	1
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	95

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	107	107	103	107	95	12	55	90
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	107	107	103	107	95	12	55	90

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	93
Total Admissions 2011	151
Total Discharges 2011	149
Residents on 12/31/2011	95
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5924	29.5%	24687	75.2%	0	362	4472	0	35445	90.8%	90.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5924	29.5%	24687	75.2%	0	362	4472	0	35445	90.8%	90.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	2	1	0	0	0	0	0	0	2	1	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	5	0	0	0	0	0	0	1	5	6
75 to 84	7	21	0	0	0	0	0	0	7	21	28
85+	7	50	0	0	0	0	0	0	7	50	57
TOTALS	17	78	0	0	0	0	0	0	17	78	95

PRESENCE OUR LADY OF VICTORY
20 BRIARCLIFF LANE
BOURBONNAIS, IL. 60914

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	65	0	0	14	0	95
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	65	0	0	14	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	197	194
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	1	0	0	0	1
White	85	0	0	0	85
Race Unknown	0	0	0	0	0
Total	95	0	0	0	95

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	95	0	0	0	95
Ethnicity Unknown	0	0	0	0	0
Total	95	0	0	0	95

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	11.00
Certified Aides	27.00
Other Health Staff	0.00
Non-Health Staff	33.00
Totals	84.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
21.2%	65.6%	0.0%	1.8%	11.4%	100.0%		0.0%
1,138,897	3,517,221		95,342	612,786	5,364,246	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	10/1/2012	Formerly Provena Our Lady of Victory.

PRESENCE PINE VIEW CARE CENTER
611 ALLEN LANE
ST. CHARLES, IL. 60174

Reference Numbers Facility ID 6007439
Health Service Area 008 Planning Service Area 089

Administrator
Elliot Triplett

Contact Person and Telephone
ELLIOT TRIPLETT
630-377-2211

Date Completed
4/19/2013

Registered Agent Information
Kendra Allaband
19065 Hickory Creek Drive
Mokena, IL 60448

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	2
Mental Illness	2
Developmental Disability	0
Circulatory System	22
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	3
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	12
Non-Medical Conditions	30
TOTALS	85

Total Residents Diagnosed as Mentally Ill 2

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	110	97	110	85	35	120	60
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	110	97	110	85	35	120	60

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	85
Total Admissions 2011	325
Total Discharges 2011	325
Residents on 12/31/2011	85
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7439	17.0%	18751	85.6%	0	695	5354	0	32239	73.6%	80.3%
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	7439	17.0%	18751	85.6%	0	695	5354	0	32239	73.6%	80.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	2	10	0	0	0	0	0	0	2	10	12
75 to 84	6	22	0	0	0	0	0	0	6	22	28
85+	7	35	0	0	0	0	0	0	7	35	42
TOTALS	17	68	0	0	0	0	0	0	17	68	85

PRESENCE PINE VIEW CARE CENTER
611 ALLEN LANE
ST. CHARLES, IL. 60174

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	50	0	3	12	0	85
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	50	0	3	12	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	347	241
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	81	0	0	0	81
Race Unknown	4	0	0	0	4
Total	85	0	0	0	85

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	81	0	0	0	81
Ethnicity Unknown	0	0	0	0	0
Total	85	0	0	0	85

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.37
LPN's	5.35
Certified Aides	35.56
Other Health Staff	7.50
Non-Health Staff	31.12
Totals	96.90

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
29.2%	48.6%	0.0%	3.3%	18.9%	100.0%		0.0%
1,708,858	2,851,630		192,054	1,109,100	5,861,642	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change 10/1/2012 Formerly Provena Pine View Care Center.

PRESENCE RESURRECTION LIFE CENTER
7370 WEST TALCOTT
CHICAGO, IL. 60631

Reference Numbers Facility ID 6014575
Health Service Area 006 Planning Service Area 601

Administrator
Nancy Razo

Contact Person and Telephone
BRENDA DAVIS

Date Completed
4/5/2013

Registered Agent Information
Sandra Bruce
7435 West Talcott
Chicago, IL 60631

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	4
Mental Illness	9
Developmental Disability	0
Circulatory System	21
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	4
Musculo-skeletal Disorders	42
Injuries and Poisonings	3
Other Medical Conditions	48
Non-Medical Conditions	0
TOTALS	151

Total Residents Diagnosed as Mentally Ill 9

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	146	157	146	157	146	0	122	157
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	5	5	5	5	5	0		
TOTAL BEDS	151	162	151	162	151	0	122	157

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	159
Total Admissions 2011	401
Total Discharges 2011	409
Residents on 12/31/2011	151
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			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%	0	0	0	0	0	0.0%	0.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	1	0	0	0	0	0	0	2	1	3
75 to 84	8	32	0	0	0	0	0	1	8	33	41
85+	17	84	0	0	0	0	0	4	17	88	105
TOTALS	28	118	0	0	0	0	0	5	28	123	151

PRESENCE RESURRECTION LIFE CENTER
7370 WEST TALCOTT
CHICAGO, IL. 60631

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	32	85	0	0	28	1	146
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	5	0	5
TOTALS	32	85	0	0	33	1	151

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	285	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	181	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	144	0	0	5	149
Race Unknown	0	0	0	0	0
Total	146	0	0	5	151

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	144	0	0	5	149
Ethnicity Unknown	0	0	0	0	0
Total	146	0	0	5	151

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	23.80
LPN's	4.20
Certified Aides	56.00
Other Health Staff	22.35
Non-Health Staff	42.59
Totals	150.94

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
35.0%	35.3%	0.0%	3.3%	26.4%	100.0%		0.0%
5,104,120	5,151,236		481,438	3,846,645	14,583,439	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	10/1/2012	Formerly Resurrection Life Center.

PRESENCE RESURRECTION NSG & REHAB CTR
1001 NORTH GREENWOOD AVENUE
PARK RIDGE, IL. 60068

Reference Numbers Facility ID 6007892
Health Service Area 007 Planning Service Area 702

Administrator
James R. Farlee

Contact Person and Telephone
BRENDA DAVIS

Registered Agent Information
Sandra Bruce
7435 West Talcott Ave
Chicago, IL 60637

Date Completed
4/5/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	51
Blood Disorders	0
*Nervous System Non Alzheimer	48
Alzheimer Disease	18
Mental Illness	0
Developmental Disability	0
Circulatory System	31
Respiratory System	16
Digestive System	5
Genitourinary System Disorders	17
Skin Disorders	0
Musculo-skeletal Disorders	22
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	208

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	298	285	249	249	208	90	296	254
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	298	285	249	249	208	90	296	254

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	252
Total Admissions 2011	454
Total Discharges 2011	498
Residents on 12/31/2011	208
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	14693	13.6%	49140	53.0%	0	1753	15609	1417	82612	76.0%	79.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	14693	13.6%	49140	53.0%	0	1753	15609	1417	82612	76.0%	79.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	6	5	0	0	0	0	0	0	6	5	11
60 to 64	5	3	0	0	0	0	0	0	5	3	8
65 to 74	15	9	0	0	0	0	0	0	15	9	24
75 to 84	10	32	0	0	0	0	0	0	10	32	42
85+	25	97	0	0	0	0	0	0	25	97	122
TOTALS	62	146	0	0	0	0	0	0	62	146	208

PRESENCE RESURRECTION NSG & REHAB CTR
1001 NORTH GREENWOOD AVENUE
PARK RIDGE, IL. 60068

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	40	124	0	5	37	2	208
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	40	124	0	5	37	2	208

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	285	241
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	204	0	0	0	204
Race Unknown	0	0	0	0	0
Total	208	0	0	0	208

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	199	0	0	0	199
Ethnicity Unknown	0	0	0	0	0
Total	208	0	0	0	208

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	69.50
LPN's	2.00
Certified Aides	112.00
Other Health Staff	12.00
Non-Health Staff	95.00
Totals	292.50

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
37.7%	44.9%	0.0%	4.6%	12.8%	100.0%		0.3%
7,586,628	9,042,275		930,612	2,572,476	20,131,991	54,556	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	10/1/2012	Formerly Resurrection Nursing and Rehabilitation Center

PRESENCE SAINT ANDREW LIFE CENTER
7000 NORTH NEWARK
NILES, IL. 60714

Reference Numbers Facility ID 6008833
Health Service Area 007 Planning Service Area 702

Administrator
Alpana Patel

Contact Person and Telephone
Brenda Davis
847-813-3712

Registered Agent Information
SANDRA BRUCE
7435 WEST TALCOTT AVENUE
Chicago, IL 60631

Date Completed
4/8/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	31
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	46
Total Residents Diagnosed as Mentally Ill	7

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	55	55	55	55	46	9	0	55
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	55	55	55	55	46	9	0	55

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	55
Total Admissions 2011	19
Total Discharges 2011	28
Residents on 12/31/2011	46
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	9423	46.9%	0	0	9300	207	18930	94.3%	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	0	0.0%	9423	46.9%	0	0	9300	207	18930	94.3%	94.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	1	0	0	0	0	0	0	2	1	3
75 to 84	1	5	0	0	0	0	0	0	1	5	6
85+	8	28	0	0	0	0	0	0	8	28	36
TOTALS	12	34	0	0	0	0	0	0	12	34	46

PRESENCE SAINT ANDREW LIFE CENTER
7000 NORTH NEWARK
NILES, IL. 60714

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	20	0	0	24	2	46
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	20	0	0	24	2	46

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	266	219
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	1	0	0	0	1
White	43	0	0	0	43
Race Unknown	0	0	0	0	0
Total	46	0	0	0	46

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	45	0	0	0	45
Ethnicity Unknown	0	0	0	0	0
Total	46	0	0	0	46

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.60
LPN's	3.00
Certified Aides	15.80
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	24.40

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
1.3%	22.1%	0.0%	0.0%	76.7%	100.0%		1.8%
78,660	1,379,753			4,793,652	6,252,065	109,823	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	10/1/2012	Formerly St. Andrew Life Center.

PRESENCE ST. ANNE CENTER
4405 HIGHCREST ROAD
ROCKFORD, IL. 61107

Reference Numbers Facility ID 6008817
Health Service Area 001 Planning Service Area 201

Administrator
Janelle Chadwick

Contact Person and Telephone
Janelle Chadwick
815 229 1999

Registered Agent Information
Kendra Allaband
18608 Hickory Creek Drive Suite 300
Mokena, IL 60448

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	3
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	10
Circulatory System	30
Respiratory System	12
Digestive System	3
Genitourinary System Disorders	12
Skin Disorders	2
Musculo-skeletal Disorders	43
Injuries and Poisonings	28
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	150

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	179	179	162	179	150	29	119	60
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	179	179	162	179	150	29	119	60

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	144
Total Admissions 2011	845
Total Discharges 2011	839
Residents on 12/31/2011	150
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	16285	37.5%	19847	90.6%	0	3633	17057	0	56822	87.0%	87.0%
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	16285	37.5%	19847	90.6%	0	3633	17057	0	56822	87.0%	87.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	1	3	0	0	0	0	0	0	1	3	4
60 to 64	3	2	0	0	0	0	0	0	3	2	5
65 to 74	5	11	0	0	0	0	0	0	5	11	16
75 to 84	18	25	0	0	0	0	0	0	18	25	43
85+	14	67	0	0	0	0	0	0	14	67	81
TOTALS	41	109	0	0	0	0	0	0	41	109	150

PRESENCE ST. ANNE CENTER
4405 HIGHCREST ROAD
ROCKFORD, IL. 61107

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	40	47	0	11	52	0	150
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	40	47	0	11	52	0	150

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	246	208
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	141	0	0	0	141
Race Unknown	0	0	0	0	0
Total	150	0	0	0	150

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	148	0	0	0	148
Ethnicity Unknown	0	0	0	0	0
Total	150	0	0	0	150

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	25.00
LPN's	23.00
Certified Aides	48.00
Other Health Staff	8.00
Non-Health Staff	50.00
Totals	156.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
33.3%	30.6%	0.0%	7.6%	28.5%	100.0%		0.1%
3,635,775	3,332,751		830,726	3,103,121	10,902,373	6,168	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	10/1/2012	Formerly Provena St. Anne Center.

PRESENCE ST. BENEDICT NURSING & REHAB
6930 WEST TOUHY AVENUE
NILES, IL. 60714

Reference Numbers Facility ID 6008874
Health Service Area 007 Planning Service Area 702

Administrator
Bernadine Ladra

Contact Person and Telephone
BRENDA DAVIS
847-813-3712

Date Completed
4/8/2013

Registered Agent Information
Sandra Bruce
7435 West Talcott Avenue
Chicago, IL 60631

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	16
Alzheimer Disease	4
Mental Illness	13
Developmental Disability	1
Circulatory System	22
Respiratory System	4
Digestive System	3
Genitourinary System Disorders	5
Skin Disorders	3
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	95

Total Residents Diagnosed as Mentally Ill 13

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	99	99	99	99	95	4	99	19
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	99	99	95	4	99	19

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	95
Total Admissions 2011	267
Total Discharges 2011	267
Residents on 12/31/2011	95
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8578	23.7%	7426	######	0	1014	17472	414	34904	96.6%	96.6%
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	8578	23.7%	7426	######	0	1014	17472	414	34904	96.6%	96.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	4	4	0	0	0	0	0	0	4	4	8
75 to 84	7	9	0	0	0	0	0	0	7	9	16
85+	17	53	0	0	0	0	0	0	17	53	70
TOTALS	29	66	0	0	0	0	0	0	29	66	95

PRESENCE ST. BENEDICT NURSING & REHAB
6930 WEST TOUHY AVENUE
NILES, IL. 60714

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	19	0	2	48	1	95
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	25	19	0	2	48	1	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	285	241
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	95	0	0	0	95
Race Unknown	0	0	0	0	0
Total	95	0	0	0	95

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	94	0	0	0	94
Ethnicity Unknown	0	0	0	0	0
Total	95	0	0	0	95

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.76
LPN's	4.14
Certified Aides	40.61
Other Health Staff	12.40
Non-Health Staff	44.01
Totals	113.92

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
40.1%	12.6%	0.0%	6.7%	40.6%	100.0%		0.0%
4,381,587	1,377,087		729,753	4,436,934	10,925,361	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	10/1/2012	Formerly St. Benedict Nursing and Rehabilitation Center.

PRESENCE ST. JOSEPH CENTER
659 EAST JEFFERSON STREET
FREEPORT, IL. 61032

Reference Numbers Facility ID 6008973
Health Service Area 001 Planning Service Area 177

Administrator
Michelle Lindeman

Contact Person and Telephone
BRENDA DAVIS

Date Completed
4/9/2013

Registered Agent Information
Kendra Allaband
19065 Hickory Creek Drive
Mokena, IL 60448

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	2
*Nervous System Non Alzheimer	3
Alzheimer Disease	1
Mental Illness	4
Developmental Disability	0
Circulatory System	25
Respiratory System	8
Digestive System	5
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	4
Other Medical Conditions	37
Non-Medical Conditions	0
TOTALS	114

Total Residents Diagnosed as Mentally Ill 4

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	116	116	116	114	6	120	94
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	116	116	116	114	6	120	94

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	111
Total Admissions 2011	352
Total Discharges 2011	349
Residents on 12/31/2011	114
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3902	8.9%	22614	65.9%	0	2385	10792	0	39693	90.6%	93.7%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3902	8.9%	22614	65.9%	0	2385	10792	0	39693	90.6%	93.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	4	0	0	0	0	0	0	1	4	5
75 to 84	11	17	0	0	0	0	0	0	11	17	28
85+	15	66	0	0	0	0	0	0	15	66	81
TOTALS	27	87	0	0	0	0	0	0	27	87	114

PRESENCE ST. JOSEPH CENTER
659 EAST JEFFERSON STREET
FREEPORT, IL. 61032

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 177

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	61	0	11	28	0	114
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	61	0	11	28	0	114

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	199	167
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	111	0	0	0	111
Race Unknown	0	0	0	0	0
Total	114	0	0	0	114

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	114	0	0	0	114
Ethnicity Unknown	0	0	0	0	0
Total	114	0	0	0	114

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	14.00
Certified Aides	46.00
Other Health Staff	6.00
Non-Health Staff	43.00
Totals	121.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
12.4%	52.4%	0.0%	7.5%	27.7%	100.0%		0.2%
825,401	3,489,405		496,566	1,847,868	6,659,240	15,824	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	10/1/2012	Formerly Provena St. Joseph Center.

PRESENCE VILLA FRANCISCAN
210 NORTH SPRINGFIELD AVENUE
JOLIET, IL. 60435

Reference Numbers Facility ID 6012678
Health Service Area 009 Planning Service Area 197

Administrator
Melissa k. Adams

Contact Person and Telephone
BRENDA DAVIS

Date Completed
4/10/2013

Registered Agent Information
Kendra Allaband
19065 HIckory Creek Drive
Mokena, IL 60448

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	13
Mental Illness	25
Developmental Disability	0
Circulatory System	22
Respiratory System	5
Digestive System	3
Genitourinary System Disorders	8
Skin Disorders	0
Musculo-skeletal Disorders	29
Injuries and Poisonings	11
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	126

Total Residents Diagnosed as Mentally Ill 80

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	176	176	151	176	126	50	176	38
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	176	176	151	176	126	50	176	38

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	139
Total Admissions 2011	639
Total Discharges 2011	652
Residents on 12/31/2011	126
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	21327	33.2%	18287	######	0	1931	8183	0	49728	77.4%	77.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	21327	33.2%	18287	######	0	1931	8183	0	49728	77.4%	77.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	2	5	0	0	0	0	0	0	2	5	7
65 to 74	6	12	0	0	0	0	0	0	6	12	18
75 to 84	10	29	0	0	0	0	0	0	10	29	39
85+	10	50	0	0	0	0	0	0	10	50	60
TOTALS	30	96	0	0	0	0	0	0	30	96	126

PRESENCE VILLA FRANCISCAN
210 NORTH SPRINGFIELD AVENUE
JOLIET, IL. 60435

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	47	47	0	8	24	0	126
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	47	47	0	8	24	0	126

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	235	210
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	118	0	0	0	118
Race Unknown	0	0	0	0	0
Total	126	0	0	0	126

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	120	0	0	0	120
Ethnicity Unknown	0	0	0	0	0
Total	126	0	0	0	126

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	23.00
LPN's	14.00
Certified Aides	66.00
Other Health Staff	18.00
Non-Health Staff	64.00
Totals	187.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
48.6%	31.3%	0.0%	3.4%	16.8%	100.0%		0.0%
4,661,622	3,000,576		322,072	1,609,300	9,593,570	559	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	10/1/2012	Formerly Provena Villa Franciscan.

PRESENCE VILLA SCALABRINI NURSING-REHAB
480 NORTH WOLF ROAD
NORTHLAKE, IL. 60164

Reference Numbers Facility ID 6009591
Health Service Area 007 Planning Service Area 704

Administrator
Michael Kaplan

Contact Person and Telephone
BRENDA DAVIS

Date Completed
4/19/2013

Registered Agent Information
Sandra Bruce
7435 West Talcott Avenue
Chicago, IL 60631

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	32
Blood Disorders	10
*Nervous System Non Alzheimer	28
Alzheimer Disease	11
Mental Illness	0
Developmental Disability	0
Circulatory System	62
Respiratory System	22
Digestive System	8
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	36
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	222

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	253	253	222	253	222	31	171	202
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	253	253	222	253	222	31	171	202

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	214
Total Admissions 2011	315
Total Discharges 2011	294
Residents on 12/31/2011	235
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			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%	0	0	0	0	0	0.0%	0.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	8	0	0	0	0	0	0	0	8	8
45 to 59	7	9	0	0	0	0	0	0	7	9	16
60 to 64	10	20	0	0	0	0	0	0	10	20	30
65 to 74	21	30	0	0	0	0	0	0	21	30	51
75 to 84	12	54	0	0	0	0	0	0	12	54	66
85+	21	30	0	0	0	0	0	0	21	30	51
TOTALS	71	151	0	0	0	0	0	0	71	151	222

PRESENCE VILLA SCALABRINI NURSING-REHAB
480 NORTH WOLF ROAD
NORTHLAKE, IL. 60164

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	43	122	1	5	45	6	222
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	43	122	1	5	45	6	222

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	285	266
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	7	0	0	0	7
American Indian	0	0	0	0	0
Black	32	0	0	0	32
Hawaiian/Pacific Isl.	0	0	0	0	0
White	178	0	0	0	178
Race Unknown	5	0	0	0	5
Total	222	0	0	0	222

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	40	0	0	0	40
Non-Hispanic	177	0	0	0	177
Ethnicity Unknown	5	0	0	0	5
Total	222	0	0	0	222

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	48.00
LPN's	11.00
Certified Aides	110.00
Other Health Staff	28.00
Non-Health Staff	65.00
Totals	264.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
40.3%	40.7%	0.0%	3.9%	15.2%	100.0%		0.6%
7,219,691	7,286,881		698,399	2,720,815	17,925,786	109,211	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	10/1/2012	Formerly Villa Scalabrini Nursing and Rehabitation.

PROCTOR HOSPITAL SKILLED NURSING UNIT
5409 NORTH KNOXVILLE AVENUE
PEORIA, IL. 61614

Reference Numbers Facility ID 6010813
Health Service Area 002 Planning Service Area 143

Administrator
Paul Macek

Contact Person and Telephone
Debbie Eminian
309-689-8640

Registered Agent Information

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	8

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	25	20	20	20	8	17	36	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	25	20	20	20	8	17	36	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	10
Total Admissions 2011	541
Total Discharges 2011	543
Residents on 12/31/2011	8
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4061	30.9%	0	0.0%	0	371	5	5	4442	48.7%	60.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4061	30.9%	0	0.0%	0	371	5	5	4442	48.7%	60.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	0	0	0	0	0	0	0	1	0	1
75 to 84	1	2	0	0	0	0	0	0	1	2	3
85+	2	1	0	0	0	0	0	0	2	1	3
TOTALS	4	4	0	0	0	0	0	0	4	4	8

PROCTOR HOSPITAL SKILLED NURSING UNIT
5409 NORTH KNOXVILLE AVENUE
PEORIA, IL. 61614

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	0	0	2	0	0	8
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	0	0	2	0	0	8

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	600	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	7	0	0	0	7
Race Unknown	1	0	0	0	1
Total	8	0	0	0	8

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	7	0	0	0	7
Ethnicity Unknown	1	0	0	0	1
Total	8	0	0	0	8

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.20
LPN's	1.60
Certified Aides	7.10
Other Health Staff	1.80
Non-Health Staff	0.80
Totals	23.50

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
88.3%	0.0%	0.0%	11.7%	0.0%	100.0%		0.2%
1,451,092	0	0	192,038	0	1,643,130	3,995	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

11-063	1/10/2012	Alteration approved to add 10 Nursing Care beds; facility now authorized for 25 Nursing Care beds.

PROPHET'S RIVERVIEW NURSING
310 MOSHER DRIVE
PROPHETSTOWN, IL. 61277

Reference Numbers Facility ID 6007637
Health Service Area 001 Planning Service Area 195

Administrator
Craven Ford

Contact Person and Telephone
ANGELA SMITH
815-537-5175

Registered Agent Information

Date Completed
3/25/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	18
Mental Illness	3
Developmental Disability	0
Circulatory System	19
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	1
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	60
Total Residents Diagnosed as Mentally Ill	3

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	70	70	70	70	60	10	20	70
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	70	70	70	70	60	10	20	70

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	69
Total Admissions 2011	80
Total Discharges 2011	89
Residents on 12/31/2011	60
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2794	38.3%	6733	26.4%	1050	162	12517	0	23256	91.0%	91.0%
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	2794	38.3%	6733	26.4%	1050	162	12517	0	23256	91.0%	91.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	4	0	0	0	0	0	0	2	4	6
75 to 84	4	9	0	0	0	0	0	0	4	9	13
85+	8	33	0	0	0	0	0	0	8	33	41
TOTALS	14	46	0	0	0	0	0	0	14	46	60

PROPHET'S RIVERVIEW NURSING
310 MOSHER DRIVE
PROPHETSTOWN, IL. 61277

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	13	3	0	36	0	60
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	13	3	0	36	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	169
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	0	0	0	0	0
Total	60	0	0	0	60

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	59	0	0	0	59
Ethnicity Unknown	0	0	0	0	0
Total	60	0	0	0	60

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	5.00
Certified Aides	16.00
Other Health Staff	0.00
Non-Health Staff	9.00
Totals	37.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
27.2%	18.3%	2.5%	1.4%	50.6%	100.0%		0.0%
1,267,446	851,949	118,446	64,248	2,355,541	4,657,630	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PROVIDENCE HEALTHCARE AND REHABILITATIO
16300 WAUSAU AVE
SOUTH HOLLAND, IL. 60473

Reference Numbers Facility ID 6007868
Health Service Area 007 Planning Service Area 705

Administrator
David Tiemersma

Contact Person and Telephone
DANETTE BOROS
708.225.6162

Registered Agent Information

Date Completed
4/11/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	16
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	8
Skin Disorders	5
Musculo-skeletal Disorders	8
Injuries and Poisonings	19
Other Medical Conditions	21
Non-Medical Conditions	0
TOTALS	102

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	171	138	127	138	102	69	171	60
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	171	138	127	138	102	69	171	60

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	101
Total Admissions 2011	663
Total Discharges 2011	662
Residents on 12/31/2011	102
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	20833	33.4%	10050	45.9%	0	2046	7911	0	40840	65.4%	81.1%
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	20833	33.4%	10050	45.9%	0	2046	7911	0	40840	65.4%	81.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	6	0	0	0	0	0	0	3	6	9
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	10	12	0	0	0	0	0	0	10	12	22
75 to 84	11	14	0	0	0	0	0	0	11	14	25
85+	9	33	0	0	0	0	0	0	9	33	42
TOTALS	35	67	0	0	0	0	0	0	35	67	102

PROVIDENCE HEALTHCARE AND REHABILITATIO
16300 WAUSAU AVE
SOUTH HOLLAND, IL. 60473

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	50	26	0	6	20	0	102
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	50	26	0	6	20	0	102

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	327	248
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	38	0	0	0	38
Hawaiian/Pacific Isl.	0	0	0	0	0
White	63	0	0	0	63
Race Unknown	1	0	0	0	1
Total	102	0	0	0	102

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	101	0	0	0	101
Ethnicity Unknown	0	0	0	0	0
Total	102	0	0	0	102

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	12.00
Certified Aides	37.00
Other Health Staff	0.00
Non-Health Staff	52.00
Totals	116.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
69.8%	9.5%	0.0%	5.9%	14.9%	100.0%		0.0%
10,174,246	1,384,708	0	855,455	2,169,823	14,584,232	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PROVIDENCE OF DOWNERS GROVE
3450 SARATOGA AVENUE
DOWNERS GROVE, IL. 60515

Reference Numbers Facility ID 6007876
Health Service Area 007 Planning Service Area 703

Administrator
Jacquelyn L Terpstra

Contact Person and Telephone
JACKIE TERPSTRA
630-969-2900 x1224

Date Completed
4/26/2013

Registered Agent Information
Bill DeYoung
18601 N. Creek Drive
Tinley Park, IL 60477

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	14
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	50
Injuries and Poisonings	10
Other Medical Conditions	10
Non-Medical Conditions	63
TOTALS	162

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	145	109	102	103	85	60	145	16
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	96	90	81	90	77	19		
TOTAL BEDS	241	199	183	193	162	79	145	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	154
Total Admissions 2011	846
Total Discharges 2011	838
Residents on 12/31/2011	162
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	16980	32.1%	7288	######	0	3987	4633	0	32888	62.1%	82.7%
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	27073	0	27073	77.3%	82.4%
TOTALS	16980	32.1%	7288	######	0	3987	31706	0	59961	68.2%	82.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	4	0	0	0	0	0	1	2	5	7
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	6	9	0	0	0	0	0	2	6	11	17
75 to 84	4	13	0	0	0	0	5	9	9	22	31
85+	6	37	0	0	0	0	11	49	17	86	103
TOTALS	21	64	0	0	0	0	16	61	37	125	162

PROVIDENCE OF DOWNERS GROVE
3450 SARATOGA AVENUE
DOWNERS GROVE, IL. 60515

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	42	19	0	12	12	0	85
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	77	0	77
TOTALS	42	19	0	12	89	0	162

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	296	241
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	78	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	83	0	0	77	160
Race Unknown	0	0	0	0	0
Total	85	0	0	77	162

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	83	0	0	77	160
Ethnicity Unknown	0	0	0	0	0
Total	85	0	0	77	162

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	8.00
Certified Aides	33.00
Other Health Staff	20.00
Non-Health Staff	60.00
Totals	144.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
68.4%	8.4%	0.0%	12.2%	10.9%	100.0%		9.0%
8,582,769	1,060,153	0	1,536,231	1,370,376	12,549,529	########	

*Charity Care Expense does not include expenses which may be considered a community benefit.

PROVIDENCE OF PALOS HEIGHTS
13259 SOUTH CENTRAL AVENUE
PALOS HEIGHTS, IL. 60463

Reference Numbers Facility ID 6007843
Health Service Area 007 Planning Service Area 705

Administrator
Tim Abbring

Contact Person and Telephone
TIM ABBRING
708-239-4919

Registered Agent Information
Bill DeYoung
18601 North Creek Drive

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	3
Other Medical Conditions	71
Non-Medical Conditions	0
TOTALS	122

Total Residents Diagnosed as Mentally Ill 3

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	193	159	147	159	122	71	145	98
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	193	159	147	159	122	71	145	98

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	123
Total Admissions 2011	1,005
Total Discharges 2011	1,006
Residents on 12/31/2011	122
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	20847	39.4%	15773	44.1%	0	3416	9227	0	49263	69.9%	84.9%
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	20847	39.4%	15773	44.1%	0	3416	9227	0	49263	69.9%	84.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	1	3	0	0	0	0	0	0	1	3	4
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	7	11	0	0	0	0	0	0	7	11	18
75 to 84	16	23	0	0	0	0	0	0	16	23	39
85+	8	49	0	0	0	0	0	0	8	49	57
TOTALS	34	88	0	0	0	0	0	0	34	88	122

PROVIDENCE OF PALOS HEIGHTS
13259 SOUTH CENTRAL AVENUE
PALOS HEIGHTS, IL. 60463

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	56	32	0	5	29	0	122
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	56	32	0	5	29	0	122

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	245	245
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	114	0	0	0	114
Race Unknown	0	0	0	0	0
Total	122	0	0	0	122

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	118	0	0	0	118
Ethnicity Unknown	0	0	0	0	0
Total	122	0	0	0	122

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	18.00
Certified Aides	53.00
Other Health Staff	0.00
Non-Health Staff	80.00
Totals	173.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
63.4%	12.7%	0.0%	8.7%	15.1%	100.0%		0.0%
9,916,738	1,991,056	0	1,364,779	2,369,609	15,642,182	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

QUINCY TERRACE
1233 NORTH SIXTH STREET
QUINCY, IL. 62301

Reference Numbers Facility ID 6007660
Health Service Area 003 Planning Service Area 001

Administrator
Angel Heming

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/6/2013

Registered Agent Information
J. Michael Bibo
285 S. Farnham St.
Galesburg, IL 61401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	1
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5475	93.8%	0	0	0	0	5475	93.8%	93.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5475	93.8%	0	0	0	0	5475	93.8%	93.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	1	0	0	4	1	5
45 to 59	0	0	0	0	2	2	0	0	2	2	4
60 to 64	0	0	0	0	1	2	0	0	1	2	3
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	2	0	0	0	2	0	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	9	6	0	0	9	6	15

QUINCY TERRACE
1233 NORTH SIXTH STREET
QUINCY, IL. 62301

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 001

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	120
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	85.6%	0.3%	0.0%	14.1%	100.0%		0.0%
0	598,666	1,992	0	98,532	699,191	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

RACHUY HOUSE
605 NORTH MAIN STREET
STOCKTON, IL. 61085

Reference Numbers Facility ID 6013528
Health Service Area 001 Planning Service Area 085

Administrator
Connie K. Foster

Contact Person and Telephone
Connie Foster
815-288-6691 Ext. 295

Date Completed
4/17/2013

Registered Agent Information
Jeffrey Stauter
500 Anchor Road
Dixon, IL 61021

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	12

Total Residents Diagnosed as Mentally Ill 5

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	15	15	12	3		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	15	15	12	3	0	15

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	0
Total Discharges 2011	3
Residents on 12/31/2011	12
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5286	96.5%	0	0	0	0	5286	96.5%	96.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5286	96.5%	0	0	0	0	5286	96.5%	96.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	3	0	0	5	3	8
45 to 59	0	0	0	0	1	1	0	0	1	1	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	1	1	0	0	1	1	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	7	5	0	0	7	5	12

RACHUY HOUSE
605 NORTH MAIN STREET
STOCKTON, IL. 61085

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 085

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	118	112
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	12	0	12
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	8.50
Other Health Staff	0.00
Non-Health Staff	1.25
Totals	10.25

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	16.8%	81.3%	0.0%	1.8%	100.0%		0.0%
0	103,650	500,583	0	11,172	615,405	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

RADFORD GREEN
960 AUDUBON WAY
LINCOLNSHIRE, IL. 60069

Reference Numbers Facility ID 6016356
Health Service Area 008 Planning Service Area 097

Administrator
Denise Dale

Contact Person and Telephone
DENISE DALE
847-876-2405

Registered Agent Information

Date Completed
4/10/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	14
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	5
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	44

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	88	88	52	88	44	44	88	2
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	88	88	52	88	44	44	88	2

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	24
Total Admissions 2011	311
Total Discharges 2011	291
Residents on 12/31/2011	44
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7137	22.2%	0	0.0%	0	405	5120	0	12662	39.4%	39.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	7137	22.2%	0	0.0%	0	405	5120	0	12662	39.4%	39.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	5	13	0	0	0	0	0	0	5	13	18
85+	9	13	0	0	0	0	0	0	9	13	22
TOTALS	16	28	0	0	0	0	0	0	16	28	44

RADFORD GREEN
960 AUDUBON WAY
LINCOLNSHIRE, IL. 60069

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	26	0	2	0	16	0	44
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	26	0	2	0	16	0	44

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	320	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	2	0	0	0	2
White	42	0	0	0	42
Race Unknown	0	0	0	0	0
Total	44	0	0	0	44

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	44	0	0	0	44
Ethnicity Unknown	0	0	0	0	0
Total	44	0	0	0	44

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.50
LPN's	6.50
Certified Aides	22.10
Other Health Staff	5.00
Non-Health Staff	23.20
Totals	66.30

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
67.0%	0.0%	0.0%	5.4%	27.6%	100.0%		0.0%
4,004,993	0	0	323,164	1,651,891	5,980,049	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

RAINBOW BEACH CARE CENTER
7325 SOUTH EXCHANGE
CHICAGO, IL. 60649

Reference Numbers Facility ID 6008734
Health Service Area 006 Planning Service Area 603

Administrator
Jackie Gully

Contact Person and Telephone
Marlon Holcomb
7737317300

Registered Agent Information
David Aronin
2201 Main St.
Evanston, IL 60202

Date Completed
4/16/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	155
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	155
Total Residents Diagnosed as Mentally Ill	155

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	211	211	211	211	171	40	0	211
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	211	211	211	211	171	40	0	211

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	135
Total Admissions 2011	199
Total Discharges 2011	171
Residents on 12/31/2011	163
Identified Offenders	46

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	56436	73.3%	0	0	0	0	56436	73.3%	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%	56436	73.3%	0	0	0	0	56436	73.3%	73.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	44	26	0	0	0	0	0	0	44	26	70
45 to 59	37	33	0	0	0	0	0	0	37	33	70
60 to 64	7	14	0	0	0	0	0	0	7	14	21
65 to 74	6	3	0	0	0	0	0	0	6	3	9
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	95	76	0	0	0	0	0	0	95	76	171

RAINBOW BEACH CARE CENTER
7325 SOUTH EXCHANGE
CHICAGO, IL. 60649

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	171	0	0	0	0	171
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	171	0	0	0	0	171

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	128
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	145	0	0	0	145
Hawaiian/Pacific Isl.	2	0	0	0	2
White	12	0	0	0	12
Race Unknown	11	0	0	0	11
Total	171	0	0	0	171

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	160	0	0	0	160
Ethnicity Unknown	0	0	0	0	0
Total	171	0	0	0	171

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	22.00
Certified Aides	36.00
Other Health Staff	0.00
Non-Health Staff	74.00
Totals	138.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	7,559,384	0	0	0	7,559,384	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

RAINTREE TERRACE
501 EAST CHESTNUT
CARBONDALE, IL. 62901

Reference Numbers Facility ID 6007694
Health Service Area 005 Planning Service Area 077

Administrator
Laura Corder

Contact Person and Telephone
ROBERT S. BUFFINGTON
618-457-4423

Date Completed
4/18/2013

Registered Agent Information
J.Lawrence Sanders
208 North Marion Street
Marion, IL 62959

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	13
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	13

Total Residents Diagnosed as Mentally Ill 7

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	13	16	13	3		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	13	16	13	3	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	13
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	13
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4745	81.3%	0	0	0	0	4745	81.3%	81.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4745	81.3%	0	0	0	0	4745	81.3%	81.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	2	0	0	6	2	8
45 to 59	0	0	0	0	1	2	0	0	1	2	3
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	1	0	0	0	1	0	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	9	4	0	0	9	4	13

RAINTREE TERRACE
501 EAST CHESTNUT
CARBONDALE, IL. 62901

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 077

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		13	0	0	0	0	13
Sheltered Care			0	0	0	0	0
TOTALS	0	13	0	0	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	108
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	9	0	9
Race Unknown	0	0	0	0	0
Total	0	0	13	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	13	0	13

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	4.00
Totals	14.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	510,301	0	0	0	510,301	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

RANDOLPH COUNTY CARE CENTER
312 WEST BELMONT
SPARTA, IL. 62286

Reference Numbers Facility ID 6007702
Health Service Area 005 Planning Service Area 157

Administrator
Ken Slavens

Contact Person and Telephone
KEN SLAVENS
618-443-4351 Ext 324

Registered Agent Information
Randolph County Board of Commissione
#1 Taylor Street
Chester, IL 62233

Date Completed
4/15/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	22
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	1
Developmental Disability	0
Circulatory System	12
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	55

Total Residents Diagnosed as Mentally Ill 1

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	100	80	61	80	55	45	26	100
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	100	80	61	80	55	45	26	100

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	52
Total Admissions 2011	54
Total Discharges 2011	51
Residents on 12/31/2011	55
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2959	31.2%	6558	18.0%	0	0	10766	0	20283	55.6%	69.5%
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	2959	31.2%	6558	18.0%	0	0	10766	0	20283	55.6%	69.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	1	0	0	0	0	0	0	1	1	2
75 to 84	4	12	0	0	0	0	0	0	4	12	16
85+	13	22	0	0	0	0	0	0	13	22	35
TOTALS	19	36	0	0	0	0	0	0	19	36	55

RANDOLPH COUNTY CARE CENTER
312 WEST BELMONT
SPARTA, IL. 62286

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 157

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	15	0	0	29	0	55
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	15	0	0	29	0	55

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	139	114
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	55	0	0	0	55
Race Unknown	0	0	0	0	0
Total	55	0	0	0	55

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	55	0	0	0	55
Ethnicity Unknown	0	0	0	0	0
Total	55	0	0	0	55

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	4.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	6.00
Certified Aides	29.00
Other Health Staff	2.00
Non-Health Staff	22.00
Totals	67.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
45.1%	21.7%	0.0%	0.0%	33.2%	100.0%		0.0%
1,663,311	801,353	0	0	1,227,349	3,692,013	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

RANDOLPH HOUSE
404 SOUTH FIRST STREET
VANDALIA, IL. 62471

Reference Numbers Facility ID 6007710
Health Service Area 005 Planning Service Area 051

Administrator
Charlotte Watton

Contact Person and Telephone
CHARLOTTE WATTON
618-283-0689

Registered Agent Information

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	14
Total Residents Diagnosed as Mentally Ill	6

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	14	2	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	2
Residents on 12/31/2011	14
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5475	93.8%	0	0	0	0	5475	93.8%	93.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5475	93.8%	0	0	0	0	5475	93.8%	93.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	1	0	0	3	1	4
45 to 59	0	0	0	0	2	3	0	0	2	3	5
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	2	1	0	0	2	1	3
75 to 84	0	0	0	0	0	1	0	0	0	1	1
85+	0	0	0	0	0	1	0	0	0	1	1
TOTALS	0	0	0	0	7	7	0	0	7	7	14

RANDOLPH HOUSE
404 SOUTH FIRST STREET
VANDALIA, IL. 62471

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 051

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	111	110
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.50
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.15
LPN's	0.00
Certified Aides	9.25
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	11.90

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%	90.8%	0.0%	0.0%	9.2%	100.0%		0.0%
0	545,341	0	0	55,137	600,478	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

RAVISLOE TERRACE
18227 RAVISLOE
COUNTRY CLUB HILLS, IL. 60478

Reference Numbers Facility ID 6013817
Health Service Area 007 Planning Service Area 705

Administrator
Annette Whitlock

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Registered Agent Information
J. Michael Bibo
285 S. Farnham St.
Galesburg, IL 61401

Date Completed
4/6/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	6
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	6
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	6
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			2196	######	0	0	0	0	2196	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2196	######	0	0	0	0	2196	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	2	0	0	4	2	6
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	4	2	0	0	4	2	6

RAVISLOE TERRACE
18227 RAVISLOE
COUNTRY CLUB HILLS, IL. 60478

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	208
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	3	0	3
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	6	0	6
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	7.00
Other Health Staff	0.33
Non-Health Staff	0.00
Totals	8.17

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	89.6%	0.1%	0.0%	10.3%	100.0%		0.0%
0	407,411	555	0	46,922	454,889	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

RED BUD REGIONAL CARE
350 WEST SOUTH 1ST STREET
RED BUD, IL. 62278

Reference Numbers Facility ID 6007751
Health Service Area 005 Planning Service Area 157

Administrator
Christy Utterback

Contact Person and Telephone
CHRISTY UTTERBACK
628-282-5001

Registered Agent Information

Date Completed
4/2/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	10
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	15
Mental Illness	3
Developmental Disability	2
Circulatory System	40
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	20
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	107

Total Residents Diagnosed as Mentally Ill 4

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	115	115	111	115	107	8	115	115
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	115	115	111	115	107	8	115	115

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	88
Total Admissions 2011	121
Total Discharges 2011	102
Residents on 12/31/2011	107
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2075	4.9%	19414	46.3%	0	56	15605	0	37150	88.5%	88.5%
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	2075	4.9%	19414	46.3%	0	56	15605	0	37150	88.5%	88.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	1	0	0	0	0	0	0	2	1	3
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	7	6	0	0	0	0	0	0	7	6	13
75 to 84	12	24	0	0	0	0	0	0	12	24	36
85+	11	43	0	0	0	0	0	0	11	43	54
TOTALS	32	75	0	0	0	0	0	0	32	75	107

RED BUD REGIONAL CARE
350 WEST SOUTH 1ST STREET
RED BUD, IL. 62278

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 157

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	55	0	0	44	0	107
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	55	0	0	44	0	107

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	239	159
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	107	0	0	0	107
Race Unknown	0	0	0	0	0
Total	107	0	0	0	107

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	107	0	0	0	107
Ethnicity Unknown	0	0	0	0	0
Total	107	0	0	0	107

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	14.00
Certified Aides	46.00
Other Health Staff	5.00
Non-Health Staff	15.00
Totals	87.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
13.3%	44.0%	0.0%	0.3%	42.4%	100.0%		0.0%
711,851	2,361,418	0	17,206	2,271,297	5,361,772	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	1/26/2012	Name changed from Red Bud Nursing Home.

REGENCY NURSING CARE RESIDENCE
2120 WEST WASHINGTON
SPRINGFIELD, IL. 62702

Reference Numbers Facility ID 6008239
Health Service Area 003 Planning Service Area 167

Administrator
Anthony Twardowski

Contact Person and Telephone
ANTHONY TWARDOWSKI
217-793-4880

Registered Agent Information **Date Completed** 4/19/2012

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	13
Blood Disorders	6
*Nervous System Non Alzheimer	14
Alzheimer Disease	4
Mental Illness	1
Developmental Disability	0
Circulatory System	14
Respiratory System	10
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	73

Total Residents Diagnosed as Mentally Ill 1

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	95	95	77	95	73	22	1	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	4	4	3	4	0	4		
TOTAL BEDS	99	99	80	99	73	26	1	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	78
Total Admissions 2011	205
Total Discharges 2011	210
Residents on 12/31/2011	73
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5892	#######	2220	0.0%	0	76	17848	0	26036	75.1%	75.1%
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	502	0	502	34.4%	34.4%
TOTALS	5892	#######	2220	0.0%	0	76	18350	0	26538	73.4%	73.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	4	0	0	0	0	0	0	1	4	5
75 to 84	5	11	0	0	0	0	0	0	5	11	16
85+	9	42	0	0	0	0	0	0	9	42	51
TOTALS	15	58	0	0	0	0	0	0	15	58	73

REGENCY NURSING CARE RESIDENCE
2120 WEST WASHINGTON
SPRINGFIELD, IL. 62702

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	5	0	1	49	0	73
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	5	0	1	49	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	339	189
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	259	159

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	72	0	0	0	72
Race Unknown	0	0	0	0	0
Total	73	0	0	0	73

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	72	0	0	0	72
Ethnicity Unknown	0	0	0	0	0
Total	73	0	0	0	73

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	11.00
Certified Aides	47.00
Other Health Staff	0.00
Non-Health Staff	11.00
Totals	76.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
43.0%	2.7%	0.0%	0.0%	54.4%	100.0%		0.0%
2,740,671	169,185	0	0	3,467,957	6,377,813	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

REGENCY REHABILITATION CENTER
6631 MILWAUKEE AVENUE
NILES, IL. 60714

Reference Numbers Facility ID 6007793
Health Service Area 007 Planning Service Area 702

Administrator
Lori Barrish

Contact Person and Telephone
Marianne Guzzi
847-647-7444

Registered Agent Information **Date Completed** 4/9/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	37
Blood Disorders	0
*Nervous System Non Alzheimer	62
Alzheimer Disease	60
Mental Illness	0
Developmental Disability	0
Circulatory System	28
Respiratory System	18
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	19
Non-Medical Conditions	1
TOTALS	238

Total Residents Diagnosed as Mentally Ill 2

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	300	300	264	300	238	62	300	300
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	300	300	264	300	238	62	300	300

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	238
Total Admissions 2011	218
Total Discharges 2011	218
Residents on 12/31/2011	238
Identified Offenders	3

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10832	9.9%	67865	62.0%	2837	901	9642	0	92077	84.1%	84.1%
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	10832	9.9%	67865	62.0%	2837	901	9642	0	92077	84.1%	84.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	7	15	0	0	0	0	0	0	7	15	22
60 to 64	8	5	0	0	0	0	0	0	8	5	13
65 to 74	13	21	0	0	0	0	0	0	13	21	34
75 to 84	25	40	0	0	0	0	0	0	25	40	65
85+	21	82	0	0	0	0	0	0	21	82	103
TOTALS	74	164	0	0	0	0	0	0	74	164	238

REGENCY REHABILITATION CENTER
6631 MILWAUKEE AVENUE
NILES, IL. 60714

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	31	154	15	4	34	0	238
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	31	154	15	4	34	0	238

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	240	215
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	10	0	0	0	10
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	4	0	0	0	4
White	197	0	0	0	197
Race Unknown	21	0	0	0	21
Total	238	0	0	0	238

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	23	0	0	0	23
Non-Hispanic	215	0	0	0	215
Ethnicity Unknown	0	0	0	0	0
Total	238	0	0	0	238

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	3.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	30.00
LPN's	24.00
Certified Aides	97.00
Other Health Staff	0.00
Non-Health Staff	90.00
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
28.6%	44.7%	2.4%	2.4%	21.9%	100.0%		0.0%
5,425,875	8,466,125	450,902	452,971	4,158,863	18,954,736	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

REHAB & CARE CENTER - JACKSON COUNTY
1441 NORTH 14TH STREET
MURPHYSBORO, IL. 62966

Reference Numbers Facility ID 6004816
Health Service Area 005 Planning Service Area 077

Administrator
Merle K. Taylor

Contact Person and Telephone
MERLE K. TAYLOR
618-684-2136

Registered Agent Information

Date Completed
3/28/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	18
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	25
Mental Illness	23
Developmental Disability	0
Circulatory System	13
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	107

Total Residents Diagnosed as Mentally Ill 64

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	178	178	123	178	107	71	54	178
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	178	178	123	178	107	71	54	178

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	120
Total Admissions 2011	141
Total Discharges 2011	154
Residents on 12/31/2011	107
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3840	19.5%	24017	37.0%	2688	0	10815	0	41360	63.7%	63.7%
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	3840	19.5%	24017	37.0%	2688	0	10815	0	41360	63.7%	63.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	6	6	0	0	0	0	0	0	6	6	12
75 to 84	7	22	0	0	0	0	0	0	7	22	29
85+	6	54	0	0	0	0	0	0	6	54	60
TOTALS	22	85	0	0	0	0	0	0	22	85	107

REHAB & CARE CENTER - JACKSON COUNTY
1441 NORTH 14TH STREET
MURPHYSBORO, IL. 62966

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 077

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	59	8	0	30	0	107
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	59	8	0	30	0	107

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	158	123
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	98	0	0	0	98
Race Unknown	0	0	0	0	0
Total	107	0	0	0	107

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	107	0	0	0	107
Ethnicity Unknown	0	0	0	0	0
Total	107	0	0	0	107

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	22.00
Certified Aides	43.00
Other Health Staff	0.00
Non-Health Staff	45.00
Totals	120.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
24.2%	51.1%	5.2%	0.0%	19.5%	100.0%		0.0%
1,659,509	3,499,960	357,456	0	1,335,406	6,852,331	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

RENAISSANCE AT 87TH STREET
2940 WEST 87TH STREET
CHICAGO, IL. 60652

Reference Numbers Facility ID 6014831
Health Service Area 006 Planning Service Area 603

Administrator
Daniel Johnson

Contact Person and Telephone
Daniel Johnson
(773) 434-8787

Date Completed
4/19/2013

Registered Agent Information
Abraham Stern
10 S. Wacker Drive, 40th Floor
Chicago, IL 60606

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	15
Endocrine/Metabolic	26
Blood Disorders	3
*Nervous System Non Alzheimer	16
Alzheimer Disease	28
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	7
Digestive System	3
Genitourinary System Disorders	9
Skin Disorders	10
Musculo-skeletal Disorders	26
Injuries and Poisonings	4
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	170

Total Residents Diagnosed as Mentally Ill 4

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	210	210	202	210	170	40	210	200
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	210	210	202	210	170	40	210	200

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	185
Total Admissions 2011	873
Total Discharges 2011	888
Residents on 12/31/2011	170
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	11691	15.3%	49252	67.5%	183	4394	3653	0	69173	90.2%	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	11691	15.3%	49252	67.5%	183	4394	3653	0	69173	90.2%	90.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	2	0	0	0	0	0	0	0	2	2
45 to 59	5	5	0	0	0	0	0	0	5	5	10
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	6	10	0	0	0	0	0	0	6	10	16
75 to 84	22	48	0	0	0	0	0	0	22	48	70
85+	13	55	0	0	0	0	0	0	13	55	68
TOTALS	48	122	0	0	0	0	0	0	48	122	170

RENAISSANCE AT 87TH STREET
2940 WEST 87TH STREET
CHICAGO, IL. 60652

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	27	123	0	10	10	0	170
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	27	123	0	10	10	0	170

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	161	0	0	0	161
Hawaiian/Pacific Isl.	0	0	0	0	0
White	9	0	0	0	9
Race Unknown	0	0	0	0	0
Total	170	0	0	0	170

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	170	0	0	0	170
Ethnicity Unknown	0	0	0	0	0
Total	170	0	0	0	170

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	39.00
Certified Aides	69.00
Other Health Staff	0.00
Non-Health Staff	45.00
Totals	166.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
22.6%	69.6%	2.6%	0.0%	5.2%	100.0%		0.0%
2,550,297	7,865,264	290,495	0	590,245	11,296,301	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

RENAISSANCE AT MIDWAY
4437 SOUTH CICERO
CHICAGO, IL. 60632

Reference Numbers Facility ID 6014641
Health Service Area 006 Planning Service Area 603

Administrator
Jeff Baker

Contact Person and Telephone
Jeff Baker
815-483-7483

Date Completed
4/19/2013

Registered Agent Information
Abraham Stern
4437 S. Cicero Avenue
Chicago, IL 60632

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	16
Blood Disorders	24
*Nervous System Non Alzheimer	21
Alzheimer Disease	23
Mental Illness	12
Developmental Disability	0
Circulatory System	28
Respiratory System	25
Digestive System	19
Genitourinary System Disorders	7
Skin Disorders	10
Musculo-skeletal Disorders	11
Injuries and Poisonings	5
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	203

Total Residents Diagnosed as Mentally Ill 12

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	249	249	215	249	203	46	249	249
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	249	249	215	249	203	46	249	249

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	200
Total Admissions 2011	328
Total Discharges 2011	325
Residents on 12/31/2011	203
Identified Offenders	7

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9604	10.6%	54468	59.9%	0	1222	1413	0	66707	73.4%	73.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	9604	10.6%	54468	59.9%	0	1222	1413	0	66707	73.4%	73.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	1	0	0	0	0	0	0	0	1	0	1
18 to 44	10	9	0	0	0	0	0	0	10	9	19
45 to 59	9	3	0	0	0	0	0	0	9	3	12
60 to 64	19	18	0	0	0	0	0	0	19	18	37
65 to 74	30	22	0	0	0	0	0	0	30	22	52
75 to 84	26	28	0	0	0	0	0	0	26	28	54
85+	9	19	0	0	0	0	0	0	9	19	28
TOTALS	104	99	0	0	0	0	0	0	104	99	203

RENAISSANCE AT MIDWAY
4437 SOUTH CICERO
CHICAGO, IL. 60632

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	26	156	15	4	2	0	203
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	26	156	15	4	2	0	203

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	122	0	0	0	122
Hawaiian/Pacific Isl.	0	0	0	0	0
White	43	0	0	0	43
Race Unknown	37	0	0	0	37
Total	203	0	0	0	203

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	38	0	0	0	38
Non-Hispanic	165	0	0	0	165
Ethnicity Unknown	0	0	0	0	0
Total	203	0	0	0	203

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	2.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	40.00
Certified Aides	77.00
Other Health Staff	53.00
Non-Health Staff	59.00
Totals	243.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
16.8%	75.1%	6.5%	0.0%	1.6%	100.0%		0.0%
2,021,195	9,021,481	781,452	0	195,723	12,019,851	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

RENAISSANCE AT SOUTH SHORE
2425 EAST 71ST STREET
CHICAGO, IL. 60649

Reference Numbers Facility ID 6014823
Health Service Area 006 Planning Service Area 603

Administrator
Quinn Corcoran

Contact Person and Telephone
Michael J. Porter
7737215000

Registered Agent Information
Abraham Stern
10 S. Wacker Dr., 40th Flr
Chicago, IL 60606

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	23
Endocrine/Metabolic	13
Blood Disorders	6
*Nervous System Non Alzheimer	0
Alzheimer Disease	56
Mental Illness	0
Developmental Disability	0
Circulatory System	41
Respiratory System	27
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	32
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	217

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	248	246	244	246	217	31	248	248
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	248	246	244	246	217	31	248	248

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	227
Total Admissions 2011	339
Total Discharges 2011	349
Residents on 12/31/2011	217
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	13299	14.7%	63034	69.6%	0	722	2034	0	79089	87.4%	88.1%
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	13299	14.7%	63034	69.6%	0	722	2034	0	79089	87.4%	88.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	1	0	0	0	0	0	0	2	1	3
45 to 59	4	6	0	0	0	0	0	0	4	6	10
60 to 64	8	2	0	0	0	0	0	0	8	2	10
65 to 74	17	21	0	0	0	0	0	0	17	21	38
75 to 84	21	55	0	0	0	0	0	0	21	55	76
85+	13	67	0	0	0	0	0	0	13	67	80
TOTALS	65	152	0	0	0	0	0	0	65	152	217

RENAISSANCE AT SOUTH SHORE
2425 EAST 71ST STREET
CHICAGO, IL. 60649

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	35	167	4	3	8	0	217
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	35	167	4	3	8	0	217

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	212	0	0	0	212
Hawaiian/Pacific Isl.	0	0	0	0	0
White	5	0	0	0	5
Race Unknown	0	0	0	0	0
Total	217	0	0	0	217

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	214	0	0	0	214
Ethnicity Unknown	0	0	0	0	0
Total	217	0	0	0	217

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	42.00
Certified Aides	130.00
Other Health Staff	9.00
Non-Health Staff	81.00
Totals	279.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
22.5%	72.8%	2.4%	0.0%	2.3%	100.0%		0.0%
3,126,927	10,120,516	331,452	0	322,396	13,901,291	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

RENAISSANCE CARE CENTER
1675 EAST ASH STREET
CANTON, IL. 61520

Reference Numbers Facility ID 6006712
Health Service Area 002 Planning Service Area 057

Administrator
Martha Jones

Contact Person and Telephone
Martha Jones
309-647-5631

Registered Agent Information

Date Completed
4/4/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	7
Mental Illness	11
Developmental Disability	2
Circulatory System	8
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	4
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	53
Total Residents Diagnosed as Mentally Ill	22

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	92	58	92	53	67	120	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	92	58	92	53	67	120	120

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	55
Total Admissions 2011	67
Total Discharges 2011	69
Residents on 12/31/2011	53
Identified Offenders	4

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2567	5.9%	14075	32.1%	0	38	1852	0	18532	42.3%	55.2%
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	2567	5.9%	14075	32.1%	0	38	1852	0	18532	42.3%	55.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	3	3	0	0	0	0	0	0	3	3	6
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	5	13	0	0	0	0	0	0	5	13	18
75 to 84	5	8	0	0	0	0	0	0	5	8	13
85+	3	8	0	0	0	0	0	0	3	8	11
TOTALS	18	35	0	0	0	0	0	0	18	35	53

RENAISSANCE CARE CENTER
1675 EAST ASH STREET
CANTON, IL. 61520

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 057

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	39	0	2	6	0	53
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	39	0	2	6	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	149
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	53	0	0	0	53
Race Unknown	0	0	0	0	0
Total	53	0	0	0	53

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	53	0	0	0	53
Ethnicity Unknown	0	0	0	0	0
Total	53	0	0	0	53

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	9.00
Certified Aides	25.00
Other Health Staff	5.00
Non-Health Staff	18.00
Totals	65.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
33.1%	58.9%	0.0%	0.2%	7.9%	100.0%		0.0%
1,047,399	1,865,565	0	5,700	249,880	3,168,544	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

RENAISSANCE CARE CENTER - DD
1675 EAST ASH STREET
CANTON, IL. 61520

Reference Numbers Facility ID 6016083
Health Service Area 002 Planning Service Area 057

Administrator
Martha Jones

Contact Person and Telephone
Martha Jones
309-647-5631

Registered Agent Information

Date Completed
4/12/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	61
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	61

Total Residents Diagnosed as Mentally Ill 6

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	70	70	64	70	61	9		70
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	70	70	64	70	61	9	0	70

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	61
Total Admissions 2011	7
Total Discharges 2011	7
Residents on 12/31/2011	61
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			21721	85.0%	0	0	0	0	21721	85.0%	85.0%
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%	21721	85.0%	0	0	0	0	21721	85.0%	85.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	4	6	0	0	0	0	4	6	10
18 to 44	0	0	17	23	0	0	0	0	17	23	40
45 to 59	0	0	5	2	0	0	0	0	5	2	7
60 to 64	0	0	0	1	0	0	0	0	0	1	1
65 to 74	0	0	2	1	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	0	0	28	33	0	0	0	0	28	33	61

RENAISSANCE CARE CENTER - DD
1675 EAST ASH STREET
CANTON, IL. 61520

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 057

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	61	0	0	0	0	61
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	61	0	0	0	0	61

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	179	149
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	1	0	0	1
American Indian	0	0	0	0	0
Black	0	26	0	0	26
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	34	0	0	34
Race Unknown	0	0	0	0	0
Total	0	61	0	0	61

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	2	0	0	2
Non-Hispanic	0	59	0	0	59
Ethnicity Unknown	0	0	0	0	0
Total	0	61	0	0	61

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	5.00
Certified Aides	37.00
Other Health Staff	2.00
Non-Health Staff	1.00
Totals	54.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	4,005,055	0	0	0	4,005,055	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

RENAISSANCE PARK SOUTH
10935 SOUTH HALSTED STREET
CHICAGO, IL. 60628

Reference Numbers Facility ID 6003958
Health Service Area 006 Planning Service Area 603

Administrator
Rolando Carter

Contact Person and Telephone
Yolanda Brown
773-928-2000

Registered Agent Information
Abraham Stern
191 N Wacker Dr.
Chicago, IL 60606

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	12
Endocrine/Metabolic	49
Blood Disorders	10
*Nervous System Non Alzheimer	1
Alzheimer Disease	36
Mental Illness	1
Developmental Disability	2
Circulatory System	55
Respiratory System	10
Digestive System	20
Genitourinary System Disorders	19
Skin Disorders	4
Musculo-skeletal Disorders	8
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	230

Total Residents Diagnosed as Mentally Ill 1

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	300	300	249	265	230	70	108	300
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	300	300	249	265	230	70	108	300

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	231
Total Admissions 2011	433
Total Discharges 2011	434
Residents on 12/31/2011	230
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	14809	37.6%	62557	57.1%	935	1062	3403	0	82766	75.6%	75.6%
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	14809	37.6%	62557	57.1%	935	1062	3403	0	82766	75.6%	75.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	6	2	0	0	0	0	0	0	6	2	8
45 to 59	15	8	0	0	0	0	0	0	15	8	23
60 to 64	14	8	0	0	0	0	0	0	14	8	22
65 to 74	29	29	0	0	0	0	0	0	29	29	58
75 to 84	26	36	0	0	0	0	0	0	26	36	62
85+	14	43	0	0	0	0	0	0	14	43	57
TOTALS	104	126	0	0	0	0	0	0	104	126	230

RENAISSANCE PARK SOUTH
10935 SOUTH HALSTED STREET
CHICAGO, IL. 60628

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	37	183	3	0	7	0	230
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	37	183	3	0	7	0	230

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	228	0	0	0	228
Hawaiian/Pacific Isl.	0	0	0	0	0
White	1	0	0	0	1
Race Unknown	1	0	0	0	1
Total	230	0	0	0	230

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	229	0	0	0	229
Ethnicity Unknown	0	0	0	0	0
Total	230	0	0	0	230

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	4.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	48.00
Certified Aides	112.00
Other Health Staff	0.00
Non-Health Staff	40.00
Totals	218.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
18.7%	75.7%	2.6%	0.0%	3.0%	100.0%		0.0%
2,518,144	10,202,574	353,871	0	405,878	13,480,467	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

RESERVOIR MANOR
419 EAST MAIN P.O. BOX 467
SHELBYVILLE, IL. 62565

Reference Numbers Facility ID 6007835
Health Service Area 004 Planning Service Area 173

Administrator
Charlotte Watton

Contact Person and Telephone
CHARLOTTE WATTON
217-774-9544

Registered Agent Information

Date Completed
4/12/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 6

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5793	99.2%	0	0	0	0	5793	99.2%	99.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5793	99.2%	0	0	0	0	5793	99.2%	99.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	4	0	0	3	4	7
45 to 59	0	0	0	0	2	3	0	0	2	3	5
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	1	0	0	0	1	0	1
75 to 84	0	0	0	0	0	1	0	0	0	1	1
85+	0	0	0	0	1	0	0	0	1	0	1
TOTALS	0	0	0	0	8	8	0	0	8	8	16

RESERVOIR MANOR
419 EAST MAIN P.O. BOX 467
SHELBYVILLE, IL. 62565

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 173

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	117	116
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.50
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.30
LPN's	0.00
Certified Aides	11.00
Other Health Staff	0.00
Non-Health Staff	1.10
Totals	13.90

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%	78.0%	0.0%	0.0%	22.0%	100.0%		0.0%
0	524,258	0	0	148,184	672,442	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

REST HAVEN MANOR
120 WEST MAIN
ALBION, IL. 62806

Reference Numbers Facility ID 6007850
Health Service Area 005 Planning Service Area 047

Administrator
Jane Harris

Contact Person and Telephone
JANE HARRIS
618-445-2815

Date Completed
4/8/2013

Registered Agent Information
Roscoe Cunningham
P.o. Box 511
Lawrencville, IL 62466

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	15
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	30

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	49	36	34	36	30	19	0	49
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	49	36	34	36	30	19	0	49

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	26
Total Admissions 2011	15
Total Discharges 2011	11
Residents on 12/31/2011	30
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	4163	23.3%	0	0	6568	0	10731	60.0%	81.7%
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	0	0.0%	4163	23.3%	0	0	6568	0	10731	60.0%	81.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	0	0	0	0	0	0	0	2	0	2
75 to 84	1	2	0	0	0	0	0	0	1	2	3
85+	5	20	0	0	0	0	0	0	5	20	25
TOTALS	8	22	0	0	0	0	0	0	8	22	30

REST HAVEN MANOR
120 WEST MAIN
ALBION, IL. 62806

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 047

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	12	0	0	18	0	30
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	18	0	30

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	120
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	30	0	0	0	30
Race Unknown	0	0	0	0	0
Total	30	0	0	0	30

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	30	0	0	0	30
Ethnicity Unknown	0	0	0	0	0
Total	30	0	0	0	30

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	1.00
Certified Aides	13.00
Other Health Staff	1.00
Non-Health Staff	11.00
Totals	33.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	20.8%	0.0%	0.0%	79.2%	100.0%		0.0%
0	226,187	0	0	858,795	1,084,982	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

RESTHAVE HOME - WHITESIDE COUNTY
408 MAPLE AVENUE
MORRISON, IL. 61270

Reference Numbers Facility ID 6007884
Health Service Area 001 Planning Service Area 195

Administrator
Tami Tegeler

Contact Person and Telephone
Mary Burgess RN, CRRN
815-772-4021

Date Completed
4/12/2013

Registered Agent Information
James Huber
408 Maple Ave.
Morrison, IL 61270

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	27
Mental Illness	0
Developmental Disability	0
Circulatory System	27
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	62
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	49	46	46	42	41	8	0	49
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	25	22	22	22	21	4		
TOTAL BEDS	74	68	68	64	62	12	0	49

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	68
Total Admissions 2011	16
Total Discharges 2011	22
Residents on 12/31/2011	62
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	4633	25.9%	0	0	10977	0	15610	87.3%	93.0%
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	7987	0	7987	87.5%	99.5%
TOTALS	0	0.0%	4633	25.9%	0	0	18964	0	23597	87.4%	95.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	1	7	0	0	0	0	0	2	1	9	10
85+	6	27	0	0	0	0	3	16	9	43	52
TOTALS	7	34	0	0	0	0	3	18	10	52	62

RESTHAVE HOME - WHITESIDE COUNTY
408 MAPLE AVENUE
MORRISON, IL. 61270

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	13	0	0	28	0	41
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	21	0	21
TOTALS	0	13	0	0	49	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	91	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	41	0	0	21	62
Race Unknown	0	0	0	0	0
Total	41	0	0	21	62

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	41	0	0	21	62
Ethnicity Unknown	0	0	0	0	0
Total	41	0	0	21	62

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	8.00
Certified Aides	25.00
Other Health Staff	18.60
Non-Health Staff	11.50
Totals	69.10

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%	14.4%	0.0%	0.0%	85.6%	100.0%		0.0%
0	459,971	0	0	2,736,923	3,196,894	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

RICE HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6013247
Health Service Area 006 Planning Service Area 601

Administrator
Michael Diaz

Contact Person and Telephone
MARY PAT O'BRIEN
773-273-4169

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.
Chicago, IL 60660

Date Completed
3/29/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	12

Total Residents Diagnosed as Mentally Ill 4

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	12	0		12
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	12	0	0	12

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	12
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	12
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4380	######	0	0	0	0	4380	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4380	######	0	0	0	0	4380	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	12	0	0	0	12	12
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	12	0	0	0	12	12

RICE HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	218	218
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.06
Director of Nursing	0.00
Registered Nurses	0.11
LPN's	0.00
Certified Aides	7.23
Other Health Staff	3.18
Non-Health Staff	0.27
Totals	11.10

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	89.2%	10.5%	0.0%	0.3%	100.0%		0.0%
0	666,880	78,568	0	2,320	747,769	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

RICHLAND CARE & REHAB
410 EAST MACK
OLNEY, IL. 62450

Reference Numbers Facility ID 6006910
Health Service Area 005 Planning Service Area 159

Administrator
Chuck Schuette

Contact Person and Telephone
Steve Miller

Registered Agent Information

Date Completed
4/23/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	14
Mental Illness	2
Developmental Disability	2
Circulatory System	10
Respiratory System	8
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	3
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	64
Total Residents Diagnosed as Mentally Ill	18

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	118	90	75	85	64	54	118	118
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	118	90	75	85	64	54	118	118

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	72
Total Admissions 2011	35
Total Discharges 2011	43
Residents on 12/31/2011	64
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1845	4.3%	21763	50.5%	0	3	2165	0	25776	59.8%	78.5%
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	1845	4.3%	21763	50.5%	0	3	2165	0	25776	59.8%	78.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	4	2	0	0	0	0	0	0	4	2	6
60 to 64	2	4	0	0	0	0	0	0	2	4	6
65 to 74	6	7	0	0	0	0	0	0	6	7	13
75 to 84	8	12	0	0	0	0	0	0	8	12	20
85+	6	12	0	0	0	0	0	0	6	12	18
TOTALS	26	38	0	0	0	0	0	0	26	38	64

RICHLAND CARE & REHAB
410 EAST MACK
OLNEY, IL. 62450

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 159

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	58	0	0	4	0	64
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	58	0	0	4	0	64

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	136	118
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	64	0	0	0	64
Race Unknown	0	0	0	0	0
Total	64	0	0	0	64

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	64	0	0	0	64
Ethnicity Unknown	0	0	0	0	0
Total	64	0	0	0	64

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	7.00
Certified Aides	19.00
Other Health Staff	1.00
Non-Health Staff	11.00
Totals	44.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
37.6%	54.7%	0.6%	0.1%	7.0%	100.0%		0.0%
1,294,653	1,883,560	20,714	3,406	241,267	3,443,600	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

RICHLAND MANOR
1066 WEST MAIN P.O. BOX 10
OLNEY, IL. 62450

Reference Numbers Facility ID 6007900
Health Service Area 005 Planning Service Area 159

Administrator
Trena Briscoe

Contact Person and Telephone
TRENA BRISCOE
618 395-2437

Date Completed
5/2/2013

Registered Agent Information
Terry Lynn Elwood
122 N. Hotze Rd. PO box 745
Salem, IL 62881

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 6

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	1
Total Discharges 2011	2
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5623	96.3%	0	0	0	0	5623	96.3%	96.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5623	96.3%	0	0	0	0	5623	96.3%	96.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	1	0	0	3	1	4
45 to 59	0	0	0	0	3	2	0	0	3	2	5
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	2	3	0	0	2	3	5
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	9	6	0	0	9	6	15

RICHLAND MANOR
1066 WEST MAIN P.O. BOX 10
OLNEY, IL. 62450

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 159

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	130	130
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.50
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	11.00
Other Health Staff	1.25
Non-Health Staff	0.00
Totals	13.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	80.1%	0.0%	0.0%	19.9%	100.0%		0.0%
0	492,260	0	0	122,611	614,871	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

RICHLAND MEMORIAL HOSPITAL
800 EAST LOCUST
OLNEY, IL. 62450

Reference Numbers Facility ID 6010581
Health Service Area 005 Planning Service Area 159

Administrator
GEORGIA VAUPEL, RN LNHA

Contact Person and Telephone
GEORGIA VAUPEL, RN
618-395-2131 EXT. 4336

Registered Agent Information

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	7
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	28

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	34	34	34	34	28	6	14	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	34	34	34	34	28	6	14	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	32
Total Admissions 2011	224
Total Discharges 2011	228
Residents on 12/31/2011	28
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3220	63.0%	0	0.0%	0	0	7488	0	10708	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	3220	63.0%	0	0.0%	0	0	7488	0	10708	86.3%	86.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	3	0	0	0	0	0	0	0	3	3
75 to 84	2	7	0	0	0	0	0	0	2	7	9
85+	3	13	0	0	0	0	0	0	3	13	16
TOTALS	5	23	0	0	0	0	0	0	5	23	28

RICHLAND MEMORIAL HOSPITAL
800 EAST LOCUST
OLNEY, IL. 62450

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 159

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	0	0	0	18	0	28
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	0	0	0	18	0	28

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	28	0	0	0	28
Race Unknown	0	0	0	0	0
Total	28	0	0	0	28

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	28	0	0	0	28
Ethnicity Unknown	0	0	0	0	0
Total	28	0	0	0	28

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.50
LPN's	2.70
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	2.90
Totals	23.10

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
33.3%	0.0%	0.0%	33.3%	33.3%	100.0%		0.0%
1	0	0	1	1	3	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

RIDGE TERRACE
2911 HIGHLANDVIEW DRIVE
FREEPORT, IL. 61032

Reference Numbers Facility ID 6010847
Health Service Area 001 Planning Service Area 177

Administrator
Steve Bennett

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/6/2013

Registered Agent Information
J. Michael Bibo
285 S. Farnham St.
Galesburg, IL 61401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5475	93.8%	0	0	0	0	5475	93.8%	93.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5475	93.8%	0	0	0	0	5475	93.8%	93.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	3	0	0	3	3	6
45 to 59	0	0	0	0	2	4	0	0	2	4	6
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	2	0	0	0	2	2
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	5	10	0	0	5	10	15

RIDGE TERRACE
2911 HIGHLANDVIEW DRIVE
FREEPORT, IL. 61032

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 177

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	126
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	82.0%	0.8%	0.0%	17.1%	100.0%		0.0%
0	590,015	6,028	0	123,199	719,243	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

RIDGEVIEW CARE CENTER
413 RIDGE LANE
OBLONG, IL. 62449

Reference Numbers Facility ID 6007942
Health Service Area 005 Planning Service Area 033

Administrator
Sarah Griesemer

Contact Person and Telephone
SARAH GRIESEMER
618-592-4228

Date Completed
4/19/2013

Registered Agent Information
Sarah B. Griesemer
6281 North Frontage Lane
Oblong, IL 62449

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	17
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	45

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	55	55	54	55	45	10	10	50
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	55	55	54	55	45	10	10	50

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	41
Total Admissions 2011	121
Total Discharges 2011	117
Residents on 12/31/2011	45
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1440	39.5%	7042	38.6%	193	0	7447	0	16122	80.3%	80.3%
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	1440	39.5%	7042	38.6%	193	0	7447	0	16122	80.3%	80.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	4	0	0	0	0	0	0	1	4	5
75 to 84	3	8	0	0	0	0	0	0	3	8	11
85+	5	24	0	0	0	0	0	0	5	24	29
TOTALS	9	36	0	0	0	0	0	0	9	36	45

RIDGEVIEW CARE CENTER
413 RIDGE LANE
OBLONG, IL. 62449

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 033

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	20	0	1	23	0	45
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	20	0	1	23	0	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	125
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	45	0	0	0	45
Race Unknown	0	0	0	0	0
Total	45	0	0	0	45

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	45	0	0	0	45
Ethnicity Unknown	0	0	0	0	0
Total	45	0	0	0	45

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.10
LPN's	5.10
Certified Aides	23.90
Other Health Staff	2.50
Non-Health Staff	15.60
Totals	52.20

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
26.1%	18.1%	0.0%	0.0%	55.8%	100.0%		0.0%
645,500	448,564	0	0	1,383,805	2,477,870	125	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW	1/1/2012	Change of ownership occurred.
CHOW	5/23/2012	Change of ownership occurred.

RIDGEVIEW REHABILITATION & NURSING
6450 NORTH RIDGE BLVD
CHICAGO, IL. 60626

Reference Numbers Facility ID 6003453
Health Service Area 006 Planning Service Area 601

Administrator
Debra Brown

Contact Person and Telephone
DEBRA BROWN
773-743-8700

Date Completed
4/8/2013

Registered Agent Information
Abraham Stern
191 N Wacker Drive Suite 1800
Chicago, IL 60606

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	9
Blood Disorders	7
*Nervous System Non Alzheimer	9
Alzheimer Disease	73
Mental Illness	0
Developmental Disability	4
Circulatory System	9
Respiratory System	2
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	3
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	128

Total Residents Diagnosed as Mentally Ill 71

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	136	136	136	136	128	8	110	136
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	136	136	136	136	128	8	110	136

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	128
Total Admissions 2011	212
Total Discharges 2011	212
Residents on 12/31/2011	128
Identified Offenders	17

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			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%	0	0	0	0	0	0.0%	0.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	4	0	0	0	0	0	0	3	4	7
45 to 59	24	15	0	0	0	0	0	0	24	15	39
60 to 64	13	10	0	0	0	0	0	0	13	10	23
65 to 74	15	12	0	0	0	0	0	0	15	12	27
75 to 84	18	9	0	0	0	0	0	0	18	9	27
85+	3	2	0	0	0	0	0	0	3	2	5
TOTALS	76	52	0	0	0	0	0	0	76	52	128

RIDGEVIEW REHABILITATION & NURSING
6450 NORTH RIDGE BLVD
CHICAGO, IL. 60626

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	117	1	0	2	0	128
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	117	1	0	2	0	128

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	47	0	0	0	47
Hawaiian/Pacific Isl.	0	0	0	0	0
White	78	0	0	0	78
Race Unknown	0	0	0	0	0
Total	128	0	0	0	128

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	121	0	0	0	121
Ethnicity Unknown	0	0	0	0	0
Total	128	0	0	0	128

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	13.00
Certified Aides	24.00
Other Health Staff	0.00
Non-Health Staff	22.00
Totals	68.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
11.7%	85.6%	1.4%	0.0%	1.3%	100.0%		0.0%
831,846	6,105,831	98,155	0	95,365	7,131,197	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

RIDGWAY REHAB AND NURSING CTR
900 WEST RACE STREET
RIDGWAY, IL. 62979

Reference Numbers Facility ID 6007975
Health Service Area 005 Planning Service Area 059

Administrator
Erin Hines

Contact Person and Telephone
ERIN HINES
618-272-8831

Date Completed
4/17/2013

Registered Agent Information
Lawrence Y. Schwartz ESQ
8170 N. McCormick BLVD Suite 219
SKOKIE, IL 60076

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	14
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	36
Total Residents Diagnosed as Mentally Ill	18

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	71	63	46	63	36	35	25	71
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	71	63	46	63	36	35	25	71

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	39
Total Admissions 2011	44
Total Discharges 2011	47
Residents on 12/31/2011	36
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1452	15.9%	10249	39.5%	0	502	3226	0	15429	59.5%	67.1%
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	1452	15.9%	10249	39.5%	0	502	3226	0	15429	59.5%	67.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	3	0	0	0	0	0	0	0	3	0	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	5	5	0	0	0	0	0	0	5	5	10
75 to 84	5	6	0	0	0	0	0	0	5	6	11
85+	1	10	0	0	0	0	0	0	1	10	11
TOTALS	15	21	0	0	0	0	0	0	15	21	36

RIDGWAY REHAB AND NURSING CTR
900 WEST RACE STREET
RIDGWAY, IL. 62979

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 059

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	25	0	0	7	0	36
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	25	0	0	7	0	36

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	105
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	35	0	0	0	35
Race Unknown	0	0	0	0	0
Total	36	0	0	0	36

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	36	0	0	0	36
Ethnicity Unknown	0	0	0	0	0
Total	36	0	0	0	36

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.40
LPN's	3.50
Certified Aides	9.00
Other Health Staff	1.20
Non-Health Staff	15.00
Totals	32.10

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
29.8%	54.9%	0.0%	1.8%	13.5%	100.0%		0.0%
755,251	1,388,404	0	45,386	342,035	2,531,076	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

RIVER BLUFF NURSING HOME
4401 NORTH MAIN STREET
ROCKFORD, IL. 61103

Reference Numbers Facility ID 6008007
Health Service Area 001 Planning Service Area 201

Administrator
Pamela Gentner

Contact Person and Telephone
PAMELA GENTNER
815-877-8061

Date Completed
4/8/2013

Registered Agent Information
Scott Christiansen, Chairman, Winnebag
404 Elm Street
Rockford, IL 61101

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	92
Mental Illness	0
Developmental Disability	0
Circulatory System	19
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	9
Other Medical Conditions	82
Non-Medical Conditions	0
TOTALS	204

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	304	298	214	223	204	100	76	304
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	304	298	214	223	204	100	76	304

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	214
Total Admissions 2011	86
Total Discharges 2011	96
Residents on 12/31/2011	204
Identified Offenders	7

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3276	11.8%	65256	58.8%	0	0	6884	0	75416	68.0%	69.3%
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	3276	11.8%	65256	58.8%	0	0	6884	0	75416	68.0%	69.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	5	0	0	0	0	0	0	3	5	8
60 to 64	3	4	0	0	0	0	0	0	3	4	7
65 to 74	6	16	0	0	0	0	0	0	6	16	22
75 to 84	15	33	0	0	0	0	0	0	15	33	48
85+	18	101	0	0	0	0	0	0	18	101	119
TOTALS	45	159	0	0	0	0	0	0	45	159	204

RIVER BLUFF NURSING HOME
4401 NORTH MAIN STREET
ROCKFORD, IL. 61103

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	164	0	0	32	0	204
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	164	0	0	32	0	204

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pacific Isl.	0	0	0	0	0
White	190	0	0	0	190
Race Unknown	0	0	0	0	0
Total	204	0	0	0	204

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	200	0	0	0	200
Ethnicity Unknown	0	0	0	0	0
Total	204	0	0	0	204

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	21.00
Certified Aides	88.00
Other Health Staff	0.00
Non-Health Staff	89.00
Totals	215.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
14.3%	47.5%	10.1%	1.0%	27.1%	100.0%		0.0%
1,923,327	6,369,125	1,356,889	135,884	3,628,458	13,413,683	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

RIVER COURT
760 EAST RIVER STREET
KANKAKEE, IL. 60901

Reference Numbers Facility ID 6013718
Health Service Area 009 Planning Service Area 091

Administrator
Jennifer Allsopp

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Registered Agent Information
J. Michael Bibo
285 S. Farnham St.
Galesburg, IL 61401

Date Completed
4/6/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	4
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	4
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	4
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1464	######	0	0	0	0	1464	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1464	######	0	0	0	0	1464	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	2	0	0	0	2	2
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	1	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	4	0	0	0	4	4

RIVER COURT
760 EAST RIVER STREET
KANKAKEE, IL. 60901

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	234
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	3	0	3
Race Unknown	0	0	0	0	0
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	3	0	3
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	6.50
Other Health Staff	0.25
Non-Health Staff	0.00
Totals	7.59

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	82.0%	0.8%	0.0%	17.1%	100.0%		0.0%
0	590,015	6,028	0	123,199	719,243	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

RIVER OAKS HEALTHCARE AND REHAB
14500 SOUTH MANISTEE
BURNHAM, IL. 60633

Reference Numbers Facility ID 6001283
Health Service Area 007 Planning Service Area 705

Administrator
nancy r given

Contact Person and Telephone
NANCY R GIVEN
7088621260

Registered Agent Information
AVRUM WEINFELD
6865 N LINCOLN AVE
Lincolnwood, IL 60712

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	15
Endocrine/Metabolic	18
Blood Disorders	26
*Nervous System Non Alzheimer	17
Alzheimer Disease	6
Mental Illness	80
Developmental Disability	15
Circulatory System	15
Respiratory System	12
Digestive System	26
Genitourinary System Disorders	15
Skin Disorders	8
Musculo-skeletal Disorders	20
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	280

Total Residents Diagnosed as Mentally Ill 80

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	309	309	309	309	280	29	58	309
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	309	309	309	309	280	29	58	309

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	303
Total Admissions 2011	941
Total Discharges 2011	964
Residents on 12/31/2011	280
Identified Offenders	41

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10844	51.2%	98118	87.0%	0	0	32	0	108994	96.6%	96.6%
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	10844	51.2%	98118	87.0%	0	0	32	0	108994	96.6%	96.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	30	20	0	0	0	0	0	0	30	20	50
45 to 59	89	50	0	0	0	0	0	0	89	50	139
60 to 64	34	9	0	0	0	0	0	0	34	9	43
65 to 74	21	13	0	0	0	0	0	0	21	13	34
75 to 84	5	6	0	0	0	0	0	0	5	6	11
85+	1	2	0	0	0	0	0	0	1	2	3
TOTALS	180	100	0	0	0	0	0	0	180	100	280

RIVER OAKS HEALTHCARE AND REHAB
14500 SOUTH MANISTEE
BURNHAM, IL. 60633

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	27	253	0	0	0	0	280
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	27	253	0	0	0	0	280

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	2	0	0	0	2
Black	183	0	0	0	183
Hawaiian/Pacific Isl.	0	0	0	0	0
White	92	0	0	0	92
Race Unknown	3	0	0	0	3
Total	280	0	0	0	280

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	270	0	0	0	270
Ethnicity Unknown	3	0	0	0	3
Total	280	0	0	0	280

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	28.00
Certified Aides	70.00
Other Health Staff	6.00
Non-Health Staff	86.00
Totals	198.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
24.0%	75.6%	0.0%	0.5%	0.0%	100.0%		0.0%
4,099,667	12,917,342	0	77,263	3,451	17,097,723	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	11/1/2012	Formerly 'Burnham Healthcare'.
CHOW	11/1/2012	Change of Ownership occurred.

RIVERSHORES CARE CENTER
578 WEST COMMERCIAL STREET
MARSEILLES, IL. 61341

Reference Numbers Facility ID 6008015
Health Service Area 002 Planning Service Area 099

Administrator
JERRY MERTES

Contact Person and Telephone
JERRY MERTES
815-795-5121

Date Completed
4/10/2013

Registered Agent Information
Stanley Klem
4600 W. Touhy Ave, Suite 200
Lincolnwood, IL 60712

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	12
Mental Illness	8
Developmental Disability	1
Circulatory System	16
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	8
Injuries and Poisonings	1
Other Medical Conditions	8
Non-Medical Conditions	4
TOTALS	76

Total Residents Diagnosed as Mentally Ill 8

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	103	103	81	103	76	27	103	102
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	103	103	81	103	76	27	103	102

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	64
Total Admissions 2011	321
Total Discharges 2011	309
Residents on 12/31/2011	76
Identified Offenders	5

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4615	12.3%	17569	47.2%	0	371	3607	0	26162	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	4615	12.3%	17569	47.2%	0	371	3607	0	26162	69.6%	69.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	4	3	0	0	0	0	0	0	4	3	7
60 to 64	6	4	0	0	0	0	0	0	6	4	10
65 to 74	7	11	0	0	0	0	0	0	7	11	18
75 to 84	6	14	0	0	0	0	0	0	6	14	20
85+	3	18	0	0	0	0	0	0	3	18	21
TOTALS	26	50	0	0	0	0	0	0	26	50	76

RIVERSHORES CARE CENTER
578 WEST COMMERCIAL STREET
MARSEILLES, IL. 61341

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	53	0	1	11	0	76
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	53	0	1	11	0	76

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	74	0	0	0	74
Race Unknown	0	0	0	0	0
Total	76	0	0	0	76

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	74	0	0	0	74
Ethnicity Unknown	0	0	0	0	0
Total	76	0	0	0	76

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	13.00
Certified Aides	42.00
Other Health Staff	5.00
Non-Health Staff	37.00
Totals	111.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
36.2%	49.2%	0.0%	4.1%	10.5%	100.0%		0.0%
1,933,746	2,624,788	0	221,274	559,308	5,339,117	500	

*Charity Care Expense does not include expenses which may be considered a community benefit.

RIVERSIDE FOUNDATION
14588 WEST HIGHWAY 22
LINCOLNSHIRE, IL. 60069

Reference Numbers Facility ID 6008023
Health Service Area 008 Planning Service Area 097

Administrator
Deborah L. Rogers

Contact Person and Telephone
TERRIE DREWNIAK
847-634-3973

Registered Agent Information
Deborah L. Rogers
14588 W Highway 22
Lincolnshire, IL 60069

Date Completed
4/19/2012

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	97
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	97
Total Residents Diagnosed as Mentally Ill	58

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	97	97	97	97	97	0		97
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	97	97	97	97	97	0	0	97

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	96
Total Admissions 2011	5
Total Discharges 2011	4
Residents on 12/31/2011	97
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			97	0.3%	0	0	0	0	97	0.3%	0.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	97	0.3%	0	0	0	0	97	0.3%	0.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	10	20	0	0	10	20	30
45 to 59	0	0	0	0	18	24	0	0	18	24	42
60 to 64	0	0	0	0	6	4	0	0	6	4	10
65 to 74	0	0	0	0	7	5	0	0	7	5	12
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	44	53	0	0	44	53	97

RIVERSIDE FOUNDATION
14588 WEST HIGHWAY 22
LINCOLNSHIRE, IL. 60069

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		97	0	0	0	0	97
Sheltered Care			0	0	0	0	0
TOTALS	0	97	0	0	0	0	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	3	0	3
American Indian	0	0	0	0	0
Black	0	0	12	0	12
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	82	0	82
Race Unknown	0	0	0	0	0
Total	0	0	97	0	97

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	97	0	97
Ethnicity Unknown	0	0	0	0	0
Total	0	0	97	0	97

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	4.00
Certified Aides	57.00
Other Health Staff	0.00
Non-Health Staff	39.00
Totals	110.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	86.4%	0.3%	0.0%	13.3%	100.0%		0.0%
0	4,412,569	16,253	0	679,160	5,107,984	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

RIVIERA CARE CENTER
490 WEST 16TH PLACE
CHICAGO HEIGHTS, IL. 60411

Reference Numbers Facility ID 6008064
Health Service Area 007 Planning Service Area 705

Administrator
HEATHER BASSETT

Contact Person and Telephone
HEATHER BASSETT
708-481-4444

Date Completed
4/9/2013

Registered Agent Information
Frederick S. Frankel
8131 N Monticello Ave
SKOKIE, IL 60076

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	35
Blood Disorders	0
*Nervous System Non Alzheimer	20
Alzheimer Disease	12
Mental Illness	45
Developmental Disability	1
Circulatory System	43
Respiratory System	23
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	5
TOTALS	186
Total Residents Diagnosed as Mentally Ill	186

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	200	200	197	200	186	14	45	190
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	200	200	197	200	186	14	45	190

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	183
Total Admissions 2011	145
Total Discharges 2011	142
Residents on 12/31/2011	186
Identified Offenders	54

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	69019	99.5%	0	551	0	0	69570	95.3%	95.3%
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%	69019	99.5%	0	551	0	0	69570	95.3%	95.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	42	15	0	0	0	0	0	0	42	15	57
45 to 59	74	29	0	0	0	0	0	0	74	29	103
60 to 64	9	5	0	0	0	0	0	0	9	5	14
65 to 74	7	2	0	0	0	0	0	0	7	2	9
75 to 84	2	0	0	0	0	0	0	0	2	0	2
85+	1	0	0	0	0	0	0	0	1	0	1
TOTALS	135	51	0	0	0	0	0	0	135	51	186

RIVIERA CARE CENTER
490 WEST 16TH PLACE
CHICAGO HEIGHTS, IL. 60411

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	185	0	0	1	0	186
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	185	0	0	1	0	186

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	121	0	0	0	121
Hawaiian/Pacific Isl.	0	0	0	0	0
White	64	0	0	0	64
Race Unknown	0	0	0	0	0
Total	186	0	0	0	186

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	179	0	0	0	179
Ethnicity Unknown	0	0	0	0	0
Total	186	0	0	0	186

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	15.00
Certified Aides	20.00
Other Health Staff	21.00
Non-Health Staff	17.00
Totals	78.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	99.1%	0.0%	0.0%	0.9%	100.0%		0.0%
0	9,256,878	0	0	81,035	9,337,913	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROBING'S MANOR REHAB & HLTH CARE
502 NORTH MAIN
BRIGHTON, IL. 62012

Reference Numbers Facility ID 6008072
Health Service Area 003 Planning Service Area 117

Administrator
Susan Shaw

Contact Person and Telephone
Marikay Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	23
Mental Illness	9
Developmental Disability	2
Circulatory System	7
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	1
Other Medical Conditions	1
Non-Medical Conditions	2
TOTALS	60
Total Residents Diagnosed as Mentally Ill	41

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	75	75	68	75	60	15	32	75
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	75	75	68	75	60	15	32	75

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	56
Total Admissions 2011	58
Total Discharges 2011	54
Residents on 12/31/2011	60
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1946	16.7%	15443	56.4%	1121	122	4161	0	22793	83.3%	83.3%
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	1946	16.7%	15443	56.4%	1121	122	4161	0	22793	83.3%	83.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	5	1	0	0	0	0	0	0	5	1	6
60 to 64	2	4	0	0	0	0	0	0	2	4	6
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	4	9	0	0	0	0	0	0	4	9	13
85+	6	19	0	0	0	0	0	0	6	19	25
TOTALS	21	39	0	0	0	0	0	0	21	39	60

ROBING'S MANOR REHAB & HLTH CARE
502 NORTH MAIN
BRIGHTON, IL. 62012

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 117

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	47	0	0	11	0	60
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	47	0	0	11	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	51	0	0	0	51
Race Unknown	0	0	0	0	0
Total	60	0	0	0	60

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	60	0	0	0	60
Ethnicity Unknown	0	0	0	0	0
Total	60	0	0	0	60

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	5.00
Certified Aides	27.00
Other Health Staff	1.00
Non-Health Staff	25.00
Totals	66.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
11.4%	65.9%	0.0%	0.0%	22.8%	100.0%		0.1%
371,544	2,155,963	0	0	745,118	3,272,625	2,772	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROCHELLE GARDENS CARE CENTER
1021 CARON ROAD
ROCHELLE, IL. 61068

Reference Numbers Facility ID 6008098
Health Service Area 001 Planning Service Area 141

Administrator
David Lenzo

Contact Person and Telephone
Marikay L. Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	12
Mental Illness	31
Developmental Disability	3
Circulatory System	5
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	56

Total Residents Diagnosed as Mentally Ill 53

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	74	66	64	66	56	18	0	74
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	74	66	64	66	56	18	0	74

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	64
Total Admissions 2011	43
Total Discharges 2011	51
Residents on 12/31/2011	56
Identified Offenders	11

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	192	0.0%	18012	66.7%	1511	0	1562	0	21277	78.8%	88.3%
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	192	0.0%	18012	66.7%	1511	0	1562	0	21277	78.8%	88.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	5	3	0	0	0	0	0	0	5	3	8
45 to 59	5	8	0	0	0	0	0	0	5	8	13
60 to 64	7	2	0	0	0	0	0	0	7	2	9
65 to 74	3	7	0	0	0	0	0	0	3	7	10
75 to 84	6	3	0	0	0	0	0	0	6	3	9
85+	2	5	0	0	0	0	0	0	2	5	7
TOTALS	28	28	0	0	0	0	0	0	28	28	56

ROCHELLE GARDENS CARE CENTER
1021 CARON ROAD
ROCHELLE, IL. 61068

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 141

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	51	0	0	3	0	56
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	51	0	0	3	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	125
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	54	0	0	0	54
Race Unknown	0	0	0	0	0
Total	56	0	0	0	56

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	54	0	0	0	54
Ethnicity Unknown	0	0	0	0	0
Total	56	0	0	0	56

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	3.00
Certified Aides	23.00
Other Health Staff	0.00
Non-Health Staff	23.00
Totals	57.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
1.6%	91.0%	0.0%	0.0%	7.4%	100.0%		0.0%
40,220	2,256,065	0	0	183,240	2,479,525	1,179	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROCHELLE REHAB & HEALTH CARE
900 NORTH 3RD STREET
ROCHELLE, IL. 61068

Reference Numbers Facility ID 6008106
Health Service Area 001 Planning Service Area 141

Administrator
Linda Houlihan

Contact Person and Telephone
Marikay Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	18
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	43
Total Residents Diagnosed as Mentally Ill	23

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	50	50	48	50	43	7	50	50
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	50	50	48	50	43	7	50	50

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	42
Total Admissions 2011	79
Total Discharges 2011	78
Residents on 12/31/2011	43
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2239	12.3%	5490	30.1%	517	164	7275	0	15685	85.9%	85.9%
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	2239	12.3%	5490	30.1%	517	164	7275	0	15685	85.9%	85.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	6	6	0	0	0	0	0	0	6	6	12
85+	6	20	0	0	0	0	0	0	6	20	26
TOTALS	14	29	0	0	0	0	0	0	14	29	43

ROCHELLE REHAB & HEALTH CARE
900 NORTH 3RD STREET
ROCHELLE, IL. 61068

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 141

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	12	0	0	19	0	43
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	12	0	0	19	0	43

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	43	0	0	0	43
Race Unknown	0	0	0	0	0
Total	43	0	0	0	43

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	42	0	0	0	42
Ethnicity Unknown	0	0	0	0	0
Total	43	0	0	0	43

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	5.00
Certified Aides	13.00
Other Health Staff	0.00
Non-Health Staff	9.00
Totals	32.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
18.8%	36.4%	0.0%	0.0%	44.8%	100.0%		0.1%
435,570	844,610	0	0	1,041,002	2,321,182	2,941	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROCK FALLS REHAB & HEALTHCARE
430 MARTIN ROAD
ROCK FALLS, IL. 61071

Reference Numbers Facility ID 6008114
Health Service Area 001 Planning Service Area 195

Administrator
Kathryn E. Langan

Contact Person and Telephone
Marikay Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
3/28/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	2
Mental Illness	3
Developmental Disability	0
Circulatory System	4
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	1
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	40
Total Residents Diagnosed as Mentally Ill	18

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	57	51	40	51	40	17	0	57
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	57	51	40	51	40	17	0	57

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	32
Total Admissions 2011	53
Total Discharges 2011	45
Residents on 12/31/2011	40
Identified Offenders	7

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	9378	45.1%	1923	0	1866	0	13167	63.3%	70.7%
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	0	0.0%	9378	45.1%	1923	0	1866	0	13167	63.3%	70.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	6	6	0	0	0	0	0	0	6	6	12
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	4	3	0	0	0	0	0	0	4	3	7
75 to 84	2	6	0	0	0	0	0	0	2	6	8
85+	2	5	0	0	0	0	0	0	2	5	7
TOTALS	17	23	0	0	0	0	0	0	17	23	40

ROCK FALLS REHAB & HEALTHCARE
430 MARTIN ROAD
ROCK FALLS, IL. 61071

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	29	6	0	5	0	40
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	29	6	0	5	0	40

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	120
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	40	0	0	0	40
Race Unknown	0	0	0	0	0
Total	40	0	0	0	40

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	40	0	0	0	40
Ethnicity Unknown	0	0	0	0	0
Total	40	0	0	0	40

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	5.00
Certified Aides	16.00
Other Health Staff	0.00
Non-Health Staff	19.00
Totals	45.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	87.4%	0.0%	0.0%	12.6%	100.0%		0.0%
0	1,564,941	0	0	226,235	1,791,176	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROCK ISLAND NURSING & REHAB CENTER
2545 24TH STREET
ROCK ISLAND, IL. 61201

Reference Numbers Facility ID 6008130
Health Service Area 010 Planning Service Area 161

Administrator
Dawn May

Contact Person and Telephone
DAWN MAY
(309)788-0458

Date Completed
4/19/2013

Registered Agent Information
Tom Winter
6840 north lincoln ave
Lincolnwood, IL 60712

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System Non Alzheimer	16
Alzheimer Disease	21
Mental Illness	15
Developmental Disability	0
Circulatory System	18
Respiratory System	14
Digestive System	3
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	5
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	120

Total Residents Diagnosed as Mentally Ill 15

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	177	177	126	177	120	57	177	177
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	177	177	126	177	120	57	177	177

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	119
Total Admissions 2011	105
Total Discharges 2011	104
Residents on 12/31/2011	120
Identified Offenders	6

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2089	3.2%	41544	64.3%	0	447	967	0	45047	69.7%	69.7%
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	2089	3.2%	41544	64.3%	0	447	967	0	45047	69.7%	69.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	7	0	0	0	0	0	0	2	7	9
45 to 59	15	12	0	0	0	0	0	0	15	12	27
60 to 64	6	9	0	0	0	0	0	0	6	9	15
65 to 74	14	17	0	0	0	0	0	0	14	17	31
75 to 84	5	19	0	0	0	0	0	0	5	19	24
85+	3	11	0	0	0	0	0	0	3	11	14
TOTALS	45	75	0	0	0	0	0	0	45	75	120

ROCK ISLAND NURSING & REHAB CENTER
2545 24TH STREET
ROCK ISLAND, IL. 61201

Reference Numbers Facility ID **Health Service Area** 010 **Planning Service Area** 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	115	0	0	2	0	120
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	115	0	0	2	0	120

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	164	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	1	0	0	0	1
Black	33	0	0	0	33
Hawaiian/Pacific Isl.	0	0	0	0	0
White	80	0	0	0	80
Race Unknown	5	0	0	0	5
Total	120	0	0	0	120

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	115	0	0	0	115
Ethnicity Unknown	1	0	0	0	1
Total	120	0	0	0	120

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	26.00
Certified Aides	48.00
Other Health Staff	5.00
Non-Health Staff	44.00
Totals	130.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
17.8%	62.4%	0.6%	3.5%	15.7%	100.0%		0.0%
1,302,111	4,568,662	44,940	257,914	1,148,925	7,322,552	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROCKTON COURT
2615 NORTH ROCKTON AVENUE
ROCKFORD, IL. 61101

Reference Numbers Facility ID 6013841
Health Service Area 001 Planning Service Area 201

Administrator
Steve Bennett

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Registered Agent Information
J. Michael Bibo
285 S. Farnham St.
Galesburg, IL 61401

Date Completed
4/6/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	6
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	6
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	6
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			2196	######	0	0	0	0	2196	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2196	######	0	0	0	0	2196	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	5	0	0	0	5	5
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	6	0	0	0	6	6

ROCKTON COURT
2615 NORTH ROCKTON AVENUE
ROCKFORD, IL. 61101

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	186
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	6	0	6
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	6	0	6
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	7.00
Other Health Staff	0.33
Non-Health Staff	0.00
Totals	8.17

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	87.5%	0.5%	0.0%	12.0%	100.0%		0.0%
0	358,155	2,001	0	49,280	409,437	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROLLING HILLS MANOR
3615 16TH STREET
ZION, IL. 60099

Reference Numbers Facility ID 6008163
Health Service Area 008 Planning Service Area 097

Administrator
MIRON TABIC

Contact Person and Telephone
MIRON TABIC
847-746-8382

Date Completed
3/29/2013

Registered Agent Information
James S. Stefo, Jr.
3521 16th Street
Zion, IL 60099

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	7
Mental Illness	10
Developmental Disability	1
Circulatory System	13
Respiratory System	10
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	3
Other Medical Conditions	30
Non-Medical Conditions	0
TOTALS	98

Total Residents Diagnosed as Mentally Ill 10

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	115	115	108	115	98	17	115	87
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	115	115	108	115	98	17	115	87

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	111
Total Admissions 2011	681
Total Discharges 2011	694
Residents on 12/31/2011	98
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	13561	32.3%	14657	46.2%	0	946	8672	0	37836	90.1%	90.1%
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	13561	32.3%	14657	46.2%	0	946	8672	0	37836	90.1%	90.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	2	6	0	0	0	0	0	0	2	6	8
75 to 84	7	17	0	0	0	0	0	0	7	17	24
85+	10	52	0	0	0	0	0	0	10	52	62
TOTALS	19	79	0	0	0	0	0	0	19	79	98

ROLLING HILLS MANOR
3615 16TH STREET
ZION, IL. 60099

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	34	37	0	4	23	0	98
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	34	37	0	4	23	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	260	220
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	85	0	0	0	85
Race Unknown	0	0	0	0	0
Total	98	0	0	0	98

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	95	0	0	0	95
Ethnicity Unknown	0	0	0	0	0
Total	98	0	0	0	98

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.23
LPN's	12.84
Certified Aides	58.22
Other Health Staff	12.42
Non-Health Staff	55.12
Totals	159.83

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
60.4%	16.0%	0.0%	4.4%	19.2%	100.0%		0.1%
6,392,668	1,698,564	0	464,403	2,032,205	10,587,840	14,601	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSARY HILL HOME
9000 WEST 81ST STREET
JUSTICE, IL. 60458

Reference Numbers Facility ID 6008247
Health Service Area 007 Planning Service Area 705

Administrator
SISTER M. NATALIE PEKALA, OP

Contact Person and Telephone
SISTER M. NATALIE PEKALA, OP
708-458-3040

Registered Agent Information

Date Completed
4/5/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	29
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	60

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	29	29	29	29	29	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	31	31	31	31	31	0		
TOTAL BEDS	60	60	60	60	60	0	0	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	59
Total Admissions 2011	16
Total Discharges 2011	15
Residents on 12/31/2011	60
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	10398	187	10585	100.0%	100.0%
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	11147	168	11315	100.0%	100.0%
TOTALS	0	0.0%	0	0.0%	0	0	21545	355	21900	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	0	4	0	0	0	0	0	6	0	10	10
85+	0	24	0	0	0	0	3	22	3	46	49
TOTALS	0	29	0	0	0	0	3	28	3	57	60

ROSARY HILL HOME
9000 WEST 81ST STREET
JUSTICE, IL. 60458

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	29	0	29
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	31	0	31
TOTALS	0	0	0	0	60	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	87	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	80	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	29	0	0	31	60
Race Unknown	0	0	0	0	0
Total	29	0	0	31	60

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	29	0	0	31	60
Ethnicity Unknown	0	0	0	0	0
Total	29	0	0	31	60

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	1.00
Certified Aides	17.00
Other Health Staff	6.00
Non-Health Staff	15.00
Totals	44.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		1.5%
0	0	0	0	1,958,070	1,958,070	29,330	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSE ANGELA HALL
4200 NORTH AUSTIN
CHICAGO, IL. 60634

Reference Numbers Facility ID 6011530
Health Service Area 006 Planning Service Area 601

Administrator
Darlene Zdanowski

Contact Person and Telephone
DARLENE ZDANOWSKI
773-545-8300

Registered Agent Information

Date Completed
5/29/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	80
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	80
Total Residents Diagnosed as Mentally Ill	38

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	80	80	80	80	80	0		80
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	80	80	80	80	80	0	0	80

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	79
Total Admissions 2011	2
Total Discharges 2011	1
Residents on 12/31/2011	80
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			29075	99.6%	0	0	0	0	29075	99.6%	99.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	29075	99.6%	0	0	0	0	29075	99.6%	99.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	40	0	0	0	40	40
45 to 59	0	0	0	0	0	38	0	0	0	38	38
60 to 64	0	0	0	0	0	2	0	0	0	2	2
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	80	0	0	0	80	80

ROSE ANGELA HALL
4200 NORTH AUSTIN
CHICAGO, IL. 60634

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		80	0	0	0	0	80
Sheltered Care			0	0	0	0	0
TOTALS	0	80	0	0	0	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	2	0	2
American Indian	0	0	0	0	0
Black	0	0	14	0	14
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	63	0	63
Race Unknown	0	0	1	0	1
Total	0	0	80	0	80

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	3	0	3
Non-Hispanic	0	0	76	0	76
Ethnicity Unknown	0	0	1	0	1
Total	0	0	80	0	80

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	4.50
Certified Aides	45.00
Other Health Staff	0.00
Non-Health Staff	20.00
Totals	76.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	84.4%	0.0%	0.0%	15.6%	100.0%		0.0%
0	3,200,592	0	0	591,326	3,791,918	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSE HOUSE
7301 34TH AVENUE
MOLINE, IL. 61265

Reference Numbers Facility ID 6008254
Health Service Area 010 Planning Service Area 161

Administrator
Joni Thompson

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Registered Agent Information
J. Michael Bibo
285 S. Farnham St.
Galesburg, IL 61401

Date Completed
4/6/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5856	######	0	0	0	0	5856	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5856	######	0	0	0	0	5856	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	2	0	0	5	2	7
45 to 59	0	0	0	0	4	2	0	0	4	2	6
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	1	0	0	0	1	0	1
75 to 84	0	0	0	0	0	1	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	10	6	0	0	10	6	16

ROSE HOUSE
7301 34TH AVENUE
MOLINE, IL. 61265

Reference Numbers Facility ID **Health Service Area** 010 **Planning Service Area** 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	124
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	81.9%	0.3%	0.0%	17.9%	100.0%		0.0%
0	595,251	1,998	0	129,814	727,064	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSEVILLE REHAB & HEALTHCARE
145 S. CHAMBERLAIN
ROSEVILLE, IL. 61473

Reference Numbers Facility ID 6005136
Health Service Area 002 Planning Service Area 071

Administrator
Ethel Logue

Contact Person and Telephone
Marikay Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
3/28/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	3
Mental Illness	3
Developmental Disability	0
Circulatory System	12
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	24
Non-Medical Conditions	0
TOTALS	56
Total Residents Diagnosed as Mentally Ill	14

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	99	99	71	99	56	43	99	99
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	71	99	56	43	99	99

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	65
Total Admissions 2011	43
Total Discharges 2011	52
Residents on 12/31/2011	56
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1433	4.0%	14280	39.5%	0	174	6535	0	22422	62.1%	62.1%
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	1433	4.0%	14280	39.5%	0	174	6535	0	22422	62.1%	62.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	3	0	0	0	0	0	0	1	3	4
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	3	1	0	0	0	0	0	0	3	1	4
75 to 84	4	8	0	0	0	0	0	0	4	8	12
85+	5	27	0	0	0	0	0	0	5	27	32
TOTALS	14	42	0	0	0	0	0	0	14	42	56

ROSEVILLE REHAB & HEALTHCARE
145 S. CHAMBERLAIN
ROSEVILLE, IL. 61473

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 071

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	33	0	0	19	0	56
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	33	0	0	19	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	143	163
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	54	0	0	0	54
Race Unknown	0	0	0	0	0
Total	56	0	0	0	56

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	56	0	0	0	56
Ethnicity Unknown	0	0	0	0	0
Total	56	0	0	0	56

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	9.00
Certified Aides	23.00
Other Health Staff	1.00
Non-Health Staff	24.00
Totals	62.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
10.2%	56.2%	0.0%	0.0%	33.6%	100.0%		0.0%
295,419	1,626,464	0	0	972,357	2,894,240	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSEWOOD CARE CENTER - EAST PEORIA
900 CENTENNIAL DRIVE
EAST PEORIA, IL. 61611

Reference Numbers Facility ID 6012017
Health Service Area 002 Planning Service Area 179

Administrator
Becky Woiwode

Contact Person and Telephone
JAN POELKER
314/994-9070x3025

Date Completed
4/10/2013

Registered Agent Information
Daniel Maher
412 East Lawrence Ave
Springfield, IL 62703

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	13
Blood Disorders	0
*Nervous System Non Alzheimer	16
Alzheimer Disease	14
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	3
Digestive System	6
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	18
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	89

Total Residents Diagnosed as Mentally Ill 5

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	120	98	120	89	31	36	50
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	98	120	89	31	36	50

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	84
Total Admissions 2011	284
Total Discharges 2011	279
Residents on 12/31/2011	89
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5930	45.1%	16215	88.8%	0	592	9321	0	32058	73.2%	73.2%
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	5930	45.1%	16215	88.8%	0	592	9321	0	32058	73.2%	73.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	3	0	0	0	0	0	0	0	3	3
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	3	5	0	0	0	0	0	0	3	5	8
75 to 84	13	11	0	0	0	0	0	0	13	11	24
85+	12	40	0	0	0	0	0	0	12	40	52
TOTALS	29	60	0	0	0	0	0	0	29	60	89

ROSEWOOD CARE CENTER - EAST PEORIA
900 CENTENNIAL DRIVE
EAST PEORIA, IL. 61611

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	43	0	1	33	0	89
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	43	0	1	33	0	89

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	169	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	85	0	0	0	85
Race Unknown	0	0	0	0	0
Total	89	0	0	0	89

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	89	0	0	0	89
Ethnicity Unknown	0	0	0	0	0
Total	89	0	0	0	89

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	13.00
Certified Aides	48.00
Other Health Staff	9.00
Non-Health Staff	50.00
Totals	132.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
44.7%	29.8%	0.0%	3.9%	21.6%	100.0%		0.0%
3,058,332	2,038,623	0	263,340	1,479,618	6,839,913	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSEWOOD CARE CENTER - NORTHBROOK
4101 LAKE COOK ROAD
NORTHBROOK, IL. 60062

Reference Numbers Facility ID 6019723
Health Service Area 007 Planning Service Area 702

Administrator
Amy Saltzman

Contact Person and Telephone
JAN POELKER
314/994-9070x3025

Date Completed
4/3/2013

Registered Agent Information
Dan Maher
412 East Lawrence Ave
Springfield, IL 62703

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	13
Blood Disorders	1
*Nervous System Non Alzheimer	13
Alzheimer Disease	32
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	3
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	14
Injuries and Poisonings	2
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	125

Total Residents Diagnosed as Mentally Ill 3

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	147	147	134	147	125	22	147	137
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	147	147	134	147	125	22	147	137

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	128
Total Admissions 2011	143
Total Discharges 2011	146
Residents on 12/31/2011	125
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4070	7.6%	37735	75.5%	0	0	5500	0	47305	88.2%	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	4070	7.6%	37735	75.5%	0	0	5500	0	47305	88.2%	88.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	4	0	0	0	0	0	0	0	4	4
65 to 74	3	2	0	0	0	0	0	0	3	2	5
75 to 84	9	25	0	0	0	0	0	0	9	25	34
85+	15	66	0	0	0	0	0	0	15	66	81
TOTALS	27	98	0	0	0	0	0	0	27	98	125

ROSEWOOD CARE CENTER - NORTHBROOK
4101 LAKE COOK ROAD
NORTHBROOK, IL. 60062

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	102	0	0	11	0	125
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	102	0	0	11	0	125

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	188	143
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	123	0	0	0	123
Race Unknown	0	0	0	0	0
Total	125	0	0	0	125

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	122	0	0	0	122
Ethnicity Unknown	0	0	0	0	0
Total	125	0	0	0	125

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	14.00
Certified Aides	47.00
Other Health Staff	16.00
Non-Health Staff	37.00
Totals	133.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
33.9%	56.0%	0.0%	0.0%	10.0%	100.0%		0.0%
3,114,777	5,147,624	0	0	922,117	9,184,518	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSEWOOD CARE CENTER OF ALTON
3490 HUMBERT ROAD
ALTON, IL. 62002

Reference Numbers Facility ID 6012074
Health Service Area 011 Planning Service Area 119

Administrator
Kim Cornell

Contact Person and Telephone
JAN POELKER
314/994-9070

Date Completed
4/10/2013

Registered Agent Information
Daniel Maher
412 W. Lawrence Ave
Springfield, IL 62703

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	3
*Nervous System Non Alzheimer	5
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	26
Respiratory System	11
Digestive System	4
Genitourinary System Disorders	8
Skin Disorders	5
Musculo-skeletal Disorders	5
Injuries and Poisonings	10
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	98

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	180	180	109	180	98	82	48	58
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	180	180	109	180	98	82	48	58

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	96
Total Admissions 2011	334
Total Discharges 2011	332
Residents on 12/31/2011	98
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6060	34.6%	9316	44.0%	0	819	19853	0	36048	54.9%	54.9%
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	6060	34.6%	9316	44.0%	0	819	19853	0	36048	54.9%	54.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	3	0	0	0	0	0	0	0	3	0	3
75 to 84	9	24	0	0	0	0	0	0	9	24	33
85+	10	49	0	0	0	0	0	0	10	49	59
TOTALS	23	75	0	0	0	0	0	0	23	75	98

ROSEWOOD CARE CENTER OF ALTON
3490 HUMBERT ROAD
ALTON, IL. 62002

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	24	0	0	58	0	98
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	24	0	0	58	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	162	137
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	97	0	0	0	97
Race Unknown	0	0	0	0	0
Total	98	0	0	0	98

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	98	0	0	0	98
Ethnicity Unknown	0	0	0	0	0
Total	98	0	0	0	98

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	15.00
Certified Aides	59.00
Other Health Staff	6.00
Non-Health Staff	52.00
Totals	144.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
41.2%	13.5%	0.0%	4.1%	41.2%	100.0%		0.0%
3,295,967	1,076,947	0	324,974	3,295,800	7,993,688	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSEWOOD CARE CENTER OF EDWARDSVILLE
6277 CENTER GROVE ROAD
EDWARDSVILLE, IL. 62025

Reference Numbers Facility ID 6014401
Health Service Area 011 Planning Service Area 119

Administrator
Gail Kimmle

Contact Person and Telephone
JAN POELKER
314/994-9070x3025

Date Completed
4/3/2013

Registered Agent Information
Dan Maher
412 E. Lawrence Ave
Springfield, IL 62703

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	19
Respiratory System	8
Digestive System	2
Genitourinary System Disorders	6
Skin Disorders	3
Musculo-skeletal Disorders	7
Injuries and Poisonings	12
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	69

Total Residents Diagnosed as Mentally Ill 7

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	120	80	120	69	51	58	58
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	80	120	69	51	58	58

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	66
Total Admissions 2011	306
Total Discharges 2011	303
Residents on 12/31/2011	69
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5827	27.5%	9750	46.1%	0	1341	9478	0	26396	60.3%	60.3%
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	5827	27.5%	9750	46.1%	0	1341	9478	0	26396	60.3%	60.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	4	0	0	0	0	0	0	0	4	4
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	8	15	0	0	0	0	0	0	8	15	23
85+	9	29	0	0	0	0	0	0	9	29	38
TOTALS	19	50	0	0	0	0	0	0	19	50	69

ROSEWOOD CARE CENTER OF EDWARDSVILLE
6277 CENTER GROVE ROAD
EDWARDSVILLE, IL. 62025

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	27	0	1	28	0	69
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	27	0	1	28	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	166	137
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	61	0	0	0	61
Race Unknown	0	0	0	0	0
Total	69	0	0	0	69

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	69	0	0	0	69
Ethnicity Unknown	0	0	0	0	0
Total	69	0	0	0	69

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	9.00
Certified Aides	40.00
Other Health Staff	6.00
Non-Health Staff	46.00
Totals	113.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
50.3%	17.1%	0.0%	4.7%	27.8%	100.0%		0.0%
3,017,161	1,024,421	0	283,518	1,669,385	5,994,485	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSEWOOD CARE CENTER OF ELGIN
2355 ROYAL BOULEVARD
ELGIN, IL. 60123

Reference Numbers Facility ID 6014237
Health Service Area 008 Planning Service Area 089

Administrator
Peggy Aschenbrenner

Contact Person and Telephone
JAN POELKER
314/994-9070x3025

Date Completed
4/10/2013

Registered Agent Information
Daniel Maher
412 East Lawrence Ave.
Springfield, IL 62703

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	15
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	14
Digestive System	4
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	17
Injuries and Poisonings	10
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	102

Total Residents Diagnosed as Mentally Ill 6

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	139	139	120	139	102	37	67	59
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	139	139	120	139	102	37	67	59

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	102
Total Admissions 2011	528
Total Discharges 2011	528
Residents on 12/31/2011	102
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9890	40.4%	13530	62.8%	0	821	15813	0	40054	78.9%	78.9%
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	9890	40.4%	13530	62.8%	0	821	15813	0	40054	78.9%	78.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	6	0	0	0	0	0	0	2	6	8
75 to 84	7	18	0	0	0	0	0	0	7	18	25
85+	10	58	0	0	0	0	0	0	10	58	68
TOTALS	20	82	0	0	0	0	0	0	20	82	102

ROSEWOOD CARE CENTER OF ELGIN
2355 ROYAL BOULEVARD
ELGIN, IL. 60123

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	30	33	0	2	37	0	102
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	30	33	0	2	37	0	102

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	171	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	101	0	0	0	101
Race Unknown	0	0	0	0	0
Total	102	0	0	0	102

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	100	0	0	0	100
Ethnicity Unknown	0	0	0	0	0
Total	102	0	0	0	102

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	13.00
Certified Aides	50.00
Other Health Staff	9.00
Non-Health Staff	54.00
Totals	147.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
51.4%	18.2%	0.0%	2.3%	28.1%	100.0%		0.0%
5,039,951	1,787,709	0	226,548	2,756,172	9,810,380	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSEWOOD CARE CENTER OF GALESBURG
1250 WEST CARL SANDBURG DRIVE
GALESBURG, IL. 61401

Reference Numbers Facility ID 6010466
Health Service Area 002 Planning Service Area 095

Administrator
Jeff Howd

Contact Person and Telephone
JAN POELKER
314/994-9070x3025

Date Completed
4/3/2013

Registered Agent Information
Dan Maher
412 East Lawrence Ave
Springfield, IL 62703

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	34
Respiratory System	6
Digestive System	7
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	27
Injuries and Poisonings	5
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	97

Total Residents Diagnosed as Mentally Ill 17

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	180	180	107	180	97	83	180	180
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	180	180	107	180	97	83	180	180

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	106
Total Admissions 2011	194
Total Discharges 2011	203
Residents on 12/31/2011	97
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3735	5.7%	20929	31.9%	0	294	10490	0	35448	54.0%	54.0%
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	3735	5.7%	20929	31.9%	0	294	10490	0	35448	54.0%	54.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	5	1	0	0	0	0	0	0	5	1	6
75 to 84	12	20	0	0	0	0	0	0	12	20	32
85+	12	44	0	0	0	0	0	0	12	44	56
TOTALS	29	68	0	0	0	0	0	0	29	68	97

ROSEWOOD CARE CENTER OF GALESBURG
1250 WEST CARL SANDBURG DRIVE
GALESBURG, IL. 61401

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	54	0	2	27	0	97
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	54	0	2	27	0	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	156	133
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	1	0	0	0	1
White	92	0	0	0	92
Race Unknown	0	0	0	0	0
Total	97	0	0	0	97

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	96	0	0	0	96
Ethnicity Unknown	0	0	0	0	0
Total	97	0	0	0	97

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	19.00
Certified Aides	53.00
Other Health Staff	6.00
Non-Health Staff	49.00
Totals	134.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
27.0%	39.2%	0.0%	2.7%	31.1%	100.0%		0.0%
1,575,958	2,289,606	0	155,901	1,812,814	5,834,279	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSEWOOD CARE CENTER OF INVERNESS
1800 COLONIAL PARKWAY
INVERNESS, IL. 60067

Reference Numbers Facility ID 6014633
Health Service Area 007 Planning Service Area 701

Administrator
Patrick DiPaolo

Contact Person and Telephone
JAN POELKER
314/994-9070x3025

Date Completed
4/10/2013

Registered Agent Information
Daniel Maher
412 East Lawrence Ave
Springfield, IL 62703

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	20
Mental Illness	0
Developmental Disability	0
Circulatory System	19
Respiratory System	30
Digestive System	10
Genitourinary System Disorders	8
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	101

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	142	142	105	142	101	41	40	58
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	142	142	105	142	101	41	40	58

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	83
Total Admissions 2011	419
Total Discharges 2011	401
Residents on 12/31/2011	101
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7975	54.6%	11129	52.6%	0	464	14113	0	33681	65.0%	65.0%
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	7975	54.6%	11129	52.6%	0	464	14113	0	33681	65.0%	65.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	1	9	0	0	0	0	0	0	1	9	10
75 to 84	18	48	0	0	0	0	0	0	18	48	66
85+	10	14	0	0	0	0	0	0	10	14	24
TOTALS	29	72	0	0	0	0	0	0	29	72	101

ROSEWOOD CARE CENTER OF INVERNESS
1800 COLONIAL PARKWAY
INVERNESS, IL. 60067

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	26	34	0	1	40	0	101
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	26	34	0	1	40	0	101

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	161	143
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	101	0	0	0	101
Race Unknown	0	0	0	0	0
Total	101	0	0	0	101

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	101	0	0	0	101
Ethnicity Unknown	0	0	0	0	0
Total	101	0	0	0	101

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	9.00
Certified Aides	42.00
Other Health Staff	10.00
Non-Health Staff	43.00
Totals	124.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
48.7%	18.0%	0.0%	2.7%	30.6%	100.0%		0.0%
4,153,791	1,536,252	0	232,226	2,610,846	8,533,115	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSEWOOD CARE CENTER OF JOLIET
3401 HENNEPIN DRIVE
JOLIET, IL. 60431

Reference Numbers Facility ID 6012835
Health Service Area 009 Planning Service Area 197

Administrator
William Matjasich

Contact Person and Telephone
JAN POELKER
314/994-9070x3025

Date Completed
4/2/2013

Registered Agent Information
Dan Maher
412 E. Lawrence
Springfield, IL 62703

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	11
Digestive System	6
Genitourinary System Disorders	10
Skin Disorders	3
Musculo-skeletal Disorders	15
Injuries and Poisonings	7
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	82

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	120	101	120	82	38	58	34
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	101	120	82	38	58	34

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	84
Total Admissions 2011	585
Total Discharges 2011	587
Residents on 12/31/2011	82
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	11878	56.1%	5609	45.2%	0	1590	12976	0	32053	73.2%	73.2%
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	11878	56.1%	5609	45.2%	0	1590	12976	0	32053	73.2%	73.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	1	0	0	0	0	0	0	2	1	3
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	1	4	0	0	0	0	0	0	1	4	5
75 to 84	6	15	0	0	0	0	0	0	6	15	21
85+	14	35	0	0	0	0	0	0	14	35	49
TOTALS	25	57	0	0	0	0	0	0	25	57	82

ROSEWOOD CARE CENTER OF JOLIET
3401 HENNEPIN DRIVE
JOLIET, IL. 60431

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	15	0	6	36	0	82
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	25	15	0	6	36	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	168	148
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	81	0	0	0	81
Race Unknown	0	0	0	0	0
Total	82	0	0	0	82

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	79	0	0	0	79
Ethnicity Unknown	0	0	0	0	0
Total	82	0	0	0	82

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	9.00
Certified Aides	42.00
Other Health Staff	12.00
Non-Health Staff	35.00
Totals	118.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
64.5%	7.7%	0.0%	7.3%	20.5%	100.0%		0.0%
6,646,916	790,626	0	748,277	2,112,892	10,298,711	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSEWOOD CARE CENTER OF MOLINE
7300 34TH AVENUE
MOLINE, IL. 61265

Reference Numbers Facility ID 6012587
Health Service Area 010 Planning Service Area 161

Administrator
Julie Schmidgall

Contact Person and Telephone
JAN POELKER
314/994-9070 x 3025

Date Completed
4/3/2013

Registered Agent Information
Dan Maher
412 East Lawrence Ave
Springfield, IL 62703

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	8
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	10
Other Medical Conditions	9
Non-Medical Conditions	3
TOTALS	73

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	120	80	120	73	47	58	58
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	80	120	73	47	58	58

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	68
Total Admissions 2011	364
Total Discharges 2011	359
Residents on 12/31/2011	73
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5855	27.7%	9288	43.9%	0	1787	7290	0	24220	55.3%	55.3%
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	5855	27.7%	9288	43.9%	0	1787	7290	0	24220	55.3%	55.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	1	0	0	0	0	0	0	3	1	4
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	5	8	0	0	0	0	0	0	5	8	13
75 to 84	4	10	0	0	0	0	0	0	4	10	14
85+	7	34	0	0	0	0	0	0	7	34	41
TOTALS	20	53	0	0	0	0	0	0	20	53	73

ROSEWOOD CARE CENTER OF MOLINE
7300 34TH AVENUE
MOLINE, IL. 61265

Reference Numbers Facility ID **Health Service Area** 010 **Planning Service Area** 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	24	0	4	29	0	73
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	24	0	4	29	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	158	143
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	72	0	0	0	72
Race Unknown	0	0	0	0	0
Total	73	0	0	0	73

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	72	0	0	0	72
Ethnicity Unknown	0	0	0	0	0
Total	73	0	0	0	73

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	13.00
Certified Aides	36.00
Other Health Staff	8.00
Non-Health Staff	41.00
Totals	108.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
48.2%	16.7%	0.0%	13.0%	22.1%	100.0%		0.0%
3,079,594	1,070,291	0	828,329	1,412,856	6,391,070	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSEWOOD CARE CENTER OF PEORIA
1500 WEST NORTHMOOR ROAD
PEORIA, IL. 61614

Reference Numbers Facility ID 6012165
Health Service Area 002 Planning Service Area 143

Administrator
Tim Bledsoe

Contact Person and Telephone
JAN POELKER
314/994-9070x3025

Date Completed
4/16/2013

Registered Agent Information
Daniel Maher
412 East Lawrence Ave.
Springfield, IL 62703

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	63
Non-Medical Conditions	0
TOTALS	68

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	120	91	120	68	52	52	42
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	91	120	68	52	52	42

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	88
Total Admissions 2011	316
Total Discharges 2011	336
Residents on 12/31/2011	68
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7257	38.2%	10240	66.8%	0	1124	10123	0	28744	65.6%	65.6%
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	7257	38.2%	10240	66.8%	0	1124	10123	0	28744	65.6%	65.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	7	0	0	0	0	0	0	3	7	10
75 to 84	7	12	0	0	0	0	0	0	7	12	19
85+	9	30	0	0	0	0	0	0	9	30	39
TOTALS	19	49	0	0	0	0	0	0	19	49	68

ROSEWOOD CARE CENTER OF PEORIA
1500 WEST NORTHMOOR ROAD
PEORIA, IL. 61614

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	26	0	6	28	0	68
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	26	0	6	28	0	68

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	173	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	0	0	0	0	0
Total	68	0	0	0	68

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	68	0	0	0	68
Ethnicity Unknown	0	0	0	0	0
Total	68	0	0	0	68

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	11.00
Certified Aides	45.00
Other Health Staff	8.00
Non-Health Staff	43.00
Totals	115.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
51.0%	15.4%	0.0%	7.9%	25.6%	100.0%		0.0%
3,843,744	1,159,812	0	596,925	1,931,733	7,532,214	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSEWOOD CARE CENTER OF ROCKFORD
1660 SOUTH MULFORD
ROCKFORD, IL. 61108

Reference Numbers Facility ID 6014658
Health Service Area 001 Planning Service Area 201

Administrator
Bart Becker

Contact Person and Telephone
JAN POELKER
314/994-9070x3025

Date Completed
4/11/2013

Registered Agent Information
Daniel Maher
412 East Lawrence Ave
Springfield, IL 62703

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	16
Respiratory System	5
Digestive System	3
Genitourinary System Disorders	11
Skin Disorders	4
Musculo-skeletal Disorders	9
Injuries and Poisonings	9
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	77

Total Residents Diagnosed as Mentally Ill 3

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	120	81	120	77	43	58	58
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	81	120	77	43	58	58

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	70
Total Admissions 2011	363
Total Discharges 2011	356
Residents on 12/31/2011	77
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5455	25.8%	11753	55.5%	0	1059	8233	0	26500	60.5%	60.5%
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	5455	25.8%	11753	55.5%	0	1059	8233	0	26500	60.5%	60.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	1	0	0	0	0	0	0	2	1	3
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	5	8	0	0	0	0	0	0	5	8	13
75 to 84	5	14	0	0	0	0	0	0	5	14	19
85+	8	33	0	0	0	0	0	0	8	33	41
TOTALS	21	56	0	0	0	0	0	0	21	56	77

ROSEWOOD CARE CENTER OF ROCKFORD
1660 SOUTH MULFORD
ROCKFORD, IL. 61108

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	24	0	5	30	0	77
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	24	0	5	30	0	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	143
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	71	0	0	0	71
Race Unknown	0	0	0	0	0
Total	77	0	0	0	77

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	77	0	0	0	77
Ethnicity Unknown	0	0	0	0	0
Total	77	0	0	0	77

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	7.00
Certified Aides	39.00
Other Health Staff	8.00
Non-Health Staff	42.00
Totals	113.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
49.4%	23.3%	0.0%	7.0%	20.3%	100.0%		0.0%
3,128,407	1,475,228	0	445,311	1,283,124	6,332,070	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSEWOOD CARE CENTER OF ST. CHARLES
850 DUNHAM ROAD
ST. CHARLES, IL. 60174

Reference Numbers Facility ID 6014666
Health Service Area 008 Planning Service Area 089

Administrator
Ivy Gleeson

Contact Person and Telephone
JAN POELKER
314/994-9070x3025

Date Completed
4/15/2013

Registered Agent Information
Daniel Maher
412 East Lawrence Ave
Springfield, IL 62703

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System Non Alzheimer	11
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	8
Digestive System	3
Genitourinary System Disorders	9
Skin Disorders	4
Musculo-skeletal Disorders	10
Injuries and Poisonings	8
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	81

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	109	109	85	109	81	28	33	58
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	109	109	85	109	81	28	33	58

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	72
Total Admissions 2011	332
Total Discharges 2011	323
Residents on 12/31/2011	81
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5398	44.8%	11370	53.7%	0	555	10467	0	27790	69.9%	69.9%
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	5398	44.8%	11370	53.7%	0	555	10467	0	27790	69.9%	69.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	8	0	0	0	0	0	0	2	8	10
75 to 84	5	17	0	0	0	0	0	0	5	17	22
85+	8	38	0	0	0	0	0	0	8	38	46
TOTALS	16	65	0	0	0	0	0	0	16	65	81

ROSEWOOD CARE CENTER OF ST. CHARLES
850 DUNHAM ROAD
ST. CHARLES, IL. 60174

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	35	0	2	29	0	81
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	35	0	2	29	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	177	149
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	81	0	0	0	81
Race Unknown	0	0	0	0	0
Total	81	0	0	0	81

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	80	0	0	0	80
Ethnicity Unknown	0	0	0	0	0
Total	81	0	0	0	81

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	14.00
Certified Aides	42.00
Other Health Staff	15.00
Non-Health Staff	39.00
Totals	121.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
45.4%	23.5%	0.0%	2.5%	28.6%	100.0%		0.0%
2,994,383	1,548,680	0	165,752	1,888,241	6,597,056	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSEWOOD CARE CENTER OF SWANSEA
100 ROSEWOOD VILLAGE DRIVE
SWANSEA, IL. 62226

Reference Numbers Facility ID 6010391
Health Service Area 011 Planning Service Area 163

Administrator
Ken Kaburek

Contact Person and Telephone
JAN POELKER
314/994-9070x3025

Date Completed
4/5/2013

Registered Agent Information
Daniel Maher
412 East Lawrence Ave
Springfield, IL 62703

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	29
Mental Illness	2
Developmental Disability	0
Circulatory System	11
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	12
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	74

Total Residents Diagnosed as Mentally Ill 2

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	120	108	120	74	46	58	10
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	108	120	74	46	58	10

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	99
Total Admissions 2011	444
Total Discharges 2011	469
Residents on 12/31/2011	74
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8650	40.9%	3124	85.6%	0	1368	20833	0	33975	77.6%	77.6%
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	8650	40.9%	3124	85.6%	0	1368	20833	0	33975	77.6%	77.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	7	11	0	0	0	0	0	0	7	11	18
85+	18	32	0	0	0	0	0	0	18	32	50
TOTALS	28	46	0	0	0	0	0	0	28	46	74

ROSEWOOD CARE CENTER OF SWANSEA
100 ROSEWOOD VILLAGE DRIVE
SWANSEA, IL. 62226

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	7	0	5	52	0	74
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	7	0	5	52	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	144
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	71	0	0	0	71
Race Unknown	0	0	0	0	0
Total	74	0	0	0	74

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	74	0	0	0	74
Ethnicity Unknown	0	0	0	0	0
Total	74	0	0	0	74

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	14.00
Certified Aides	50.00
Other Health Staff	9.00
Non-Health Staff	42.00
Totals	128.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
50.3%	4.2%	0.0%	3.6%	41.9%	100.0%		0.0%
4,351,510	362,026	0	312,204	3,627,627	8,653,367	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROSICLARE REHAB & HLTHCARE CTR
P.O. BOX 220
ROSICLARE, IL. 62982

Reference Numbers Facility ID 6003065
Health Service Area 005 Planning Service Area 069

Administrator
Lucinda Spivey

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
3/27/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	18
Mental Illness	2
Developmental Disability	0
Circulatory System	10
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	53
Total Residents Diagnosed as Mentally Ill	28

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	62	62	55	62	53	9	62	62
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	62	62	55	62	53	9	62	62

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	44
Total Admissions 2011	40
Total Discharges 2011	31
Residents on 12/31/2011	53
Identified Offenders	3

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1921	8.5%	13124	58.0%	310	116	2450	0	17921	79.2%	79.2%
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	1921	8.5%	13124	58.0%	310	116	2450	0	17921	79.2%	79.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	4	3	0	0	0	0	0	0	4	3	7
75 to 84	5	10	0	0	0	0	0	0	5	10	15
85+	11	18	0	0	0	0	0	0	11	18	29
TOTALS	21	32	0	0	0	0	0	0	21	32	53

ROSICLARE REHAB & HLTHCARE CTR
P.O. BOX 220
ROSICLARE, IL. 62982

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 069

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	38	0	0	6	0	53
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	38	0	0	6	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	107	102
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	53	0	0	0	53
Race Unknown	0	0	0	0	0
Total	53	0	0	0	53

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	53	0	0	0	53
Ethnicity Unknown	0	0	0	0	0
Total	53	0	0	0	53

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	5.00
Certified Aides	11.00
Other Health Staff	0.00
Non-Health Staff	13.00
Totals	35.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
16.2%	72.9%	0.0%	0.0%	10.9%	100.0%		0.3%
345,886	1,555,087	-570	0	231,476	2,131,879	6,935	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROY COURT
362 ROY STREET
BOURBONNAIS, IL. 60914

Reference Numbers Facility ID 6014070
Health Service Area 009 Planning Service Area 091

Administrator
Jennifer Allsopp

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Registered Agent Information
J. Michael Bibo
285 S. Farnham St.
Galesburg, IL 61401

Date Completed
4/6/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	6
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	6
Total Admissions 2011	2
Total Discharges 2011	2
Residents on 12/31/2011	6
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			2196	######	0	0	0	0	2196	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2196	######	0	0	0	0	2196	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	2	0	0	0	2	2
45 to 59	0	0	0	0	2	0	0	0	2	0	2
60 to 64	0	0	0	0	2	0	0	0	2	0	2
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	4	2	0	0	4	2	6

ROY COURT
362 ROY STREET
BOURBONNAIS, IL. 60914

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	180
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	5	0	5
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	5	0	5
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	7.00
Other Health Staff	0.33
Non-Health Staff	0.00
Totals	8.17

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	93.4%	0.0%	0.0%	6.6%	100.0%		0.0%
0	344,716	0	0	24,243	368,959	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROYAL LIVING CENTER, INC.
200 SOUTH 9TH STREET
NEW BADEN, IL. 62265

Reference Numbers Facility ID 6008296
Health Service Area 011 Planning Service Area 027

Administrator
bob krebs

Contact Person and Telephone
JESSSICA DOW

Registered Agent Information

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	0
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	0	0	0	0	16		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	0	0	0	0	16	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			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%	0	0	0	0	0	0.0%	0.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	0	0	0	0	0	0

ROYAL LIVING CENTER, INC.
200 SOUTH 9TH STREET
NEW BADEN, IL. 62265

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 027

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	0	0	0

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	0	0	0	0	0
Total	0	0	0	0	0

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	12.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	14.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ROYAL OAKS CARE CENTER
605 EAST CHURCH P.O. BOX 600
KEWANEE, IL. 61443

Reference Numbers Facility ID 6005029
Health Service Area 010 Planning Service Area 073

Administrator
Angela L. Ince

Contact Person and Telephone
Marikay L. Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
4/1/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	18
Alzheimer Disease	12
Mental Illness	51
Developmental Disability	1
Circulatory System	15
Respiratory System	21
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	137

Total Residents Diagnosed as Mentally Ill 51

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	200	200	144	200	137	63	200	200
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	200	200	144	200	137	63	200	200

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	142
Total Admissions 2011	123
Total Discharges 2011	128
Residents on 12/31/2011	137
Identified Offenders	18

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1081	1.5%	42305	58.0%	2420	138	3660	0	49604	68.0%	68.0%
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	1081	1.5%	42305	58.0%	2420	138	3660	0	49604	68.0%	68.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	6	2	0	0	0	0	0	0	6	2	8
45 to 59	26	17	0	0	0	0	0	0	26	17	43
60 to 64	13	6	0	0	0	0	0	0	13	6	19
65 to 74	8	21	0	0	0	0	0	0	8	21	29
75 to 84	8	15	0	0	0	0	0	0	8	15	23
85+	4	11	0	0	0	0	0	0	4	11	15
TOTALS	65	72	0	0	0	0	0	0	65	72	137

ROYAL OAKS CARE CENTER
605 EAST CHURCH P.O. BOX 600
KEWANEE, IL. 61443

Reference Numbers Facility ID **Health Service Area** 010 **Planning Service Area** 073

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	116	9	0	10	0	137
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	116	9	0	10	0	137

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	125
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	129	0	0	0	129
Race Unknown	0	0	0	0	0
Total	137	0	0	0	137

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	133	0	0	0	133
Ethnicity Unknown	0	0	0	0	0
Total	137	0	0	0	137

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	16.00
Certified Aides	58.00
Other Health Staff	12.00
Non-Health Staff	44.00
Totals	139.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
3.0%	88.2%	0.0%	0.0%	8.7%	100.0%		0.4%
170,004	4,940,629	0	0	489,940	5,600,573	23,714	

*Charity Care Expense does not include expenses which may be considered a community benefit.

RUSH OAK PARK HOSPITAL
520 SOUTH MAPLE AVENUE
OAK PARK, IL. 60304

Reference Numbers Facility ID 6010615
Health Service Area 007 Planning Service Area 704

Administrator
KAREN MAYER

Contact Person and Telephone
Elvy Yap
(708) 660-2030

Registered Agent Information

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	0
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	7
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 2

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	36	20	20	20	16	20	36	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	36	20	20	20	16	20	36	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	13
Total Admissions 2011	444
Total Discharges 2011	441
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5063	38.5%	0	0.0%	0	717	3	0	5783	44.0%	79.2%
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	5063	38.5%	0	0.0%	0	717	3	0	5783	44.0%	79.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	2	5	0	0	0	0	0	0	2	5	7
85+	1	3	0	0	0	0	0	0	1	3	4
TOTALS	4	12	0	0	0	0	0	0	4	12	16

RUSH OAK PARK HOSPITAL
520 SOUTH MAPLE AVENUE
OAK PARK, IL. 60304

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	0	0	2	1	0	16
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	0	0	2	1	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	610	610
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	11	0	0	0	11
Race Unknown	2	0	0	0	2
Total	16	0	0	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	16	0	0	0	16
Ethnicity Unknown	0	0	0	0	0
Total	16	0	0	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.50
Physicians	0.00
Director of Nursing	0.50
Registered Nurses	8.75
LPN's	1.00
Certified Aides	9.98
Other Health Staff	0.00
Non-Health Staff	3.88
Totals	24.61

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SACRED HEART HOME
1550 SOUTH ALBANY
CHICAGO, IL. 60623

Reference Numbers Facility ID 6008320
Health Service Area 006 Planning Service Area 602

Administrator
Mardy Gibbs

Contact Person and Telephone
MARDY GIBBS
(773) 277-6868

Date Completed
4/16/2013

Registered Agent Information
PETER J. O'BRIEN
1541 N. WELLS STREET
Chicago, IL 60610

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	145
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	145
Total Residents Diagnosed as Mentally Ill	145

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	172	172	145	172	145	27	0	172
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	172	172	145	172	145	27	0	172

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	120
Total Admissions 2011	164
Total Discharges 2011	139
Residents on 12/31/2011	145
Identified Offenders	50

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	47431	75.6%	0	0	788	0	48219	76.8%	76.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	47431	75.6%	0	0	788	0	48219	76.8%	76.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	37	16	0	0	0	0	0	0	37	16	53
45 to 59	35	26	0	0	0	0	0	0	35	26	61
60 to 64	15	2	0	0	0	0	0	0	15	2	17
65 to 74	9	5	0	0	0	0	0	0	9	5	14
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	96	49	0	0	0	0	0	0	96	49	145

SACRED HEART HOME
1550 SOUTH ALBANY
CHICAGO, IL. 60623

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	144	0	0	1	0	145
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	144	0	0	1	0	145

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	122	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	104	0	0	0	104
Hawaiian/Pacific Isl.	0	0	0	0	0
White	40	0	0	0	40
Race Unknown	0	0	0	0	0
Total	145	0	0	0	145

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	139	0	0	0	139
Ethnicity Unknown	0	0	0	0	0
Total	145	0	0	0	145

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	11.00
Certified Aides	28.00
Other Health Staff	6.00
Non-Health Staff	78.00
Totals	132.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	98.1%	0.0%	0.0%	1.9%	100.0%		0.0%
0	5,168,691	0	0	101,076	5,269,767	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SALEM VILLAGE NURSING & REHABILITATION
1314 ROWELL AVENUE
JOLIET, IL. 60433

Reference Numbers Facility ID 6008338
Health Service Area 009 Planning Service Area 197

Administrator
KELLY HOOPER-COVARRRUBIAS

Contact Person and Telephone
KELLY COVARRUBIAS, RN
815-727-5451

Date Completed
4/18/2013

Registered Agent Information
BRYAN KOPMAN
111 N OTTAWA
Joliet, IL 60432

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	12
Endocrine/Metabolic	13
Blood Disorders	2
*Nervous System Non Alzheimer	2
Alzheimer Disease	19
Mental Illness	18
Developmental Disability	2
Circulatory System	73
Respiratory System	30
Digestive System	7
Genitourinary System Disorders	19
Skin Disorders	9
Musculo-skeletal Disorders	10
Injuries and Poisonings	7
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	223
Total Residents Diagnosed as Mentally Ill	88

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	266	266	225	266	219	47	230	266
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	6	6	4	6	4	2		
TOTAL BEDS	272	272	229	272	223	49	230	266

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	212
Total Admissions 2011	254
Total Discharges 2011	243
Residents on 12/31/2011	223
Identified Offenders	5

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12743	15.2%	49792	51.3%	0	1201	12123	0	75859	78.1%	78.1%
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	1175	0	1175	53.7%	53.7%
TOTALS	12743	15.2%	49792	51.3%	0	1201	13298	0	77034	77.6%	77.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	5	4	0	0	0	0	0	0	5	4	9
45 to 59	11	10	0	0	0	0	0	0	11	10	21
60 to 64	3	12	0	0	0	0	0	0	3	12	15
65 to 74	24	25	0	0	0	0	1	0	25	25	50
75 to 84	19	43	0	0	0	0	1	0	20	43	63
85+	12	51	0	0	0	0	0	2	12	53	65
TOTALS	74	145	0	0	0	0	2	2	76	147	223

SALEM VILLAGE NURSING & REHABILITATION
1314 ROWELL AVENUE
JOLIET, IL. 60433

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	39	134	0	5	41	0	219
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	4	0	4
TOTALS	39	134	0	5	45	0	223

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	203	183
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	168	163

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	46	0	0	0	46
Hawaiian/Pacific Isl.	0	0	0	0	0
White	171	0	0	4	175
Race Unknown	0	0	0	0	0
Total	219	0	0	4	223

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	12	0	0	0	12
Non-Hispanic	207	0	0	4	211
Ethnicity Unknown	0	0	0	0	0
Total	219	0	0	4	223

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.00
LPN's	26.00
Certified Aides	71.00
Other Health Staff	0.00
Non-Health Staff	86.00
Totals	206.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
31.9%	49.8%	2.9%	6.5%	8.9%	100.0%		0.0%
5,522,623	8,622,910	501,462	1,123,727	1,548,108	17,318,830	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SALINE CARE CENTER LLC
120 SOUTH LAND STREET
HARRISBURG, IL. 62946

Reference Numbers Facility ID 6008346
Health Service Area 005 Planning Service Area 059

Administrator
JENNY PIERCE

Contact Person and Telephone
JENNY PIERCE
618-252-7405

Registered Agent Information

Date Completed
4/8/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	2
*Nervous System Non Alzheimer	5
Alzheimer Disease	23
Mental Illness	33
Developmental Disability	0
Circulatory System	11
Respiratory System	13
Digestive System	9
Genitourinary System Disorders	7
Skin Disorders	3
Musculo-skeletal Disorders	18
Injuries and Poisonings	3
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	135

Total Residents Diagnosed as Mentally Ill 44

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	142	142	142	142	135	7	72	142
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	142	142	142	142	135	7	72	142

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	134
Total Admissions 2011	83
Total Discharges 2011	82
Residents on 12/31/2011	135
Identified Offenders	6

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3005	11.4%	40468	78.1%	0	0	6748	0	50221	96.9%	96.9%
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	3005	11.4%	40468	78.1%	0	0	6748	0	50221	96.9%	96.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	6	11	0	0	0	0	0	0	6	11	17
60 to 64	4	9	0	0	0	0	0	0	4	9	13
65 to 74	13	20	0	0	0	0	0	0	13	20	33
75 to 84	11	25	0	0	0	0	0	0	11	25	36
85+	5	31	0	0	0	0	0	0	5	31	36
TOTALS	39	96	0	0	0	0	0	0	39	96	135

SALINE CARE CENTER LLC
120 SOUTH LAND STREET
HARRISBURG, IL. 62946

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 059

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	102	0	0	25	0	135
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	102	0	0	25	0	135

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	120	115
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	133	0	0	0	133
Race Unknown	0	0	0	0	0
Total	135	0	0	0	135

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	135	0	0	0	135
Ethnicity Unknown	0	0	0	0	0
Total	135	0	0	0	135

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	16.50
Certified Aides	46.50
Other Health Staff	0.00
Non-Health Staff	49.00
Totals	120.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
18.4%	54.3%	0.2%	3.1%	24.1%	100.0%		0.0%
1,305,700	3,843,691	13,494	217,472	1,704,507	7,084,864	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW 5/7/2012 Change of ownership occurred.

SANDWICH REHAB & HLTHCARE
902 EAST ARNOLD STREET
SANDWICH, IL. 60548

Reference Numbers Facility ID 6008213
Health Service Area 001 Planning Service Area 037

Administrator
Jason Young

Contact Person and Telephone
Marikay Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
3/28/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	20
Mental Illness	4
Developmental Disability	1
Circulatory System	0
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	1
TOTALS	49

Total Residents Diagnosed as Mentally Ill 4

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	63	53	49	53	49	14	0	63
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	63	53	49	53	49	14	0	63

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	47
Total Admissions 2011	72
Total Discharges 2011	70
Residents on 12/31/2011	49
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1564	0.0%	8995	39.1%	687	462	4764	0	16472	71.6%	85.1%
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	1564	0.0%	8995	39.1%	687	462	4764	0	16472	71.6%	85.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	4	0	0	0	0	0	0	0	4	4
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	6	2	0	0	0	0	0	0	6	2	8
75 to 84	6	9	0	0	0	0	0	0	6	9	15
85+	5	16	0	0	0	0	0	0	5	16	21
TOTALS	18	31	0	0	0	0	0	0	18	31	49

SANDWICH REHAB & HLTHCARE
902 EAST ARNOLD STREET
SANDWICH, IL. 60548

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 037

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	23	0	4	17	0	49
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	23	0	4	17	0	49

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	49	0	0	0	49
Race Unknown	0	0	0	0	0
Total	49	0	0	0	49

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	48	0	0	0	48
Ethnicity Unknown	0	0	0	0	0
Total	49	0	0	0	49

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	1.00
Certified Aides	8.00
Other Health Staff	0.00
Non-Health Staff	11.00
Totals	28.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
19.8%	51.9%	0.0%	0.0%	28.3%	100.0%		0.1%
457,214	1,199,594	0	0	654,620	2,311,428	2,362	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SCHULTZ HOUSE
340 BRYAN AVENUE
DANVILLE, IL. 61832

Reference Numbers Facility ID 6012231
Health Service Area 004 Planning Service Area 183

Administrator
Tara Wright

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Registered Agent Information
J. Michael Bibo
285 S. Farnham St.
Galesburg, IL 61401

Date Completed
4/6/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	1
Total Discharges 2011	2
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5475	93.8%	0	0	0	0	5475	93.8%	93.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5475	93.8%	0	0	0	0	5475	93.8%	93.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	4	0	0	2	4	6
45 to 59	0	0	0	0	1	6	0	0	1	6	7
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	1	0	0	0	1	0	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	5	10	0	0	5	10	15

SCHULTZ HOUSE
340 BRYAN AVENUE
DANVILLE, IL. 61832

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 183

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	113
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	81.7%	1.2%	0.0%	17.1%	100.0%		0.0%
0	527,336	7,969	0	110,519	645,824	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SCHWAB REHABILITATION HOSPITAL
1401 S. CALIFORNIA AVENUE
CHICAGO, IL. 60608

Reference Numbers Facility ID 9606001
Health Service Area 006 Planning Service Area 602

Administrator
Anita Halvorsen, FACHE

Contact Person and Telephone
David Frankel
773-257-4215

Registered Agent Information

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	9

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	21	21	20	21	9	12	30	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	21	21	20	21	9	12	30	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	10
Total Admissions 2011	282
Total Discharges 2011	283
Residents on 12/31/2011	9
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2606	23.8%	0	0.0%	0	1068	0	444	4118	53.7%	53.7%
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	2606	23.8%	0	0.0%	0	1068	0	444	4118	53.7%	53.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	0	0	0	0	0	0	0	1	0	1
75 to 84	1	0	0	0	0	0	0	0	1	0	1
85+	2	3	0	0	0	0	0	0	2	3	5
TOTALS	5	4	0	0	0	0	0	0	5	4	9

SCHWAB REHABILITATION HOSPITAL
1401 S. CALIFORNIA AVENUE
CHICAGO, IL. 60608

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	0	0	3	0	1	9
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	0	0	3	0	1	9

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	686	563
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	1	0	0	0	1
Race Unknown	3	0	0	0	3
Total	9	0	0	0	9

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	6	0	0	0	6
Total	9	0	0	0	9

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	4.50
LPN's	3.70
Certified Aides	4.40
Other Health Staff	2.50
Non-Health Staff	0.00
Totals	18.10

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
55.9%	0.0%	0.0%	26.5%	17.7%	100.0%		0.8%
1,317,867	0	0	624,283	416,512	2,358,662	19,681	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SCOTT COUNTY NURSING HOME
650 NORTH MAIN ST.
WINCHESTER, IL. 62694

Reference Numbers Facility ID 6008395
Health Service Area 003 Planning Service Area 137

Administrator
DEBBIE O'DELL

Contact Person and Telephone
DEBBIE O'DELL
217-742-3101

Registered Agent Information

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	21
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	46
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	49	49	46	49	46	3	0	49
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	49	49	46	49	46	3	0	49

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	38
Total Admissions 2011	31
Total Discharges 2011	23
Residents on 12/31/2011	46
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1610	0.0%	7365	41.2%	0	0	5624	0	14599	81.6%	81.6%
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	1610	0.0%	7365	41.2%	0	0	5624	0	14599	81.6%	81.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	1	4	0	0	0	0	0	0	1	4	5
75 to 84	1	8	0	0	0	0	0	0	1	8	9
85+	9	22	0	0	0	0	0	0	9	22	31
TOTALS	12	34	0	0	0	0	0	0	12	34	46

SCOTT COUNTY NURSING HOME
650 NORTH MAIN ST.
WINCHESTER, IL. 62694

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 137

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	22	0	0	19	0	46
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	22	0	0	19	0	46

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	163	143
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	46	0	0	0	46
Race Unknown	0	0	0	0	0
Total	46	0	0	0	46

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	46	0	0	0	46
Ethnicity Unknown	0	0	0	0	0
Total	46	0	0	0	46

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.50
LPN's	10.50
Certified Aides	21.00
Other Health Staff	1.00
Non-Health Staff	18.00
Totals	55.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
23.4%	40.9%	0.2%	0.0%	35.5%	100.0%		0.0%
528,941	923,651	5,109	0	803,166	2,260,867	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SCOTTISH HOME
28TH & DES PLAINES AVENUE
NORTH RIVERSIDE, IL. 60546

Reference Numbers Facility ID 6008403
Health Service Area 007 Planning Service Area 704

Administrator
Lynn Elker

Contact Person and Telephone
LYNN ELKER
708-447-5092

Date Completed
4/17/2013

Registered Agent Information
William J. Campbell, Jr.
203 North LaSalle Street, #1900
Chicago, IL 60601

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	1
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	12
Mental Illness	11
Developmental Disability	0
Circulatory System	10
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	52
Total Residents Diagnosed as Mentally Ill	11

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	36	36	31	36	28	8	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	49	49	26	49	24	25		
TOTAL BEDS	85	85	57	85	52	33	0	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	50
Total Admissions 2011	30
Total Discharges 2011	28
Residents on 12/31/2011	52
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	10163	516	10679	81.3%	81.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	7799	731	8530	47.7%	47.7%
TOTALS	0	0.0%	0	0.0%	0	0	17962	1247	19209	61.9%	61.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	1	8	0	0	0	0	1	2	2	10	12
85+	4	15	0	0	0	0	3	18	7	33	40
TOTALS	5	23	0	0	0	0	4	20	9	43	52

SCOTTISH HOME
28TH & DES PLAINES AVENUE
NORTH RIVERSIDE, IL. 60546

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	28	1	29
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	21	2	23
TOTALS	0	0	0	0	49	3	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	262	219
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	154	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	29	0	0	23	52
Race Unknown	0	0	0	0	0
Total	29	0	0	23	52

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	29	0	0	23	52
Ethnicity Unknown	0	0	0	0	0
Total	29	0	0	23	52

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	0.00
Certified Aides	20.00
Other Health Staff	0.00
Non-Health Staff	33.00
Totals	64.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		4.8%
0	0	0	0	3,978,172	3,978,172	190,869	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SEABORG TERRACE
3024 ALIDA STREET
ROCKFORD, IL. 61101

Reference Numbers Facility ID 6010862
Health Service Area 001 Planning Service Area 201

Administrator
Steve Bennett

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/6/2013

Registered Agent Information
J. Michael Bibo
285 S. Farnham St.
Galesburg, IL 61401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5856	######	0	0	0	0	5856	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5856	######	0	0	0	0	5856	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	1	0	0	4	1	5
45 to 59	0	0	0	0	3	5	0	0	3	5	8
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	1	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

SEABORG TERRACE
3024 ALIDA STREET
ROCKFORD, IL. 61101

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	122
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	79.4%	0.0%	0.0%	20.6%	100.0%		0.0%
0	563,493	0	0	146,421	709,914	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SEARLES GROUP HOME
3310 SEARLES AVENUE
ROCKFORD, IL. 61101

Reference Numbers Facility ID 6008411
Health Service Area 001 Planning Service Area 201

Administrator
THERESA RISSER

Contact Person and Telephone
THERESA RISSER

Registered Agent Information

Date Completed
4/16/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	12

Total Residents Diagnosed as Mentally Ill 2

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	12	0		12
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	12	0	0	12

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	12
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	12
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4380	######	0	0	0	0	4380	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4380	######	0	0	0	0	4380	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	1	0	0	2	1	3
45 to 59	0	0	0	0	4	3	0	0	4	3	7
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	0	1	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	6	6	0	0	6	6	12

SEARLES GROUP HOME
3310 SEARLES AVENUE
ROCKFORD, IL. 61101

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	210	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.50
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.50
LPN's	0.00
Certified Aides	8.50
Other Health Staff	0.00
Non-Health Staff	0.50
Totals	10.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
77.0%	0.0%	0.0%	0.0%	23.0%	100.0%		0.0%
421,477	0	0	0	125,783	547,260	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SELFHELP HOME OF CHICAGO
908 WEST ARGYLE STREET
CHICAGO, IL. 60640

Reference Numbers Facility ID 6008460
Health Service Area 006 Planning Service Area 601

Administrator
Hedy Ciocci

Contact Person and Telephone
HEDY CIOCCI
773-271-0300

Date Completed
4/11/2013

Registered Agent Information
Mr. Austin Hirsch
10 S. Wacker Dr.
Chicago, IL 60606

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	21
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	62

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	65	65	65	65	62	3	30	65
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	65	65	65	65	62	3	30	65

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	62
Total Admissions 2011	121
Total Discharges 2011	121
Residents on 12/31/2011	62
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3239	29.6%	4328	18.2%	0	0	14152	0	21719	91.5%	91.5%
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	3239	29.6%	4328	18.2%	0	0	14152	0	21719	91.5%	91.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	0	0	0	0	0	0	0	2	0	2
75 to 84	4	8	0	0	0	0	0	0	4	8	12
85+	8	40	0	0	0	0	0	0	8	40	48
TOTALS	14	48	0	0	0	0	0	0	14	48	62

SELFHELP HOME OF CHICAGO
908 WEST ARGYLE STREET
CHICAGO, IL. 60640

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	11	0	0	41	0	62
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	11	0	0	41	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	251	216
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	62	0	0	0	62
Race Unknown	0	0	0	0	0
Total	62	0	0	0	62

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	62	0	0	0	62
Ethnicity Unknown	0	0	0	0	0
Total	62	0	0	0	62

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	4.00
Certified Aides	34.00
Other Health Staff	7.00
Non-Health Staff	24.00
Totals	83.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
28.5%	8.2%	0.0%	0.0%	63.3%	100.0%		0.0%
1,481,175	426,449	0	0	3,295,896	5,203,520	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SEMINARY MANOR
2345 NORTH SEMINARY STREET
GALESBURG, IL. 61401

Reference Numbers Facility ID 6010250
Health Service Area 002 Planning Service Area 095

Administrator
Tracy Owens

Contact Person and Telephone
TRACY OWENS
(309)344-1300

Registered Agent Information
Mike Bibo
285 S Farnum St
Galesburg, IL 61401

Date Completed
3/19/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	11
Digestive System	4
Genitourinary System Disorders	13
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	22
Non-Medical Conditions	0
TOTALS	93

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	121	121	116	121	93	28	121	105
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	121	121	116	121	93	28	121	105

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	94
Total Admissions 2011	390
Total Discharges 2011	391
Residents on 12/31/2011	93
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10427	23.6%	14083	36.7%	0	0	12296	0	36806	83.3%	83.3%
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	10427	23.6%	14083	36.7%	0	0	12296	0	36806	83.3%	83.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	3	10	0	0	0	0	0	0	3	10	13
75 to 84	9	16	0	0	0	0	0	0	9	16	25
85+	9	43	0	0	0	0	0	0	9	43	52
TOTALS	22	71	0	0	0	0	0	0	22	71	93

SEMINARY MANOR
2345 NORTH SEMINARY STREET
GALESBURG, IL. 61401

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	38	0	0	32	0	93
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	23	38	0	0	32	0	93

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	193	158
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	92	0	0	0	92
Race Unknown	0	0	0	0	0
Total	93	0	0	0	93

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	92	0	0	0	92
Ethnicity Unknown	0	0	0	0	0
Total	93	0	0	0	93

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	15.00
Certified Aides	53.00
Other Health Staff	21.00
Non-Health Staff	31.00
Totals	127.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
46.4%	16.7%	5.2%	5.7%	25.9%	100.0%		0.0%
4,158,152	1,497,068	461,908	514,531	2,323,411	8,955,070	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SEYMOUR TERRACE
1504 16TH STREET
NORTH CHICAGO, IL. 60064

Reference Numbers Facility ID 6014203
Health Service Area 008 Planning Service Area 097

Administrator
Billie Callahan

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Registered Agent Information
J. Michael Bibo
285 S. Farnham St.
Galesburg, IL 61401

Date Completed
4/6/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	6
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	6
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	6
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			2196	######	0	0	0	0	2196	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2196	######	0	0	0	0	2196	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	1	0	0	0	1	1
45 to 59	0	0	0	0	2	2	0	0	2	2	4
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	2	4	0	0	2	4	6

SEYMOUR TERRACE
1504 16TH STREET
NORTH CHICAGO, IL. 60064

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	204
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	5	0	5
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	5	0	5
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	7.00
Other Health Staff	0.33
Non-Health Staff	0.00
Totals	8.17

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	79.4%	0.0%	0.0%	20.6%	100.0%		0.0%
0	563,493	0	0	146,421	709,914	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SHADY OAKS EAST
16240 PARKER ROAD
HOMER GLEN, IL. 60491

Reference Numbers Facility ID 6014047
Health Service Area 009 Planning Service Area 197

Administrator
Kristen Stockle

Contact Person and Telephone
KRISTEN STOCKLE
7083016870

Date Completed
4/15/2013

Registered Agent Information
Craig Colmar
2002 E. Touhy Ave, STE#50
Des Plaines, IL 60018

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 2

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	1
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5445	93.2%	0	0	0	0	5445	93.2%	93.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5445	93.2%	0	0	0	0	5445	93.2%	93.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	0	0	0	4	0	4
45 to 59	0	0	0	0	6	1	0	0	6	1	7
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	2	1	0	0	2	1	3
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	13	2	0	0	13	2	15

SHADY OAKS EAST
16240 PARKER ROAD
HOMER GLEN, IL. 60491

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	194
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.50
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	1.25
Certified Aides	13.50
Other Health Staff	3.75
Non-Health Staff	2.00
Totals	21.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	86.4%	0.0%	0.0%	13.6%	100.0%		0.0%
0	972,244	0	0	153,496	1,125,740	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SHADY OAKS WEST
16220 PARKER ROAD
HOMER GLEN, IL. 60491

Reference Numbers Facility ID 6014245
Health Service Area 009 Planning Service Area 197

Administrator
Kristen Stockle

Contact Person and Telephone
KRISTEN STOCKLE
7083016870

Registered Agent Information
Craig Colmar
1001 E. Touhy Ave, STE# 50
Des Plaines, IL 60018

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 3

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5416	92.7%	0	0	0	0	5416	92.7%	92.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5416	92.7%	0	0	0	0	5416	92.7%	92.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	1	0	0	6	1	7
45 to 59	0	0	0	0	4	3	0	0	4	3	7
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	1	0	0	0	1	0	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	11	4	0	0	11	4	15

SHADY OAKS WEST
16220 PARKER ROAD
HOMER GLEN, IL. 60491

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	198
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.50
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	1.25
Certified Aides	13.50
Other Health Staff	3.75
Non-Health Staff	2.00
Totals	21.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	90.4%	0.0%	0.0%	9.6%	100.0%		0.0%
0	1,000,782	0	0	106,547	1,107,329	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SHANNON HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6010326
Health Service Area 006 Planning Service Area 601

Administrator
Mary Pat O'Brien

Contact Person and Telephone
MARY PAT O'BRIEN
773-273-4169

Date Completed
3/29/2013

Registered Agent Information
Sister Rosemary Connelly
6300 N. Ridge Ave.
Chicago, IL 60660

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	12

Total Residents Diagnosed as Mentally Ill 6

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	12	0		12
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	12	0	0	12

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	12
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	12
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4380	######	0	0	0	0	4380	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4380	######	0	0	0	0	4380	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	10	0	0	0	10	10
45 to 59	0	0	0	0	0	2	0	0	0	2	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	12	0	0	0	12	12

SHANNON HOUSE
6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	218	218
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	1	0	1
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.06
Director of Nursing	0.00
Registered Nurses	0.11
LPN's	0.00
Certified Aides	11.12
Other Health Staff	3.36
Non-Health Staff	0.27
Totals	15.17

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	89.2%	10.5%	0.0%	0.3%	100.0%		0.0%
0	672,972	79,286	0	2,341	754,600	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SHARON HEALTH CARE ELMS
3611 NORTH ROCHELLE
PEORIA, IL. 61604

Reference Numbers Facility ID 6007306
Health Service Area 002 Planning Service Area 143

Administrator
Sharyl Ford

Contact Person and Telephone
Rick Duros
1-847-441-8200

Registered Agent Information
Gary Weintraub
465 Central Avenue, Suite 100
Northfield, IL 60093

Date Completed
4/9/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	6
Mental Illness	6
Developmental Disability	0
Circulatory System	28
Respiratory System	20
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	7
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	85
Total Residents Diagnosed as Mentally Ill	10

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	98	98	96	98	85	13	0	98
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	98	98	96	98	85	13	0	98

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	89
Total Admissions 2011	91
Total Discharges 2011	95
Residents on 12/31/2011	85
Identified Offenders	16

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4089	0.0%	25829	72.2%	348	0	1127	0	31393	87.8%	87.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4089	0.0%	25829	72.2%	348	0	1127	0	31393	87.8%	87.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	2	0	0	0	0	0	0	0	2	2
45 to 59	9	6	0	0	0	0	0	0	9	6	15
60 to 64	6	4	0	0	0	0	0	0	6	4	10
65 to 74	15	12	0	0	0	0	0	0	15	12	27
75 to 84	8	17	0	0	0	0	0	0	8	17	25
85+	0	6	0	0	0	0	0	0	0	6	6
TOTALS	38	47	0	0	0	0	0	0	38	47	85

SHARON HEALTH CARE ELMS
3611 NORTH ROCHELLE
PEORIA, IL. 61604

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	67	1	0	1	0	85
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	67	1	0	1	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	300	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	22	0	0	0	22
Hawaiian/Pacific Isl.	0	0	0	0	0
White	63	0	0	0	63
Race Unknown	0	0	0	0	0
Total	85	0	0	0	85

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	85	0	0	0	85
Ethnicity Unknown	0	0	0	0	0
Total	85	0	0	0	85

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	11.00
Certified Aides	45.00
Other Health Staff	9.00
Non-Health Staff	38.00
Totals	115.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
19.3%	74.7%	1.1%	0.0%	5.0%	100.0%		0.0%
937,198	3,635,860	51,297	0	242,707	4,867,062	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SHARON HEALTH CARE PINES
3614 NORTH ROCHELLE
PEORIA, IL. 61604

Reference Numbers Facility ID 6007298
Health Service Area 002 Planning Service Area 143

Administrator
Randall Bauer

Contact Person and Telephone
Rick Duros
847-441-8200

Registered Agent Information
Gary Weintraub
465 Central Avenue
Northfield, IL 60093

Date Completed
4/8/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	9
Mental Illness	32
Developmental Disability	1
Circulatory System	0
Respiratory System	6
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	3
Injuries and Poisonings	24
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	95
Total Residents Diagnosed as Mentally Ill	34

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	116	116	101	116	95	21	0	116
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	116	116	101	116	95	21	0	116

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	92
Total Admissions 2011	42
Total Discharges 2011	39
Residents on 12/31/2011	95
Identified Offenders	15

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	34397	81.2%	0	0	78	0	34475	81.4%	81.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	34397	81.2%	0	0	78	0	34475	81.4%	81.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	26	21	0	0	0	0	0	0	26	21	47
45 to 59	24	15	0	0	0	0	0	0	24	15	39
60 to 64	3	3	0	0	0	0	0	0	3	3	6
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	55	40	0	0	0	0	0	0	55	40	95

SHARON HEALTH CARE PINES
3614 NORTH ROCHELLE
PEORIA, IL. 61604

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	95	0	0	0	0	95
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	95	0	0	0	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	230	115
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	11	0	0	0	11
Hawaiian/Pacific Isl.	0	0	0	0	0
White	83	0	0	0	83
Race Unknown	0	0	0	0	0
Total	95	0	0	0	95

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	92	0	0	0	92
Ethnicity Unknown	0	0	0	0	0
Total	95	0	0	0	95

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	9.00
Certified Aides	35.00
Other Health Staff	5.00
Non-Health Staff	40.00
Totals	94.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	100.5%	0.0%	0.0%	0.0%	100.5%		0.0%
0	4,061,520	0	0	-19,205	4,042,315	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SHARON HEALTH CARE WILLOWS
3520 NORTH ROCHELLE
PEORIA, IL. 61604

Reference Numbers Facility ID 6007272
Health Service Area 002 Planning Service Area 143

Administrator
Cindy Stribley

Contact Person and Telephone
Rick Duros
847-441-8200

Registered Agent Information
Gary Weintraub
465 Central Avenue Suite 100
Northfield, IL 60093

Date Completed
4/2/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	11
Blood Disorders	2
*Nervous System Non Alzheimer	8
Alzheimer Disease	6
Mental Illness	87
Developmental Disability	0
Circulatory System	2
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	64
Non-Medical Conditions	0
TOTALS	192
Total Residents Diagnosed as Mentally Ill	115

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	219	219	201	219	192	27	0	219
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	219	219	201	219	192	27	0	219

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	194
Total Admissions 2011	52
Total Discharges 2011	54
Residents on 12/31/2011	192
Identified Offenders	38

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	67380	84.3%	747	0	366	0	68493	85.7%	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	0	0.0%	67380	84.3%	747	0	366	0	68493	85.7%	85.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	14	4	0	0	0	0	0	0	14	4	18
45 to 59	67	34	0	0	0	0	0	0	67	34	101
60 to 64	17	9	0	0	0	0	0	0	17	9	26
65 to 74	14	20	0	0	0	0	0	0	14	20	34
75 to 84	5	8	0	0	0	0	0	0	5	8	13
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	117	75	0	0	0	0	0	0	117	75	192

SHARON HEALTH CARE WILLOWS
3520 NORTH ROCHELLE
PEORIA, IL. 61604

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	189	2	0	1	0	192
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	189	2	0	1	0	192

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	230	115
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	1	0	0	0	1
Black	32	0	0	0	32
Hawaiian/Pacific Isl.	0	0	0	0	0
White	158	0	0	0	158
Race Unknown	0	0	0	0	0
Total	192	0	0	0	192

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	192	0	0	0	192
Ethnicity Unknown	0	0	0	0	0
Total	192	0	0	0	192

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	15.00
Certified Aides	49.00
Other Health Staff	12.00
Non-Health Staff	58.00
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
0.0%	98.4%	1.1%	0.0%	0.5%	100.0%		0.0%
0	7,729,054	84,250	0	42,090	7,855,394	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SHARON HEALTH CARE WOODS
3223 WEST RICHWOODS BOULEVARD
PEORIA, IL. 61604

Reference Numbers Facility ID 6007926
Health Service Area 002 Planning Service Area 143

Administrator
Bobby Ford

Contact Person and Telephone
Rick Duros
847-441-8200

Date Completed
4/8/2013

Registered Agent Information
Gary Weintraub
465 Central Avenue Suite 100
Northfield, IL 60093

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	144
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	144
Total Residents Diagnosed as Mentally Ill	144

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	152	152	152	152	144	8	0	152
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	152	152	152	152	144	8	0	152

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	151
Total Admissions 2011	51
Total Discharges 2011	58
Residents on 12/31/2011	144
Identified Offenders	32

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	53321	96.1%	95	0	34	0	53450	96.3%	96.3%
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%	53321	96.1%	95	0	34	0	53450	96.3%	96.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	28	14	0	0	0	0	0	0	28	14	42
45 to 59	42	27	0	0	0	0	0	0	42	27	69
60 to 64	20	5	0	0	0	0	0	0	20	5	25
65 to 74	2	6	0	0	0	0	0	0	2	6	8
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	92	52	0	0	0	0	0	0	92	52	144

SHARON HEALTH CARE WOODS
3223 WEST RICHWOODS BOULEVARD
PEORIA, IL. 61604

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	144	0	0	0	0	144
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	144	0	0	0	0	144

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	230	115
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	2	0	0	0	2
Black	22	0	0	0	22
Hawaiian/Pacific Isl.	0	0	0	0	0
White	119	0	0	0	119
Race Unknown	0	0	0	0	0
Total	144	0	0	0	144

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	142	0	0	0	142
Ethnicity Unknown	0	0	0	0	0
Total	144	0	0	0	144

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	13.00
Certified Aides	25.00
Other Health Staff	18.00
Non-Health Staff	31.00
Totals	92.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	99.7%	0.2%	0.0%	0.1%	100.0%		0.0%
0	6,041,489	10,364	0	6,940	6,058,793	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SHAWNEE CHRISTIAN NURSING CENTER
1901 N. 13TH STREET
HERRIN, IL. 62948

Reference Numbers Facility ID 6008528
Health Service Area 005 Planning Service Area 199

Administrator
Mary Scharlemann

Contact Person and Telephone
Susan McGhee

Registered Agent Information
Dr. Timothy Phillipe
622 Emerson Rd, suite 310
St. Louis, MO 63141

Date Completed
4/26/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	8
Alzheimer Disease	8
Mental Illness	4
Developmental Disability	0
Circulatory System	33
Respiratory System	11
Digestive System	8
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	16
Injuries and Poisonings	1
Other Medical Conditions	9
Non-Medical Conditions	2
TOTALS	115

Total Residents Diagnosed as Mentally Ill 67

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	159	159	131	159	115	44	83	159
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	159	159	131	159	115	44	83	159

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	110
Total Admissions 2011	174
Total Discharges 2011	169
Residents on 12/31/2011	115
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9140	30.2%	19418	33.5%	0	499	7612	0	36669	63.2%	63.2%
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	9140	30.2%	19418	33.5%	0	499	7612	0	36669	63.2%	63.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	5	8	0	0	0	0	0	0	5	8	13
75 to 84	15	25	0	0	0	0	0	0	15	25	40
85+	5	50	0	0	0	0	0	0	5	50	55
TOTALS	27	88	0	0	0	0	0	0	27	88	115

SHAWNEE CHRISTIAN NURSING CENTER
1901 N. 13TH STREET
HERRIN, IL. 62948

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 199

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	28	73	0	1	13	0	115
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	28	73	0	1	13	0	115

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	184	149
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	113	0	0	0	113
Race Unknown	0	0	0	0	0
Total	115	0	0	0	115

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	115	0	0	0	115
Ethnicity Unknown	0	0	0	0	0
Total	115	0	0	0	115

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	28.00
Certified Aides	58.00
Other Health Staff	0.00
Non-Health Staff	47.00
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
50.5%	34.8%	0.0%	1.9%	12.8%	100.0%		0.0%
4,553,051	3,136,359	0	167,966	1,156,154	9,013,532	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SHAWNEE ROSE CARE CENTER
1000 WEST SLOAN STREET
HARRISBURG, IL. 62946

Reference Numbers Facility ID 6004055
Health Service Area 005 Planning Service Area 059

Administrator
Susan Williams

Contact Person and Telephone
Marikay L. Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	2
*Nervous System Non Alzheimer	5
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	2
Circulatory System	6
Respiratory System	7
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	41

Total Residents Diagnosed as Mentally Ill 2

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	68	54	46	54	41	27	60	68
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	68	54	46	54	41	27	60	68

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	32
Total Admissions 2011	77
Total Discharges 2011	68
Residents on 12/31/2011	41
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1669	7.6%	8651	34.9%	82	86	3235	0	13723	55.3%	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	1669	7.6%	8651	34.9%	82	86	3235	0	13723	55.3%	69.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	1	0	0	0	0	0	0	3	1	4
60 to 64	3	2	0	0	0	0	0	0	3	2	5
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	2	10	0	0	0	0	0	0	2	10	12
85+	6	11	0	0	0	0	0	0	6	11	17
TOTALS	15	26	0	0	0	0	0	0	15	26	41

SHAWNEE ROSE CARE CENTER
1000 WEST SLOAN STREET
HARRISBURG, IL. 62946

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 059

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	23	0	0	13	0	41
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	23	0	0	13	0	41

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	81	78
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	41	0	0	0	41
Race Unknown	0	0	0	0	0
Total	41	0	0	0	41

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	41	0	0	0	41
Ethnicity Unknown	0	0	0	0	0
Total	41	0	0	0	41

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	5.00
Certified Aides	13.00
Other Health Staff	0.00
Non-Health Staff	14.00
Totals	36.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
22.5%	60.0%	0.0%	0.0%	17.4%	100.0%		0.6%
365,120	972,047	0	0	282,374	1,619,541	10,362	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SHELBYVILLE MANOR
1111 WEST NORTH 12TH STREET
SHELBYVILLE, IL. 62565

Reference Numbers Facility ID 6008544
Health Service Area 004 Planning Service Area 173

Administrator
Karen Dailey

Contact Person and Telephone
KAREN DAILEY
(217) 774-2111

Date Completed
4/16/2013

Registered Agent Information
Michael Bibo
285 South Farnham
Galesburg, IL 61401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System Non Alzheimer	1
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	12
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	11
Injuries and Poisonings	1
Other Medical Conditions	23
Non-Medical Conditions	0
TOTALS	75

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	115	115	80	115	75	40	115	115
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	115	115	80	115	75	40	115	115

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	72
Total Admissions 2011	150
Total Discharges 2011	147
Residents on 12/31/2011	75
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6092	14.5%	14608	34.8%	0	14	6329	0	27043	64.4%	64.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	6092	14.5%	14608	34.8%	0	14	6329	0	27043	64.4%	64.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	3	3	0	0	0	0	0	0	3	3	6
75 to 84	6	14	0	0	0	0	0	0	6	14	20
85+	12	34	0	0	0	0	0	0	12	34	46
TOTALS	22	53	0	0	0	0	0	0	22	53	75

SHELBYVILLE MANOR
1111 WEST NORTH 12TH STREET
SHELBYVILLE, IL. 62565

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 173

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	38	0	0	19	0	75
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	38	0	0	19	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	151
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	75	0	0	0	75
Race Unknown	0	0	0	0	0
Total	75	0	0	0	75

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	75	0	0	0	75
Ethnicity Unknown	0	0	0	0	0
Total	75	0	0	0	75

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	9.00
Certified Aides	34.00
Other Health Staff	2.00
Non-Health Staff	26.00
Totals	76.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
59.1%	18.4%	0.1%	0.5%	21.8%	100.0%		0.0%
5,378,707	1,679,050	11,736	49,657	1,984,280	9,103,430	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SHELBYVILLE REHAB & HLTHCARE CTR
2116 S. 3RD & DACEY DRIVE
SHELBYVILLE, IL. 62565

Reference Numbers Facility ID 6008536
Health Service Area 004 Planning Service Area 173

Administrator
Susan Shaw

Contact Person and Telephone
Marikay Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
4/5/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	22
Non-Medical Conditions	0
TOTALS	26

Total Residents Diagnosed as Mentally Ill 6

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	80	60	39	60	26	54	12	80
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	80	60	39	60	26	54	12	80

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	36
Total Admissions 2011	36
Total Discharges 2011	46
Residents on 12/31/2011	26
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1094	25.0%	7928	27.2%	436	0	2315	0	11773	40.3%	53.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1094	25.0%	7928	27.2%	436	0	2315	0	11773	40.3%	53.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	0	7	0	0	0	0	0	0	0	7	7
85+	1	11	0	0	0	0	0	0	1	11	12
TOTALS	2	24	0	0	0	0	0	0	2	24	26

SHELBYVILLE REHAB & HLTHCARE CTR
2116 S. 3RD & DACEY DRIVE
SHELBYVILLE, IL. 62565

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 173

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	19	0	0	4	0	26
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	19	0	0	4	0	26

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	120
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	26	0	0	0	26
Race Unknown	0	0	0	0	0
Total	26	0	0	0	26

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	26	0	0	0	26
Ethnicity Unknown	0	0	0	0	0
Total	26	0	0	0	26

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	5.00
Certified Aides	13.00
Other Health Staff	0.00
Non-Health Staff	17.00
Totals	39.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
13.3%	67.1%	0.0%	0.0%	19.6%	100.0%		0.1%
198,051	1,000,327	0	0	292,945	1,491,323	1,433	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SHELDON HEALTH CARE CENTER
170 CONCORD STREET
SHELDON, IL. 60966

Reference Numbers Facility ID 6008569
Health Service Area 004 Planning Service Area 075

Administrator
Tina Gooding

Contact Person and Telephone
Marikay Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
4/1/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	12
Mental Illness	2
Developmental Disability	1
Circulatory System	8
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	28

Total Residents Diagnosed as Mentally Ill 18

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	31	31	31	31	28	3	0	31
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	31	31	31	31	28	3	0	31

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	29
Total Admissions 2011	15
Total Discharges 2011	16
Residents on 12/31/2011	28
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	8958	79.2%	3	0	1410	0	10371	91.7%	91.7%
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	0	0.0%	8958	79.2%	3	0	1410	0	10371	91.7%	91.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	1	0	0	0	0	0	0	0	1	0	1
75 to 84	1	10	0	0	0	0	0	0	1	10	11
85+	3	10	0	0	0	0	0	0	3	10	13
TOTALS	7	21	0	0	0	0	0	0	7	21	28

SHELDON HEALTH CARE CENTER
170 CONCORD STREET
SHELDON, IL. 60966

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 075

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	24	0	0	4	0	28
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	24	0	0	4	0	28

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	115
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	28	0	0	0	28
Race Unknown	0	0	0	0	0
Total	28	0	0	0	28

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	28	0	0	0	28
Ethnicity Unknown	0	0	0	0	0
Total	28	0	0	0	28

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	3.00
Certified Aides	4.00
Other Health Staff	0.00
Non-Health Staff	6.00
Totals	16.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	84.9%	0.0%	0.0%	15.1%	100.0%		0.0%
0	1,084,942	0	0	193,511	1,278,453	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SHELTERED VILLAGE
600 BORDEN
WOODSTOCK, IL. 60098

Reference Numbers Facility ID 6008577
Health Service Area 008 Planning Service Area 111

Administrator
Robert Norris

Contact Person and Telephone
ROBERT NORRIS
815-338-6440

Registered Agent Information
Robert R Bowman
631 Fairway Lane
Sycamore, IL 60178

Date Completed
4/9/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	91
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	91

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	96	96	93	96	91	5		94
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	96	96	93	96	91	5	0	94

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	93
Total Admissions 2011	1
Total Discharges 2011	3
Residents on 12/31/2011	91
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			32757	95.5%	384	0	366	0	33507	95.6%	95.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	32757	95.5%	384	0	366	0	33507	95.6%	95.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	8	15	0	0	8	15	23
45 to 59	0	0	0	0	22	14	0	0	22	14	36
60 to 64	0	0	0	0	9	5	0	0	9	5	14
65 to 74	0	0	0	0	6	6	0	0	6	6	12
75 to 84	0	0	0	0	3	3	0	0	3	3	6
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	48	43	0	0	48	43	91

SHELTERED VILLAGE
600 BORDEN
WOODSTOCK, IL. 60098

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		90	0	0	1	0	91
Sheltered Care			0	0	0	0	0
TOTALS	0	90	0	0	1	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	128	128
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	6	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	84	0	84
Race Unknown	0	0	0	0	0
Total	0	0	91	0	91

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	5	0	5
Non-Hispanic	0	0	86	0	86
Ethnicity Unknown	0	0	0	0	0
Total	0	0	91	0	91

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.92
LPN's	3.24
Certified Aides	38.90
Other Health Staff	20.87
Non-Health Staff	17.18
Totals	89.11

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	68.4%	14.8%	0.0%	16.8%	100.0%		0.0%
0	3,437,679	743,682	0	844,890	5,026,251	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SHELTERING OAK
P.O. BOX 367
ISLAND LAKE, IL. 60042

Reference Numbers Facility ID 6008585
Health Service Area 008 Planning Service Area 097

Administrator
Facility closed for renovation

Contact Person and Telephone
LEONARD PESZ
224-357-4028

Registered Agent Information
John Verchota
444 N IL Route. 31 Suite 104
Crystal Lake, IL 60012

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	0
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	70	69	63	0	0	70	0	70
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	70	69	63	0	0	70	0	70

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	58
Total Admissions 2011	5
Total Discharges 2011	7
Residents on 12/31/2011	56
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	10588	41.4%	0	0	0	0	10588	41.4%	42.0%
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	0	0.0%	10588	41.4%	0	0	0	0	10588	41.4%	42.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	0	0	0	0	0	0

SHELTERING OAK
P.O. BOX 367
ISLAND LAKE, IL. 60042

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	0	0	0

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	123	113
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	0	0	0	0	0
Total	0	0	0	0	0

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	0	0	0

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	1.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	67.3%	32.7%	0.0%	0.0%	100.0%		0.0%
0	1,145,538	557,241	0	0	1,702,779	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SHERIDAN SHORES CARE & REHAB
5838 NORTH SHERIDAN ROAD
CHICAGO, IL. 60660

Reference Numbers Facility ID 6002687
Health Service Area 006 Planning Service Area 601

Administrator
Kayla Moore

Contact Person and Telephone
Kayla Moore
7737692230

Date Completed
5/3/2013

Registered Agent Information
Holly Turner
2201 Main Street
Evanston, IL 60202

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	6
Blood Disorders	4
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	90
Developmental Disability	1
Circulatory System	6
Respiratory System	14
Digestive System	4
Genitourinary System Disorders	8
Skin Disorders	8
Musculo-skeletal Disorders	1
Injuries and Poisonings	3
Other Medical Conditions	20
Non-Medical Conditions	10
TOTALS	183
Total Residents Diagnosed as Mentally Ill	137

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	191	191	191	183	183	8	63	191
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	191	191	191	183	183	8	63	191

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	183
Total Admissions 2011	95
Total Discharges 2011	95
Residents on 12/31/2011	183
Identified Offenders	38

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3628	15.8%	61231	87.8%	549	0	328	0	65736	94.3%	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	3628	15.8%	61231	87.8%	549	0	328	0	65736	94.3%	94.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	6	6	0	0	0	0	0	0	6	6	12
45 to 59	40	41	0	0	0	0	0	0	40	41	81
60 to 64	10	12	0	0	0	0	0	0	10	12	22
65 to 74	24	23	0	0	0	0	0	0	24	23	47
75 to 84	11	5	0	0	0	0	0	0	11	5	16
85+	3	2	0	0	0	0	0	0	3	2	5
TOTALS	94	89	0	0	0	0	0	0	94	89	183

SHERIDAN SHORES CARE & REHAB
5838 NORTH SHERIDAN ROAD
CHICAGO, IL. 60660

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	165	0	0	2	0	183
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	165	0	0	2	0	183

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	182	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	77	0	0	0	77
Hawaiian/Pacific Isl.	0	0	0	0	0
White	103	0	0	0	103
Race Unknown	0	0	0	0	0
Total	183	0	0	0	183

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	173	0	0	0	173
Ethnicity Unknown	0	0	0	0	0
Total	183	0	0	0	183

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	24.00
Certified Aides	63.00
Other Health Staff	36.00
Non-Health Staff	35.00
Totals	175.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
13.8%	85.7%	0.0%	0.0%	0.5%	100.0%		0.0%
1,301,505	8,108,144	0	0	48,961	9,458,610	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SHERMAN WEST COURT
1950 LARKIN AVENUE
ELGIN, IL. 60123

Reference Numbers Facility ID 6012827
Health Service Area 008 Planning Service Area 089

Administrator
Joseph McManus

Contact Person and Telephone
JOSEPH MCMANUS

Date Completed
4/19/2013

Registered Agent Information
Rick Floyd
1950 Larkin Avenue
Elgin, IL 60123

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	8
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	5
Musculo-skeletal Disorders	36
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	72

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	112	112	89	112	72	40	64	12
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	112	112	89	112	72	40	64	12

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	80
Total Admissions 2011	688
Total Discharges 2011	696
Residents on 12/31/2011	72
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12041	51.5%	2995	68.4%	0	3057	8011	200	26304	64.3%	64.3%
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	12041	51.5%	2995	68.4%	0	3057	8011	200	26304	64.3%	64.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	1	0	0	0	0	0	0	3	1	4
60 to 64	3	0	0	0	0	0	0	0	3	0	3
65 to 74	4	9	0	0	0	0	0	0	4	9	13
75 to 84	5	12	0	0	0	0	0	0	5	12	17
85+	5	30	0	0	0	0	0	0	5	30	35
TOTALS	20	52	0	0	0	0	0	0	20	52	72

SHERMAN WEST COURT
1950 LARKIN AVENUE
ELGIN, IL. 60123

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	34	9	0	10	19	0	72
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	34	9	0	10	19	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	280	560
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	72	0	0	0	72
Race Unknown	0	0	0	0	0
Total	72	0	0	0	72

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	72	0	0	0	72
Ethnicity Unknown	0	0	0	0	0
Total	72	0	0	0	72

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	1.00
Certified Aides	31.00
Other Health Staff	25.00
Non-Health Staff	21.00
Totals	99.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
65.1%	6.6%	0.0%	7.8%	20.5%	100.0%		0.3%
5,748,506	582,161	0	692,520	1,806,968	8,830,155	25,498	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SHORE HOME EAST
503 MICHIGAN AVENUE
EVANSTON, IL. 60202

Reference Numbers Facility ID 6006639
Health Service Area 007 Planning Service Area 702

Administrator
Clare Lane

Contact Person and Telephone
MICHELLE ESS
Michelle Ess

Registered Agent Information
Debora Braun
4232 Dempster Street
SKOKIE, IL 60076

Date Completed
4/1/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	12
Total Residents Diagnosed as Mentally Ill	6

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	12	0		12
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	12	0	0	12

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	12
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	12
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4144	94.6%	0	0	0	0	4144	94.6%	94.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4144	94.6%	0	0	0	0	4144	94.6%	94.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	1	0	0	1	1	2
45 to 59	0	0	0	0	3	2	0	0	3	2	5
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	2	2	0	0	2	2	4
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	6	6	0	0	6	6	12

SHORE HOME EAST
503 MICHIGAN AVENUE
EVANSTON, IL. 60202

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	106	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	1	0	1
White	0	0	10	0	10
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	11	0	11
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	4.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	7.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	50.1%	23.7%	0.0%	26.2%	100.0%		0.0%
0	299,931	141,539	0	156,981	598,451	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SKOKIE MEADOWS NURSING CENTER II
4600 WEST GOLF ROAD
SKOKIE, IL. 60076

Reference Numbers Facility ID 6008643
Health Service Area 007 Planning Service Area 702

Administrator
JOAN WILLEY

Contact Person and Telephone
MARK APPEL
847-679-4161

Registered Agent Information
MARK APPEL
9615 N KNOX AVE
SKOKIE, IL 60076

Date Completed
4/5/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	98
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	98

Total Residents Diagnosed as Mentally Ill 98

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	111	108	101	108	98	13	0	111
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	111	108	101	108	98	13	0	111

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	97
Total Admissions 2011	33
Total Discharges 2011	32
Residents on 12/31/2011	98
Identified Offenders	9

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	26255	64.8%	8690	0	397	0	35342	87.2%	89.7%
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	0	0.0%	26255	64.8%	8690	0	397	0	35342	87.2%	89.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	14	3	0	0	0	0	0	0	14	3	17
45 to 59	39	2	0	0	0	0	0	0	39	2	41
60 to 64	17	2	0	0	0	0	0	0	17	2	19
65 to 74	17	2	0	0	0	0	0	0	17	2	19
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	89	9	0	0	0	0	0	0	89	9	98

SKOKIE MEADOWS NURSING CENTER II
4600 WEST GOLF ROAD
SKOKIE, IL. 60076

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	71	24	0	3	0	98
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	71	24	0	3	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	132
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	10	0	0	0	10
American Indian	0	0	0	0	0
Black	25	0	0	0	25
Hawaiian/Pacific Isl.	0	0	0	0	0
White	63	0	0	0	63
Race Unknown	0	0	0	0	0
Total	98	0	0	0	98

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	93	0	0	0	93
Ethnicity Unknown	0	0	0	0	0
Total	98	0	0	0	98

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	1.00
Certified Aides	12.00
Other Health Staff	4.00
Non-Health Staff	33.00
Totals	60.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	69.5%	29.3%	0.0%	1.2%	100.0%		0.0%
0	3,150,546	1,329,748	0	52,545	4,532,839	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SMITH CROSSING
10501 EMILIE LANE
ORLAND PARK, IL. 60467

Reference Numbers Facility ID 6016059
Health Service Area 009 Planning Service Area 197

Administrator
Frank Guajardo

Contact Person and Telephone
FRANK GUAJARDO
708 326-2326

Date Completed
4/18/2013

Registered Agent Information
CT Corporation System
208 S. LaSalle St. Suite 814
Chicago, IL 60604

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	2
Mental Illness	6
Developmental Disability	0
Circulatory System	14
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	12
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	43
Total Residents Diagnosed as Mentally Ill	6

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	46	46	45	46	43	3	46	30
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	46	46	45	46	43	3	46	30

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	34
Total Admissions 2011	227
Total Discharges 2011	218
Residents on 12/31/2011	43
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4377	26.1%	3013	27.5%	0	0	6769	0	14159	84.3%	84.3%
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	4377	26.1%	3013	27.5%	0	0	6769	0	14159	84.3%	84.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	2	6	0	0	0	0	0	0	2	6	8
85+	4	31	0	0	0	0	0	0	4	31	35
TOTALS	6	37	0	0	0	0	0	0	6	37	43

SMITH CROSSING
10501 EMILIE LANE
ORLAND PARK, IL. 60467

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	8	0	0	20	0	43
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	8	0	0	20	0	43

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	328	260
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	43	0	0	0	43
Race Unknown	0	0	0	0	0
Total	43	0	0	0	43

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	43	0	0	0	43
Ethnicity Unknown	0	0	0	0	0
Total	43	0	0	0	43

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	1.80
Certified Aides	17.50
Other Health Staff	0.00
Non-Health Staff	88.00
Totals	117.30

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
6.2%	4.3%	0.8%	0.0%	88.7%	100.0%		0.7%
582,244	400,656	71,357	0	8,270,045	9,324,302	67,000	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SMITH SQUARE
7401 34TH AVENUE
MOLINE, IL. 61265

Reference Numbers Facility ID 6008668
Health Service Area 010 Planning Service Area 161

Administrator
Joni Thompson

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Registered Agent Information
J Michael Bibo
285 S Farnham Street
Galesburg, IL 61401

Date Completed
4/8/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16
Total Residents Diagnosed as Mentally Ill	6

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5768	98.8%	0	0	0	0	5768	98.8%	98.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5768	98.8%	0	0	0	0	5768	98.8%	98.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	5	0	0	4	5	9
45 to 59	0	0	0	0	4	3	0	0	4	3	7
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

SMITH SQUARE
7401 34TH AVENUE
MOLINE, IL. 61265

Reference Numbers Facility ID **Health Service Area** 010 **Planning Service Area** 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	125
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	82.8%	0.0%	0.0%	17.2%	100.0%		0.0%
0	598,432	0	0	124,475	722,907	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SNOW VALLEY NURSING & REHAB CENTER
5000 LINCOLN AVENUE
LISLE, IL. 60532

Reference Numbers Facility ID 6008676
Health Service Area 007 Planning Service Area 703

Administrator
Stephen Brumer

Contact Person and Telephone
Lisa Hardaman
630-852-5100

Date Completed
5/10/2013

Registered Agent Information
David Aronin
2201 Main Street
Evanston, IL 60202

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	0
Mental Illness	1
Developmental Disability	0
Circulatory System	11
Respiratory System	5
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	49

Total Residents Diagnosed as Mentally Ill 34

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	51	51	51	51	49	2	51	51
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	51	51	51	51	49	2	51	51

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	44
Total Admissions 2011	40
Total Discharges 2011	35
Residents on 12/31/2011	49
Identified Offenders	3

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3	0.0%	41	0.2%	3	0	2	0	49	0.3%	0.3%
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	3	0.0%	41	0.2%	3	0	2	0	49	0.3%	0.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	3	0	0	0	0	0	0	1	3	4
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	6	5	0	0	0	0	0	0	6	5	11
75 to 84	3	9	0	0	0	0	0	0	3	9	12
85+	6	13	0	0	0	0	0	0	6	13	19
TOTALS	17	32	0	0	0	0	0	0	17	32	49

SNOW VALLEY NURSING & REHAB CENTER
5000 LINCOLN AVENUE
LISLE, IL. 60532

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	43	1	0	2	0	49
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	43	1	0	2	0	49

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	208	198
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	40	0	0	0	40
Race Unknown	0	0	0	0	0
Total	49	0	0	0	49

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	48	0	0	0	48
Ethnicity Unknown	0	0	0	0	0
Total	49	0	0	0	49

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	3.00
Certified Aides	16.00
Other Health Staff	2.00
Non-Health Staff	16.00
Totals	43.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
18.5%	72.9%	0.0%	1.5%	7.1%	100.0%		0.0%
614,170	2,422,147	0	49,918	234,209	3,320,444	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SNYDER VILLAGE
1200 EAST PARTRIDGE
METAMORA, IL. 61548

Reference Numbers Facility ID 6011464
Health Service Area 002 Planning Service Area 203

Administrator
Timothy S. Wiley

Contact Person and Telephone
Timothy Wiley
309-367-4300

Date Completed
4/16/2013

Registered Agent Information
Kevin Rauh
1200 East Partridge St.
Metamora, IL 61548

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	2
*Nervous System Non Alzheimer	6
Alzheimer Disease	20
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	32
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	89

Total Residents Diagnosed as Mentally Ill 40

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	104	104	96	15	89	15	104	104
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	104	104	96	15	89	15	104	104

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	84
Total Admissions 2011	165
Total Discharges 2011	160
Residents on 12/31/2011	89
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4543	12.0%	9990	26.3%	0	549	17442	0	32524	85.7%	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	4543	12.0%	9990	26.3%	0	549	17442	0	32524	85.7%	85.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	1	0	0	0	0	0	0	2	1	3
75 to 84	9	25	0	0	0	0	0	0	9	25	34
85+	13	38	0	0	0	0	0	0	13	38	51
TOTALS	24	65	0	0	0	0	0	0	24	65	89

SNYDER VILLAGE
1200 EAST PARTRIDGE
METAMORA, IL. 61548

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 203

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	25	0	2	49	0	89
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	25	0	2	49	0	89

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	241	216
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	89	0	0	0	89
Race Unknown	0	0	0	0	0
Total	89	0	0	0	89

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	89	0	0	0	89
Ethnicity Unknown	0	0	0	0	0
Total	89	0	0	0	89

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	11.00
Certified Aides	39.00
Other Health Staff	8.00
Non-Health Staff	45.00
Totals	110.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
20.2%	12.7%	0.0%	7.6%	59.4%	100.0%		0.4%
1,452,714	913,453	0	549,123	4,271,200	7,186,490	26,973	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SNYDER'S VAUGHN HAVEN
135 SOUTH MORGAN STREET
RUSHVILLE, IL. 62681

Reference Numbers Facility ID 6008684
Health Service Area 003 Planning Service Area 009

Administrator
John R Snyder

Contact Person and Telephone
JOHN R SNYDER
217-322-3420

Date Completed
4/18/2013

Registered Agent Information
Vaughn I. Snyder
135 South Morgan Street P. O. Box 140
Rushville, IL 62681

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	6
Mental Illness	5
Developmental Disability	0
Circulatory System	20
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	5
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	63
Total Residents Diagnosed as Mentally Ill	5

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	99	96	76	96	63	36	17	99
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	96	76	96	63	36	17	99

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	67
Total Admissions 2011	50
Total Discharges 2011	54
Residents on 12/31/2011	63
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1825	29.4%	12126	33.6%	0	0	10531	0	24482	67.8%	69.9%
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	1825	29.4%	12126	33.6%	0	0	10531	0	24482	67.8%	69.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	2	0	0	0	0	0	0	3	2	5
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	1	3	0	0	0	0	0	0	1	3	4
75 to 84	9	9	0	0	0	0	0	0	9	9	18
85+	8	26	0	0	0	0	0	0	8	26	34
TOTALS	23	40	0	0	0	0	0	0	23	40	63

SNYDER'S VAUGHN HAVEN
135 SOUTH MORGAN STREET
RUSHVILLE, IL. 62681

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 009

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	28	0	0	29	0	63
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	28	0	0	29	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	63	0	0	0	63
Race Unknown	0	0	0	0	0
Total	63	0	0	0	63

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	63	0	0	0	63
Ethnicity Unknown	0	0	0	0	0
Total	63	0	0	0	63

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	9.00
Certified Aides	27.00
Other Health Staff	0.00
Non-Health Staff	26.00
Totals	66.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
25.7%	33.8%	0.0%	0.0%	40.5%	100.0%		0.0%
1,016,879	1,335,165	0	0	1,599,247	3,951,292	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SOUTH ELGIN REHAB & HLTHCARE CT
746 SPRING STREET
SOUTH ELGIN, IL. 60177

Reference Numbers Facility ID 6008718
Health Service Area 008 Planning Service Area 089

Administrator
Elizabeth Gilbert

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/5/2013

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	21
Alzheimer Disease	23
Mental Illness	1
Developmental Disability	3
Circulatory System	12
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	74
Total Residents Diagnosed as Mentally Ill	37

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	90	80	77	80	74	16	14	90
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	90	80	77	80	74	16	14	90

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	65
Total Admissions 2011	82
Total Discharges 2011	73
Residents on 12/31/2011	74
Identified Offenders	6

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2386	46.7%	20279	61.7%	802	73	2680	0	26220	79.8%	89.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2386	46.7%	20279	61.7%	802	73	2680	0	26220	79.8%	89.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	15	8	0	0	0	0	0	0	15	8	23
60 to 64	5	9	0	0	0	0	0	0	5	9	14
65 to 74	6	12	0	0	0	0	0	0	6	12	18
75 to 84	6	5	0	0	0	0	0	0	6	5	11
85+	1	5	0	0	0	0	0	0	1	5	6
TOTALS	35	39	0	0	0	0	0	0	35	39	74

SOUTH ELGIN REHAB & HLTHCARE CT
746 SPRING STREET
SOUTH ELGIN, IL. 60177

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	61	2	0	6	0	74
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	61	2	0	6	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	208	148
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	65	0	0	0	65
Race Unknown	0	0	0	0	0
Total	74	0	0	0	74

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	72	0	0	0	72
Ethnicity Unknown	0	0	0	0	0
Total	74	0	0	0	74

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	3.00
Certified Aides	17.00
Other Health Staff	0.00
Non-Health Staff	16.00
Totals	46.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
12.0%	77.6%	0.0%	0.0%	10.4%	100.0%		1.0%
474,665	3,081,401	0	-283	414,016	3,969,799	38,383	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SOUTH FROSTWOOD
6010 NORTH FROSTWOOD
PEORIA, IL. 61615

Reference Numbers Facility ID 6013395
Health Service Area 002 Planning Service Area 143

Administrator
Autumn Ostergaard

Contact Person and Telephone
Autumn Ostergaard
3092194997

Registered Agent Information
Autumn Ostergaard
21722 W. Farmington Rd
Elmwood, IL 61529

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	4
Total Residents Diagnosed as Mentally Ill	1

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	4
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	4
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1464	######	0	0	0	0	1464	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1464	######	0	0	0	0	1464	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	0	0	0	1	0	1
45 to 59	0	0	0	0	1	0	0	0	1	0	1
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	1	0	0	0	1	0	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	4	0	0	0	4	0	4

SOUTH FROSTWOOD
6010 NORTH FROSTWOOD
PEORIA, IL. 61615

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	4	0	4
Race Unknown	0	0	0	0	0
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	4	0	4
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.10
LPN's	0.10
Certified Aides	4.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	4.45

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	86.5%	0.0%	0.0%	13.5%	100.0%		0.0%
0	240,155	0	0	37,416	277,571	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SOUTH HAVEN HOME
500 S. REED ST.
ROBINSON, IL. 62454

Reference Numbers Facility ID 6011761
Health Service Area 005 Planning Service Area 033

Administrator
Sherry Newton

Contact Person and Telephone
Sherry Newton
217 398 0754 ext 13

Registered Agent Information
Dave Krchak
30 E Main St
Champaign, IL 61821

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 4

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5856	######	0	0	0	0	5856	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5856	######	0	0	0	0	5856	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	4	0	0	5	4	9
45 to 59	0	0	0	0	4	1	0	0	4	1	5
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	9	7	0	0	9	7	16

SOUTH HAVEN HOME
500 S. REED ST.
ROBINSON, IL. 62454

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 033

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	133	133
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	14.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	14.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	81.6%	18.4%	0.0%	0.0%	100.0%		0.0%
0	533,772	120,236	0	0	654,009	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SOUTH SIDE MANOR
729 SOUTH WEBSTER
DECATUR, IL. 62521

Reference Numbers Facility ID 6008742
Health Service Area 004 Planning Service Area 115

Administrator
LAURA CORDER

Contact Person and Telephone
Anna Brackenbush
217-710-3195

Registered Agent Information
E. ROBERT ANDERSON
1204 NORTH MAIN STREET
Paris, IL 61944

Date Completed
4/16/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	15	15	15	15	15	0		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	15	15	15	0	0	15

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5043	92.1%	0	0	365	0	5408	98.8%	98.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5043	92.1%	0	0	365	0	5408	98.8%	98.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	4	0	0	1	4	5
45 to 59	0	0	0	0	2	3	0	0	2	3	5
60 to 64	0	0	0	0	1	2	0	0	1	2	3
65 to 74	0	0	0	0	2	0	0	0	2	0	2
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	6	9	0	0	6	9	15

SOUTH SIDE MANOR
729 SOUTH WEBSTER
DECATUR, IL. 62521

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	1	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	1	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	117	117
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.11
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.16
LPN's	0.00
Certified Aides	7.25
Other Health Staff	1.00
Non-Health Staff	0.68
Totals	9.20

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	77.2%	0.0%	0.0%	22.8%	100.0%		0.0%
0	476,226	0	0	141,005	617,231	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SOUTH SUBURBAN REHAB CENTER
19000 HALSTED STREET
HOMEWOOD, IL. 60430

Reference Numbers Facility ID 6016497
Health Service Area 007 Planning Service Area 705

Administrator
Nikki Dinsmore

Contact Person and Telephone
Nikki Dinsmore
708-957-9200

Registered Agent Information

Date Completed
4/16/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	40
Blood Disorders	15
*Nervous System Non Alzheimer	15
Alzheimer Disease	30
Mental Illness	20
Developmental Disability	1
Circulatory System	7
Respiratory System	6
Digestive System	8
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	164

Total Residents Diagnosed as Mentally Ill 50

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	259	229	171	229	164	95	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	259	229	171	229	164	95	0	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	129
Total Admissions 2011	202
Total Discharges 2011	178
Residents on 12/31/2011	153
Identified Offenders	3

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	625	0.0%	4143	0.0%	731	55	287	0	5841	6.2%	7.0%
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	625	0.0%	4143	0.0%	731	55	287	0	5841	6.2%	7.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	6	0	0	0	0	0	0	2	6	8
45 to 59	5	3	0	0	0	0	0	0	5	3	8
60 to 64	15	13	0	0	0	0	0	0	15	13	28
65 to 74	27	20	0	0	0	0	0	0	27	20	47
75 to 84	30	26	0	0	0	0	0	0	30	26	56
85+	8	9	0	0	0	0	0	0	8	9	17
TOTALS	87	77	0	0	0	0	0	0	87	77	164

SOUTH SUBURBAN REHAB CENTER
19000 HALSTED STREET
HOMEWOOD, IL. 60430

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	132	0	2	10	0	164
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	132	0	2	10	0	164

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	111	0	0	0	111
Hawaiian/Pacific Isl.	0	0	0	0	0
White	53	0	0	0	53
Race Unknown	0	0	0	0	0
Total	164	0	0	0	164

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	157	0	0	0	157
Ethnicity Unknown	0	0	0	0	0
Total	164	0	0	0	164

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	30.00
Certified Aides	53.00
Other Health Staff	13.00
Non-Health Staff	56.00
Totals	163.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
37.1%	55.1%	3.1%	0.4%	4.3%	100.0%		0.0%
4,005,142	5,946,844	334,527	47,290	463,537	10,797,340	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SOUTHGATE HEALTH CARE CENTER
900 EAST NINTH STREET
METROPOLIS, IL. 62960

Reference Numbers Facility ID 6008759
Health Service Area 005 Planning Service Area 087

Administrator
Rebekah Mahoney

Contact Person and Telephone
SAM THOMPSON
618-524-2683

Registered Agent Information
Jane Parker
600 Woodland Drive
Paducah, KY 42001

Date Completed
4/3/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	9
Blood Disorders	3
*Nervous System Non Alzheimer	5
Alzheimer Disease	21
Mental Illness	22
Developmental Disability	1
Circulatory System	25
Respiratory System	10
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	3
Musculo-skeletal Disorders	4
Injuries and Poisonings	8
Other Medical Conditions	13
Non-Medical Conditions	1
TOTALS	129

Total Residents Diagnosed as Mentally Ill 22

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	140	140	131	140	129	11	75	140
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	140	140	131	140	129	11	75	140

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	115
Total Admissions 2011	147
Total Discharges 2011	133
Residents on 12/31/2011	129
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4051	14.8%	23100	45.2%	3724	0	13518	0	44393	86.9%	86.9%
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	4051	14.8%	23100	45.2%	3724	0	13518	0	44393	86.9%	86.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	2	4	0	0	0	0	0	0	2	4	6
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	6	10	0	0	0	0	0	0	6	10	16
75 to 84	9	30	0	0	0	0	0	0	9	30	39
85+	17	49	0	0	0	0	0	0	17	49	66
TOTALS	36	93	0	0	0	0	0	0	36	93	129

SOUTHGATE HEALTH CARE CENTER
900 EAST NINTH STREET
METROPOLIS, IL. 62960

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 087

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	66	13	0	41	0	129
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	66	13	0	41	0	129

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	120	0	0	0	120
Race Unknown	0	0	0	0	0
Total	129	0	0	0	129

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	129	0	0	0	129
Ethnicity Unknown	0	0	0	0	0
Total	129	0	0	0	129

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	12.00
Certified Aides	51.00
Other Health Staff	7.00
Non-Health Staff	38.00
Totals	120.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
27.5%	37.1%	7.4%	0.0%	28.0%	100.0%		0.0%
112,634	152,387	30,211	0	115,027	410,259	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SOUTHPORT NURSING & REHABILITATION CTR
1010 WEST 95TH STREET
CHICAGO, IL. 60643

Reference Numbers Facility ID 6014781
Health Service Area 006 Planning Service Area 603

Administrator
AYODEJI ADEGOYE

Contact Person and Telephone
AYODEJI ADEGOYE
773-298-1177

Date Completed
4/19/2013

Registered Agent Information
David M. Gross, Esq.
240 Fencl Lane
Hillside, IL 60162

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	38
Blood Disorders	37
*Nervous System Non Alzheimer	16
Alzheimer Disease	12
Mental Illness	0
Developmental Disability	2
Circulatory System	63
Respiratory System	5
Digestive System	3
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	3
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	199

Total Residents Diagnosed as Mentally Ill 32

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	228	228	206	228	199	29	228	228
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	228	228	206	228	199	29	228	228

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	178
Total Admissions 2011	204
Total Discharges 2011	183
Residents on 12/31/2011	199
Identified Offenders	19

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6334	7.6%	64406	77.4%	0	244	787	0	71771	86.2%	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	6334	7.6%	64406	77.4%	0	244	787	0	71771	86.2%	86.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	8	2	0	0	0	0	0	0	8	2	10
45 to 59	35	19	0	0	0	0	0	0	35	19	54
60 to 64	18	8	0	0	0	0	0	0	18	8	26
65 to 74	25	9	0	0	0	0	0	0	25	9	34
75 to 84	11	25	0	0	0	0	0	0	11	25	36
85+	8	31	0	0	0	0	0	0	8	31	39
TOTALS	105	94	0	0	0	0	0	0	105	94	199

SOUTHPORT NURSING & REHABILITATION CTR
1010 WEST 95TH STREET
CHICAGO, IL. 60643

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	179	0	0	3	0	199
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	179	0	0	3	0	199

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	198	0	0	0	198
Hawaiian/Pacific Isl.	0	0	0	0	0
White	1	0	0	0	1
Race Unknown	0	0	0	0	0
Total	199	0	0	0	199

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	199	0	0	0	199
Ethnicity Unknown	0	0	0	0	0
Total	199	0	0	0	199

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	22.00
Certified Aides	66.00
Other Health Staff	5.00
Non-Health Staff	36.00
Totals	141.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
23.9%	75.2%	0.0%	0.7%	0.2%	100.0%		0.0%
3,598,721	11,300,356	0	103,341	33,477	15,035,895	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SOUTHVIEW MANOR NURSING CENTER
3311 SOUTH MICHIGAN AVENUE
CHICAGO, IL. 60616

Reference Numbers Facility ID 6001895
Health Service Area 006 Planning Service Area 603

Administrator
Debbie Massey

Contact Person and Telephone
DEBBIE MASSEY
312-326-9101

Date Completed
4/8/2013

Registered Agent Information
Michael Weis
1S443 Summit Avenue Suite 204A&B
Oakbrook Terrace, IL 60181

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	50
Blood Disorders	7
*Nervous System Non Alzheimer	9
Alzheimer Disease	1
Mental Illness	72
Developmental Disability	0
Circulatory System	27
Respiratory System	10
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	193

Total Residents Diagnosed as Mentally Ill 88

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	200	200	193	200	193	7	0	200
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	200	200	193	200	193	7	0	200

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	194
Total Admissions 2011	175
Total Discharges 2011	176
Residents on 12/31/2011	193
Identified Offenders	7

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	946	0.0%	68844	94.3%	0	0	0	0	69790	95.6%	95.6%
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	946	0.0%	68844	94.3%	0	0	0	0	69790	95.6%	95.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	38	22	0	0	0	0	0	0	38	22	60
45 to 59	49	18	0	0	0	0	0	0	49	18	67
60 to 64	12	12	0	0	0	0	0	0	12	12	24
65 to 74	11	15	0	0	0	0	0	0	11	15	26
75 to 84	2	10	0	0	0	0	0	0	2	10	12
85+	2	2	0	0	0	0	0	0	2	2	4
TOTALS	114	79	0	0	0	0	0	0	114	79	193

SOUTHVIEW MANOR NURSING CENTER
3311 SOUTH MICHIGAN AVENUE
CHICAGO, IL. 60616

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	185	0	0	0	0	193
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	185	0	0	0	0	193

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	115
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	176	0	0	0	176
Hawaiian/Pacific Isl.	0	0	0	0	0
White	15	0	0	0	15
Race Unknown	1	0	0	0	1
Total	193	0	0	0	193

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	184	0	0	0	184
Ethnicity Unknown	0	0	0	0	0
Total	193	0	0	0	193

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	18.00
Certified Aides	40.00
Other Health Staff	8.00
Non-Health Staff	72.00
Totals	148.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	98.2%	1.8%	0.0%	0.0%	100.0%		0.0%
0	3,721,836	67,073	0	0	3,788,909	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	6/27/2012	Formerly 'Southview Manor'.
CHOW	6/27/2012	Change of ownership occurred.

SPARTA TERRACE
1501 MELMAR DRIVE
SPARTA, IL. 62286

Reference Numbers Facility ID 6010433
Health Service Area 005 Planning Service Area 157

Administrator
Missy A. Reed

Contact Person and Telephone
Melissa A. Reed
618-231-1713

Registered Agent Information
John Mirecki
3615 Park Drive, Suite 100
Olympia Fields, IL 60461

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	14

Total Residents Diagnosed as Mentally Ill 8

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	14	2	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	2
Residents on 12/31/2011	14
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5198	89.0%	0	0	0	0	5198	89.0%	89.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5198	89.0%	0	0	0	0	5198	89.0%	89.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	3	5	0	0	3	5	8
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	3	1	0	0	3	1	4
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	7	7	0	0	7	7	14

SPARTA TERRACE
1501 MELMAR DRIVE
SPARTA, IL. 62286

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 157

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	121	111
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	12.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	12.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	523,519	0	0	0	523,519	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SPAULDING TERRACE
16307 SPAULDING AVENUE
MARKHAM, IL. 60426

Reference Numbers Facility ID 6013825
Health Service Area 007 Planning Service Area 705

Administrator
Annette Whitlock

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/8/2013

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	6
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	6
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	6
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			2196	######	0	0	0	0	2196	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2196	######	0	0	0	0	2196	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	0	0	0	1	0	1
45 to 59	0	0	0	0	1	2	0	0	1	2	3
60 to 64	0	0	0	0	0	2	0	0	0	2	2
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	2	4	0	0	2	4	6

SPAULDING TERRACE
16307 SPAULDING AVENUE
MARKHAM, IL. 60426

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	213
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	0	0	3	0	3
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	6	0	6
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	7.00
Other Health Staff	0.33
Non-Health Staff	0.00
Totals	8.17

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	88.6%	0.0%	0.0%	11.4%	100.0%		0.0%
0	414,851	0	0	53,577	468,428	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SPRING CREEK TERRACE
3155 EAST MOUND ROAD
DECATUR, IL. 62526

Reference Numbers Facility ID 6012314
Health Service Area 004 Planning Service Area 115

Administrator
kristi nottelmann

Contact Person and Telephone
JEREMY MAUPIN
217-422-6361

Date Completed
3/27/2013

Registered Agent Information
Christopher Ellis
202 South Franklin Street 2nd Floor
Decatur, IL 62523

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 6

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5838	######	0	0	0	0	5838	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5838	######	0	0	0	0	5838	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	1	0	0	2	1	3
45 to 59	0	0	0	0	3	4	0	0	3	4	7
60 to 64	0	0	0	0	1	3	0	0	1	3	4
65 to 74	0	0	0	0	2	0	0	0	2	0	2
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

SPRING CREEK TERRACE
3155 EAST MOUND ROAD
DECATUR, IL. 62526

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	262	131
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	15.00
Non-Health Staff	0.00
Totals	17.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	85.2%	0.0%	0.0%	14.8%	100.0%		0.0%
0	826,414	0	0	144,111	970,525	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SPRING VALLEY NURSING CENTER
1300 NORTH GREENWOOD STREET
SPRING VALLEY, IL. 61362

Reference Numbers Facility ID 6008783
Health Service Area 002 Planning Service Area 011

Administrator
Florencia L. Rocha

Contact Person and Telephone
FLORENICA L. ROCHA
1-815-664-4708

Date Completed
4/11/2013

Registered Agent Information
Jack Reifer
3435 West Glenlake
Chicago, IL 60645

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	0
Mental Illness	11
Developmental Disability	1
Circulatory System	9
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	37
Non-Medical Conditions	0
TOTALS	79

Total Residents Diagnosed as Mentally Ill 18

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	98	98	93	98	79	19	17	98
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	98	98	93	98	79	19	17	98

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	93
Total Admissions 2011	57
Total Discharges 2011	71
Residents on 12/31/2011	79
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3749	60.4%	22216	62.1%	0	0	5921	0	31886	89.1%	89.1%
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	3749	60.4%	22216	62.1%	0	0	5921	0	31886	89.1%	89.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	2	0	0	0	0	0	0	1	2	3
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	6	4	0	0	0	0	0	0	6	4	10
75 to 84	10	14	0	0	0	0	0	0	10	14	24
85+	4	35	0	0	0	0	0	0	4	35	39
TOTALS	23	56	0	0	0	0	0	0	23	56	79

SPRING VALLEY NURSING CENTER
1300 NORTH GREENWOOD STREET
SPRING VALLEY, IL. 61362

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 011

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	53	0	0	12	0	79
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	53	0	0	12	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	255	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	75	0	0	0	75
Race Unknown	3	0	0	0	3
Total	79	0	0	0	79

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	76	0	0	0	76
Ethnicity Unknown	0	0	0	0	0
Total	79	0	0	0	79

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	10.00
Certified Aides	40.00
Other Health Staff	7.00
Non-Health Staff	26.00
Totals	90.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
29.0%	50.2%	0.0%	0.0%	20.8%	100.0%		0.0%
1,384,393	2,394,820	0	0	993,661	4,772,874	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SPRINGFIELD CARE CENTER
525 S. MARTIN LUTHER KING DR.
SPRINGFIELD, IL. 62703

Reference Numbers Facility ID 6002661
Health Service Area 003 Planning Service Area 167

Administrator
JACQUELINE LIDDELL

Contact Person and Telephone
JACQUELINE LIDDELL
217 789-1680

Registered Agent Information

Date Completed
4/15/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	2
Mental Illness	58
Developmental Disability	2
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	62
Total Residents Diagnosed as Mentally Ill	58

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	65	65	65	65	62	3	0	65
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	65	65	65	65	62	3	0	65

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	60
Total Admissions 2011	43
Total Discharges 2011	41
Residents on 12/31/2011	62
Identified Offenders	16

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	21656	91.3%	215	0	465	0	22336	94.1%	94.1%
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	0	0.0%	21656	91.3%	215	0	465	0	22336	94.1%	94.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	0	0	0	0	0	0	0	3	0	3
45 to 59	21	8	0	0	0	0	0	0	21	8	29
60 to 64	5	5	0	0	0	0	0	0	5	5	10
65 to 74	9	3	0	0	0	0	0	0	9	3	12
75 to 84	5	2	0	0	0	0	0	0	5	2	7
85+	1	0	0	0	0	0	0	0	1	0	1
TOTALS	44	18	0	0	0	0	0	0	44	18	62

SPRINGFIELD CARE CENTER
525 S. MARTIN LUTHER KING DR.
SPRINGFIELD, IL. 62703

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	59	0	0	3	0	62
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	59	0	0	3	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	51	0	0	0	51
Race Unknown	0	0	0	0	0
Total	62	0	0	0	62

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	62	0	0	0	62
Ethnicity Unknown	0	0	0	0	0
Total	62	0	0	0	62

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	7.00
Certified Aides	16.00
Other Health Staff	4.00
Non-Health Staff	16.00
Totals	50.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	95.7%	0.9%	0.0%	3.4%	100.0%		0.0%
0	2,114,034	20,850	0	74,760	2,209,644	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ST. AGNES HEALTH CARE CENTER
1725 SOUTH WABASH
CHICAGO, IL. 60616

Reference Numbers Facility ID 6008825
Health Service Area 006 Planning Service Area 603

Administrator
LEOLA MIXON

Contact Person and Telephone
LEOLA MIXON
312 922-2777

Registered Agent Information

Date Completed
5/28/2012

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	49
Blood Disorders	0
*Nervous System Non Alzheimer	21
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	47
Respiratory System	22
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	150

Total Residents Diagnosed as Mentally Ill 13

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	197	197	162	197	150	47	171	197
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	197	197	162	197	150	47	171	197

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	146
Total Admissions 2011	147
Total Discharges 2011	143
Residents on 12/31/2011	150
Identified Offenders	11

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3914	6.3%	47870	66.6%	0	46	3742	0	55572	77.3%	77.3%
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	3914	6.3%	47870	66.6%	0	46	3742	0	55572	77.3%	77.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	2	0	0	0	0	0	0	4	2	6
45 to 59	6	15	0	0	0	0	0	0	6	15	21
60 to 64	6	3	0	0	0	0	0	0	6	3	9
65 to 74	16	12	0	0	0	0	0	0	16	12	28
75 to 84	16	19	0	0	0	0	0	0	16	19	35
85+	7	44	0	0	0	0	0	0	7	44	51
TOTALS	55	95	0	0	0	0	0	0	55	95	150

ST. AGNES HEALTH CARE CENTER
1725 SOUTH WABASH
CHICAGO, IL. 60616

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	129	0	0	6	0	150
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	129	0	0	6	0	150

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	157	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	66	0	0	0	66
American Indian	0	0	0	0	0
Black	73	0	0	0	73
Hawaiian/Pacific Isl.	0	0	0	0	0
White	9	0	0	0	9
Race Unknown	2	0	0	0	2
Total	150	0	0	0	150

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	148	0	0	0	148
Ethnicity Unknown	0	0	0	0	0
Total	150	0	0	0	150

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	26.00
Certified Aides	83.00
Other Health Staff	4.00
Non-Health Staff	64.00
Totals	188.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
19.5%	74.1%	0.0%	0.0%	6.3%	100.0%		0.0%
1,907,703	7,236,485	0	0	615,355	9,759,543	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ST. ANTHONY MEMORIAL HOSPITAL
503 NORTH MAPLE STREET
EFFINGHAM, IL. 62401

Reference Numbers Facility ID 6015176
Health Service Area 005 Planning Service Area 049

Administrator
Marke Reifsteck

Contact Person and Telephone
Shawna O'Dell RN MSN COS-C
(217)347-1641

Date Completed
4/15/2013

Registered Agent Information
Amy Marquardt
800 East Carpenter Street
Springfield, IL 62974

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	4
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	13	13	13	13	4	9	13	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	13	13	13	13	4	9	13	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	5
Total Admissions 2011	430
Total Discharges 2011	431
Residents on 12/31/2011	4
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3180	67.0%	0	0.0%	26	79	3	0	3288	69.3%	69.3%
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	3180	67.0%	0	0.0%	26	79	3	0	3288	69.3%	69.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	1	0	0	0	0	0	0	0	1	1
85+	2	1	0	0	0	0	0	0	2	1	3
TOTALS	2	2	0	0	0	0	0	0	2	2	4

ST. ANTHONY MEMORIAL HOSPITAL
503 NORTH MAPLE STREET
EFFINGHAM, IL. 62401

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 049

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	0	0	0	0	0	4
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	0	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	325	275
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	4	0	0	0	4
Race Unknown	0	0	0	0	0
Total	4	0	0	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	4	0	0	0	4
Ethnicity Unknown	0	0	0	0	0
Total	4	0	0	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	3.00
Certified Aides	2.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	13.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
87.0%	0.0%	0.0%	13.0%	0.0%	100.0%		13.2%
925,175	0	0	137,686	0	1,062,861	140,392	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ST. ANTHONY'S NURSING & REHAB CENTER
767 - 30TH STREET
ROCK ISLAND, IL. 61201

Reference Numbers Facility ID 6008866
Health Service Area 010 Planning Service Area 161

Administrator
David B Taylor

Contact Person and Telephone
Suzanne Koenig
847-446-8400

Registered Agent Information
Suzanne Koenig
1 Northfield Plaza
Northfield, IL 60093

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	4
Mental Illness	10
Developmental Disability	0
Circulatory System	47
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	2
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	93
Total Residents Diagnosed as Mentally Ill	35

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	130	130	117	130	93	37	44	130
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	130	130	117	130	93	37	44	130

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	107
Total Admissions 2011	171
Total Discharges 2011	185
Residents on 12/31/2011	93
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3238	20.2%	25637	54.0%	0	807	6153	0	35835	75.5%	75.5%
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	3238	20.2%	25637	54.0%	0	807	6153	0	35835	75.5%	75.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	3	0	0	0	0	0	0	2	3	5
60 to 64	3	2	0	0	0	0	0	0	3	2	5
65 to 74	9	10	0	0	0	0	0	0	9	10	19
75 to 84	5	20	0	0	0	0	0	0	5	20	25
85+	7	32	0	0	0	0	0	0	7	32	39
TOTALS	26	67	0	0	0	0	0	0	26	67	93

ST. ANTHONY'S NURSING & REHAB CENTER
767 - 30TH STREET
ROCK ISLAND, IL. 61201

Reference Numbers Facility ID **Health Service Area** 010 **Planning Service Area** 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	65	0	4	12	0	93
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	65	0	4	12	0	93

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	164	152
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	83	0	0	0	83
Race Unknown	0	0	0	0	0
Total	93	0	0	0	93

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	91	0	0	0	91
Ethnicity Unknown	0	0	0	0	0
Total	93	0	0	0	93

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	7.00
Certified Aides	30.00
Other Health Staff	22.00
Non-Health Staff	0.00
Totals	66.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
29.2%	55.7%	0.0%	3.7%	11.4%	100.0%		0.0%
2,064,535	3,928,272	0	263,228	802,783	7,058,818	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ST. CLARA'S MANOR
200 FIFTH STREET
LINCOLN, IL. 62656

Reference Numbers Facility ID 6008890
Health Service Area 003 Planning Service Area 107

Administrator
Michael N. Eads

Contact Person and Telephone
Rabecca Howard

Registered Agent Information
Zach Dinardo
607 E. Adams St.

Date Completed
4/13/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	7
Alzheimer Disease	8
Mental Illness	18
Developmental Disability	1
Circulatory System	7
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	9
Musculo-skeletal Disorders	6
Injuries and Poisonings	3
Other Medical Conditions	30
Non-Medical Conditions	0
TOTALS	109

Total Residents Diagnosed as Mentally Ill 30

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	140	131	119	131	109	31	140	140
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	140	131	119	131	109	31	140	140

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	108
Total Admissions 2011	115
Total Discharges 2011	114
Residents on 12/31/2011	109
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4997	9.8%	24265	47.5%	0	0	11872	0	41134	80.5%	86.0%
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	4997	9.8%	24265	47.5%	0	0	11872	0	41134	80.5%	86.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	4	4	0	0	0	0	0	0	4	4	8
65 to 74	4	40	0	0	0	0	0	0	4	40	44
75 to 84	13	32	0	0	0	0	0	0	13	32	45
85+	2	8	0	0	0	0	0	0	2	8	10
TOTALS	24	85	0	0	0	0	0	0	24	85	109

ST. CLARA'S MANOR
200 FIFTH STREET
LINCOLN, IL. 62656

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 107

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	64	0	0	30	0	109
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	64	0	0	30	0	109

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	167
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	175	167

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	106	0	0	0	106
Race Unknown	0	0	0	0	0
Total	109	0	0	0	109

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	109	0	0	0	109
Ethnicity Unknown	0	0	0	0	0
Total	109	0	0	0	109

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	17.00
Certified Aides	38.00
Other Health Staff	2.00
Non-Health Staff	38.00
Totals	101.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
35.0%	35.5%	0.0%	0.0%	29.5%	100.0%		0.0%
2,515,110	2,546,334	0	0	2,115,618	7,177,062	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ST. CLARE'S HOSPITAL
915 E. 5TH ST.
ALTON, IL. 62002

Reference Numbers Facility ID 6012728
Health Service Area 011 Planning Service Area 119

Administrator
E.J. KUIPER, FACHE

Contact Person and Telephone
SISTER M. ANSELMA BELONGEA
618-474-6107

Date Completed
4/18/2013

Registered Agent Information
Sr. M. Anastasia Maher
1 Saint Anthony's Way
Alton, IL 62002

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	20

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	30	30	22	30	20	10	24	24
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	30	30	22	30	20	10	24	24

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	353
Total Discharges 2011	348
Residents on 12/31/2011	20
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5205	59.4%	0	0.0%	0	244	347	0	5796	52.9%	52.9%
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	5205	59.4%	0	0.0%	0	244	347	0	5796	52.9%	52.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	1	0	0	0	0	0	0	3	1	4
75 to 84	5	7	0	0	0	0	0	0	5	7	12
85+	1	3	0	0	0	0	0	0	1	3	4
TOTALS	9	11	0	0	0	0	0	0	9	11	20

ST. CLARE'S HOSPITAL
915 E. 5TH ST.
ALTON, IL. 62002

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	0	0	2	1	0	20
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	0	0	2	1	0	20

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	605	575
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	19	0	0	0	19
Race Unknown	0	0	0	0	0
Total	20	0	0	0	20

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	20	0	0	0	20
Ethnicity Unknown	0	0	0	0	0
Total	20	0	0	0	20

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	3.00
Certified Aides	8.00
Other Health Staff	2.40
Non-Health Staff	0.60
Totals	19.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ST. JAMES MANOR & VILLA
1251 EAST RICHTON ROAD
CRETE, IL. 60417

Reference Numbers Facility ID 6010664
Health Service Area 009 Planning Service Area 197

Administrator
JANET BREED

Contact Person and Telephone
JANET BREED
708-367-4401

Registered Agent Information

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	10
Blood Disorders	2
*Nervous System Non Alzheimer	4
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	43
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	11
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	91

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	110	110	101	110	91	19	110	55
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	110	110	101	110	91	19	110	55

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	90
Total Admissions 2011	243
Total Discharges 2011	242
Residents on 12/31/2011	91
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12187	30.4%	11115	55.4%	0	255	10006	0	33563	83.6%	83.6%
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	12187	30.4%	11115	55.4%	0	255	10006	0	33563	83.6%	83.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	6	0	0	0	0	0	0	2	6	8
75 to 84	14	20	0	0	0	0	0	0	14	20	34
85+	4	44	0	0	0	0	0	0	4	44	48
TOTALS	20	71	0	0	0	0	0	0	20	71	91

ST. JAMES MANOR & VILLA
1251 EAST RICHTON ROAD
CRETE, IL. 60417

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	33	36	0	2	20	0	91
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	33	36	0	2	20	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	232	217
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	13	0	0	0	13
Hawaiian/Pacific Isl.	0	0	0	0	0
White	78	0	0	0	78
Race Unknown	0	0	0	0	0
Total	91	0	0	0	91

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	89	0	0	0	89
Ethnicity Unknown	0	0	0	0	0
Total	91	0	0	0	91

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	18.00
Certified Aides	46.00
Other Health Staff	0.00
Non-Health Staff	45.00
Totals	119.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
64.5%	13.7%	0.0%	3.3%	18.5%	100.0%		0.0%
495,369	105,048	0	25,111	142,150	767,678	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ST. JOHN'S HOSPITAL
800 EAST CARPENTER
SPRINGFIELD, IL. 62702

Reference Numbers Facility ID 6008940
Health Service Area 003 Planning Service Area 167

Administrator
Robert Ritz

Contact Person and Telephone
KATHLEEN KRAFT RN, MPH, NHA
217-544-6464 x 46218

Date Completed
4/12/2013

Registered Agent Information
Amy Bulpitt J.D.
800 East Carpenter Street
Springfield, IL 62769

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	26
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	37	37	35	37	26	11	37	37
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	37	37	35	37	26	11	37	37

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	22
Total Admissions 2011	870
Total Discharges 2011	866
Residents on 12/31/2011	26
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8081	59.8%	777	5.8%	23	968	169	301	10319	76.4%	76.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	8081	59.8%	777	5.8%	23	968	169	301	10319	76.4%	76.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	2	0	0	0	0	0	0	0	2	2
45 to 59	0	4	0	0	0	0	0	0	0	4	4
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	3	6	0	0	0	0	0	0	3	6	9
75 to 84	2	1	0	0	0	0	0	0	2	1	3
85+	3	3	0	0	0	0	0	0	3	3	6
TOTALS	8	18	0	0	0	0	0	0	8	18	26

ST. JOHN'S HOSPITAL
800 EAST CARPENTER
SPRINGFIELD, IL. 62702

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	2	0	3	1	1	26
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	2	0	3	1	1	26

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	635	600
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	24	0	0	0	24
Race Unknown	0	0	0	0	0
Total	26	0	0	0	26

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	26	0	0	0	26
Ethnicity Unknown	0	0	0	0	0
Total	26	0	0	0	26

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	23.60
LPN's	4.30
Certified Aides	9.70
Other Health Staff	4.20
Non-Health Staff	2.90
Totals	46.70

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
79.6%	3.2%	0.6%	16.6%	0.0%	100.0%		0.7%
1,636,403	64,853	12,644	341,215	0	2,055,115	14,972	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ST. JOSEPH HOSPITAL
2900 NORTH LAKE SHORE DRIVE
CHICAGO, IL. 60657

Reference Numbers Facility ID 6010698
Health Service Area 006 Planning Service Area 602

Administrator
Charles Gutfeld

Contact Person and Telephone
BRENDA DAVIS
847-813-3712

Date Completed
3/26/2013

Registered Agent Information
Sandra Bruce
7435 W. Talcott Ave.

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	11
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	26	26	25	26	11	15	26	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	26	26	25	26	11	15	26	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	7
Total Admissions 2011	643
Total Discharges 2011	639
Residents on 12/31/2011	11
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4000	42.1%	0	0.0%	0	0	1172	0	5172	54.5%	54.5%
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	4000	42.1%	0	0.0%	0	0	1172	0	5172	54.5%	54.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	3	2	0	0	0	0	0	0	3	2	5
85+	1	3	0	0	0	0	0	0	1	3	4
TOTALS	5	6	0	0	0	0	0	0	5	6	11

ST. JOSEPH HOSPITAL
2900 NORTH LAKE SHORE DRIVE
CHICAGO, IL. 60657

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	0	0	1	0	0	11
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	0	0	1	0	0	11

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	831	831
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	7	0	0	0	7
Race Unknown	1	0	0	0	1
Total	11	0	0	0	11

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	10	0	0	0	10
Ethnicity Unknown	0	0	0	0	0
Total	11	0	0	0	11

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.13
Physicians	0.09
Director of Nursing	0.44
Registered Nurses	9.66
LPN's	0.00
Certified Aides	10.44
Other Health Staff	2.18
Non-Health Staff	3.13
Totals	26.07

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ST. JOSEPH VILLAGE
4021 WEST BELMONT AVENUE
CHICAGO, IL. 60641

Reference Numbers Facility ID 6008957
Health Service Area 006 Planning Service Area 601

Administrator
Norme Torres

Contact Person and Telephone
Norme Torres
773-328-5501

Date Completed
4/12/2013

Registered Agent Information
CT Corporation
208 South LaSalle, suite #814
Chicago, IL 60604

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	44

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	54	54	54	54	44	10	54	11
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	54	54	54	54	44	10	54	11

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	54
Total Admissions 2011	157
Total Discharges 2011	167
Residents on 12/31/2011	44
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6420	32.6%	1187	29.6%	0	330	9207	0	17144	87.0%	87.0%
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	6420	32.6%	1187	29.6%	0	330	9207	0	17144	87.0%	87.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	1	0	0	0	0	0	0	1	1	2
75 to 84	4	12	0	0	0	0	0	0	4	12	16
85+	8	17	0	0	0	0	0	0	8	17	25
TOTALS	14	30	0	0	0	0	0	0	14	30	44

ST. JOSEPH VILLAGE
4021 WEST BELMONT AVENUE
CHICAGO, IL. 60641

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	5	0	1	27	0	44
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	5	0	1	27	0	44

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	309	274
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	1	0	0	0	1
White	42	0	0	0	42
Race Unknown	0	0	0	0	0
Total	44	0	0	0	44

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	38	0	0	0	38
Ethnicity Unknown	0	0	0	0	0
Total	44	0	0	0	44

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	5.00
Certified Aides	18.00
Other Health Staff	4.00
Non-Health Staff	31.00
Totals	69.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
51.1%	2.7%	0.0%	2.5%	43.8%	100.0%		1.0%
3,161,876	167,491	0	154,190	2,709,567	6,193,124	63,736	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ST. JOSEPH'S HOME FOR AGED
3306 SOUTH 6TH STREET ROAD
SPRINGFIELD, IL. 62703

Reference Numbers Facility ID 6008965
Health Service Area 003 Planning Service Area 167

Administrator
Sister M. Lenore Highland

Contact Person and Telephone
SISTER M. LENORE HIGHLAND
217-529-5596

Date Completed
3/26/2013

Registered Agent Information
Sister Paula Vasquez
2408 W. Heading Ave.
West Peoria, IL 61604

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	8
Mental Illness	44
Developmental Disability	0
Circulatory System	13
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	87
Total Residents Diagnosed as Mentally Ill	50

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	72	71	71	71	69	3	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	35	27	27	27	18	17		
TOTAL BEDS	107	98	98	98	87	20	0	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	89
Total Admissions 2011	42
Total Discharges 2011	44
Residents on 12/31/2011	87
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	19868	4013	23881	90.9%	92.2%
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	6269	577	6846	53.6%	69.5%
TOTALS	0	0.0%	0	0.0%	0	0	26137	4590	30727	78.7%	85.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	1	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	1	0	0	0	0	0	0	3	1	4
75 to 84	7	12	0	0	0	0	1	6	8	18	26
85+	9	37	0	0	0	0	4	6	13	43	56
TOTALS	19	50	0	0	0	0	5	13	24	63	87

ST. JOSEPH'S HOME FOR AGED
3306 SOUTH 6TH STREET ROAD
SPRINGFIELD, IL. 62703

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	58	11	69
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	17	1	18
TOTALS	0	0	0	0	75	12	87

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	202	194
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	113	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	69	0	0	18	87
Race Unknown	0	0	0	0	0
Total	69	0	0	18	87

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	69	0	0	18	87
Total	69	0	0	18	87

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.50
LPN's	21.50
Certified Aides	34.50
Other Health Staff	0.00
Non-Health Staff	42.00
Totals	109.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		8.0%
0	0	0	0	5,350,516	5,350,516	430,672	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ST. JOSEPH'S HOME FOR ELDERLY
80 WEST NORTHWEST HIGHWAY
PALATINE, IL. 60067

Reference Numbers Facility ID 6009005
Health Service Area 007 Planning Service Area 701

Administrator
Sr. Marguerite McCarthy

Contact Person and Telephone
SR. MARGUERITE MCCARTHY
847-358-5700

Registered Agent Information

Date Completed
4/12/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	19
Alzheimer Disease	1
Mental Illness	2
Developmental Disability	0
Circulatory System	16
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	57

Total Residents Diagnosed as Mentally Ill 2

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	59	59	59	59	55	4	0	51
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	7	7	6	7	2	5		
TOTAL BEDS	66	66	65	66	57	9	0	51

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	63
Total Admissions 2011	6
Total Discharges 2011	12
Residents on 12/31/2011	57
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	19022	######	0	0	1640	0	20662	95.9%	95.9%
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	1246	0	1246	48.8%	48.8%
TOTALS	0	0.0%	19022	######	0	0	2886	0	21908	90.9%	90.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	3	5	0	0	0	0	0	2	3	7	10
85+	4	39	0	0	0	0	0	0	4	39	43
TOTALS	8	47	0	0	0	0	0	2	8	49	57

ST. JOSEPH'S HOME FOR ELDERLY
80 WEST NORTHWEST HIGHWAY
PALATINE, IL. 60067

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	48	0	0	7	0	55
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	2	0	2
TOTALS	0	48	0	0	9	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	45	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	53	0	0	2	55
Race Unknown	0	0	0	0	0
Total	55	0	0	2	57

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	52	0	0	2	54
Ethnicity Unknown	0	0	0	0	0
Total	55	0	0	2	57

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	6.00
LPN's	6.00
Certified Aides	26.00
Other Health Staff	5.00
Non-Health Staff	33.00
Totals	76.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	89.5%	0.0%	0.0%	10.5%	100.0%		0.0%
0	2,343,857	0	0	273,980	2,617,837	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Bed Change	3/16/2012	Discontinued 1 Nursing Care bed; facility now has 59 Nursing Care and 7 Sheltered Care beds.

ST. JOSEPH'S MEDICAL CENTER
2200 EAST WASHINGTON STREET
BLOOMINGTON, IL. 61701

Reference Numbers Facility ID 6011407
Health Service Area 004 Planning Service Area 113

Administrator
Deborah S. Smith

Contact Person and Telephone
Kyle Scheuer
1-309-662-3311 x3070

Date Completed
4/12/2013

Registered Agent Information
St. Joseph Medical Center
2200 E. Washington Street
Bloomington, IL 61701

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	6

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	12	12	8	12	6	6	12	12
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	8	12	6	6	12	12

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	4
Total Admissions 2011	221
Total Discharges 2011	219
Residents on 12/31/2011	6
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1482	33.8%	105	2.4%	0	198	19	45	1849	42.2%	42.2%
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	1482	33.8%	105	2.4%	0	198	19	45	1849	42.2%	42.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	3	1	0	0	0	0	0	0	3	1	4
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	5	1	0	0	0	0	0	0	5	1	6

ST. JOSEPH'S MEDICAL CENTER
2200 EAST WASHINGTON STREET
BLOOMINGTON, IL. 61701

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 113

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	1	0	0	0	0	6
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	1	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	476
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	6	0	0	0	6
Race Unknown	0	0	0	0	0
Total	6	0	0	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	6	0	0	0	6
Ethnicity Unknown	0	0	0	0	0
Total	6	0	0	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.05
Director of Nursing	0.50
Registered Nurses	4.50
LPN's	0.60
Certified Aides	3.30
Other Health Staff	0.60
Non-Health Staff	0.40
Totals	10.20

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ST. JOSEPH'S NURSING HOME
401 9TH STREET
LACON, IL. 61540

Reference Numbers Facility ID 6008999
Health Service Area 002 Planning Service Area 123

Administrator
Lisa A. Helms

Contact Person and Telephone
LISA A. HELMS
309-246-2175

Date Completed
4/19/2013

Registered Agent Information
Sr. Loretta Mattas
401 9th Street
Lacon, IL 61540

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	24
Blood Disorders	2
*Nervous System Non Alzheimer	16
Alzheimer Disease	23
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	80

Total Residents Diagnosed as Mentally Ill 48

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	93	93	83	93	80	13	93	44
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	93	93	83	93	80	13	93	44

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	82
Total Admissions 2011	68
Total Discharges 2011	70
Residents on 12/31/2011	80
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2172	6.4%	17062	######	0	0	9882	0	29116	85.8%	85.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2172	6.4%	17062	######	0	0	9882	0	29116	85.8%	85.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	1	0	0	0	0	0	0	1	1	2
75 to 84	5	11	0	0	0	0	0	0	5	11	16
85+	20	41	0	0	0	0	0	0	20	41	61
TOTALS	27	53	0	0	0	0	0	0	27	53	80

ST. JOSEPH'S NURSING HOME
401 9TH STREET
LACON, IL. 61540

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 123

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	44	0	0	28	0	80
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	44	0	0	28	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	192	182
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	79	0	0	0	79
Race Unknown	1	0	0	0	1
Total	80	0	0	0	80

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	79	0	0	0	79
Ethnicity Unknown	0	0	0	0	0
Total	80	0	0	0	80

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	15.00
Certified Aides	41.00
Other Health Staff	4.00
Non-Health Staff	46.00
Totals	115.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
19.7%	41.3%	0.0%	0.0%	39.0%	100.0%		0.1%
940,720	1,966,376	0	0	1,859,547	4,766,643	5,882	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ST. MARTHA'S MANOR
4621 NORTH RACINE AVENUE
CHICAGO, IL. 60640

Reference Numbers Facility ID 6009013
Health Service Area 006 Planning Service Area 601

Administrator
BRIDGET STUMPF-WILMOT

Contact Person and Telephone
BRIDGET STUMPF-WILMOT
773-784-2300

Date Completed
4/2/2013

Registered Agent Information
Peter O'Brien
1520 N. Wells Street
Chicago, IL 60610

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	34
Blood Disorders	0
*Nervous System Non Alzheimer	21
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	2
Circulatory System	47
Respiratory System	10
Digestive System	4
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	128
Total Residents Diagnosed as Mentally Ill	123

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	132	132	132	132	128	4	0	132
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	132	132	132	132	128	4	0	132

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	120
Total Admissions 2011	43
Total Discharges 2011	35
Residents on 12/31/2011	128
Identified Offenders	5

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	45933	95.3%	0	0	388	0	46321	96.1%	96.1%
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	0	0.0%	45933	95.3%	0	0	388	0	46321	96.1%	96.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	2	0	0	0	0	0	0	3	2	5
45 to 59	16	12	0	0	0	0	0	0	16	12	28
60 to 64	13	13	0	0	0	0	0	0	13	13	26
65 to 74	18	13	0	0	0	0	0	0	18	13	31
75 to 84	13	18	0	0	0	0	0	0	13	18	31
85+	5	2	0	0	0	0	0	0	5	2	7
TOTALS	68	60	0	0	0	0	0	0	68	60	128

ST. MARTHA'S MANOR
4621 NORTH RACINE AVENUE
CHICAGO, IL. 60640

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	127	0	0	1	0	128
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	127	0	0	1	0	128

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	124	124
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	1	0	0	0	1
Black	46	0	0	0	46
Hawaiian/Pacific Isl.	0	0	0	0	0
White	80	0	0	0	80
Race Unknown	0	0	0	0	0
Total	128	0	0	0	128

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	120	0	0	0	120
Ethnicity Unknown	0	0	0	0	0
Total	128	0	0	0	128

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	12.00
Certified Aides	32.00
Other Health Staff	0.00
Non-Health Staff	56.00
Totals	106.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	99.2%	0.0%	0.0%	0.8%	100.0%		0.0%
0	5,351,095	0	0	44,890	5,395,986	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ST. MARY'S HOSPITAL
1800 EAST LAKE SHORE DRIVE
DECATUR, IL. 62521

Reference Numbers Facility ID 6009047
Health Service Area 004 Planning Service Area 115

Administrator
Kevin Kast

Contact Person and Telephone
Adam Feriozzi
217-464-5543

Registered Agent Information

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	11
Total Residents Diagnosed as Mentally Ill	1

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	14	14	14	14	11	3	14	4
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	14	14	14	14	11	3	14	4

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	12
Total Admissions 2011	322
Total Discharges 2011	323
Residents on 12/31/2011	11
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3487	68.2%	87	6.0%	0	245	7	36	3862	75.6%	75.6%
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	3487	68.2%	87	6.0%	0	245	7	36	3862	75.6%	75.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	0	4	0	0	0	0	0	0	0	4	4
75 to 84	1	2	0	0	0	0	0	0	1	2	3
85+	0	2	0	0	0	0	0	0	0	2	2
TOTALS	3	8	0	0	0	0	0	0	3	8	11

ST. MARY'S HOSPITAL
1800 EAST LAKE SHORE DRIVE
DECATUR, IL. 62521

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	0	0	0	0	0	11
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	0	0	0	0	0	11

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	10	0	0	0	10
Race Unknown	0	0	0	0	0
Total	11	0	0	0	11

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	11	0	0	0	11
Ethnicity Unknown	0	0	0	0	0
Total	11	0	0	0	11

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	3.42
LPN's	1.00
Certified Aides	4.67
Other Health Staff	0.60
Non-Health Staff	1.00
Totals	10.69

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
83.2%	2.0%	0.0%	14.6%	0.2%	100.0%		4.1%
293,394	6,994	0	51,387	715	352,490	14,490	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ST. MARY'S SQUARE
239 SOUTH CHERRY
GALESBURG, IL. 61401

Reference Numbers Facility ID 6009039
Health Service Area 002 Planning Service Area 095

Administrator
Bobby Dillard

Contact Person and Telephone
BOBBY DILLARD
309 343 4101

Date Completed
4/17/2013

Registered Agent Information
Mike Bibo
285 S. Farnham Street
Galesburg, IL 61401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	200
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	200

Total Residents Diagnosed as Mentally Ill 53

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	255	225	206	225	200	55		255
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	255	225	206	225	200	55	0	255

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	206
Total Admissions 2011	21
Total Discharges 2011	27
Residents on 12/31/2011	200
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			74736	80.3%	0	0	0	0	74736	80.3%	91.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	74736	80.3%	0	0	0	0	74736	80.3%	91.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	24	24	0	0	24	24	48
45 to 59	0	0	0	0	31	44	0	0	31	44	75
60 to 64	0	0	0	0	13	10	0	0	13	10	23
65 to 74	0	0	0	0	17	22	0	0	17	22	39
75 to 84	0	0	0	0	7	5	0	0	7	5	12
85+	0	0	0	0	2	1	0	0	2	1	3
TOTALS	0	0	0	0	94	106	0	0	94	106	200

ST. MARY'S SQUARE
239 SOUTH CHERRY
GALESBURG, IL. 61401

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		200	0	0	0	0	200
Sheltered Care			0	0	0	0	0
TOTALS	0	200	0	0	0	0	200

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	125	125
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	2	0	2
American Indian	0	0	1	0	1
Black	0	0	34	0	34
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	163	0	163
Race Unknown	0	0	0	0	0
Total	0	0	200	0	200

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	198	0	198
Ethnicity Unknown	0	0	0	0	0
Total	0	0	200	0	200

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	23.20
Certified Aides	118.60
Other Health Staff	27.00
Non-Health Staff	56.30
Totals	229.10

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%	84.1%	0.0%	0.0%	15.9%	100.0%		0.0%
0	7,950,902	0	0	1,507,727	9,458,629	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ST. MATTHEW CENTER FOR HEALTH
1601 NORTH WESTERN AVENUE
PARK RIDGE, IL. 60068

Reference Numbers Facility ID 6009096
Health Service Area 007 Planning Service Area 702

Administrator
Jonathan C. Moy

Contact Person and Telephone
JONATHAN C MOY
847-825-5531

Date Completed
4/8/2013

Registered Agent Information
Craig Colmar
2201 Waukegan Road, Suite 260
Bannockburn, IL 60015

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	2
*Nervous System Non Alzheimer	9
Alzheimer Disease	23
Mental Illness	12
Developmental Disability	0
Circulatory System	13
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	23
Injuries and Poisonings	0
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	109

Total Residents Diagnosed as Mentally Ill 12

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	140	140	133	140	109	31	43	44
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	140	140	133	140	109	31	43	44

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	123
Total Admissions 2011	264
Total Discharges 2011	278
Residents on 12/31/2011	109
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5654	36.0%	11085	69.0%	0	358	26395	0	43492	85.1%	85.1%
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	5654	36.0%	11085	69.0%	0	358	26395	0	43492	85.1%	85.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	15	19	0	0	0	0	0	0	15	19	34
85+	14	55	0	0	0	0	0	0	14	55	69
TOTALS	32	77	0	0	0	0	0	0	32	77	109

ST. MATTHEW CENTER FOR HEALTH
1601 NORTH WESTERN AVENUE
PARK RIDGE, IL. 60068

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	24	0	1	73	0	109
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	24	0	1	73	0	109

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	244	234
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	108	0	0	0	108
Race Unknown	0	0	0	0	0
Total	109	0	0	0	109

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	109	0	0	0	109
Ethnicity Unknown	0	0	0	0	0
Total	109	0	0	0	109

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.20
Director of Nursing	1.00
Registered Nurses	24.40
LPN's	7.00
Certified Aides	54.10
Other Health Staff	0.00
Non-Health Staff	65.20
Totals	152.90

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
39.6%	13.5%	0.0%	11.5%	35.4%	100.0%		0.0%
5,090,902	1,728,717	0	1,480,027	4,540,961	12,840,607	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ST. PATRICK'S RESIDENCE
1400 BROOKDALE ROAD
NAPERVILLE, IL. 60563

Reference Numbers Facility ID 6011910
Health Service Area 007 Planning Service Area 703

Administrator
Sister Jeanne F. Haley

Contact Person and Telephone
Mary L. Anderson
630-416-6565 Ext. 513

Registered Agent Information
Sister Jeanne F. Haley
1400 Brookdale Road
Naperville, IL 60563

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	55
Mental Illness	11
Developmental Disability	0
Circulatory System	38
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	49
Non-Medical Conditions	0
TOTALS	190

Total Residents Diagnosed as Mentally Ill 84

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	209	209	203	209	190	19	206	209
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	1	1	1	1	0	1		
TOTAL BEDS	210	210	204	210	190	20	206	209

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	198
Total Admissions 2011	225
Total Discharges 2011	233
Residents on 12/31/2011	190
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4743	6.3%	36304	47.6%	0	0	29304	0	70351	92.2%	92.2%
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	254	0	254	69.6%	69.6%
TOTALS	4743	6.3%	36304	47.6%	0	0	29558	0	70605	92.1%	92.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	5	5	0	0	0	0	0	0	5	5	10
75 to 84	14	38	0	0	0	0	0	0	14	38	52
85+	13	115	0	0	0	0	0	0	13	115	128
TOTALS	32	158	0	0	0	0	0	0	32	158	190

ST. PATRICK'S RESIDENCE
1400 BROOKDALE ROAD
NAPERVILLE, IL. 60563

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	93	0	0	80	0	190
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	93	0	0	80	0	190

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	257	235
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	251	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	189	0	0	0	189
Race Unknown	0	0	0	0	0
Total	190	0	0	0	190

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	187	0	0	0	187
Ethnicity Unknown	0	0	0	0	0
Total	190	0	0	0	190

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	25.10
LPN's	16.30
Certified Aides	79.70
Other Health Staff	7.00
Non-Health Staff	59.10
Totals	190.20

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
15.3%	33.4%	0.5%	0.0%	50.9%	100.0%		0.0%
2,197,599	4,807,429	66,615	0	7,319,095	14,390,738	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ST. PAUL'S HOME
1021 WEST E STREET
BELLEVILLE, IL. 62220

Reference Numbers Facility ID 6009120
Health Service Area 011 Planning Service Area 163

Administrator
Susan Franklin

Contact Person and Telephone
Cindy Woods
618-233-2095

Registered Agent Information

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	12
Endocrine/Metabolic	17
Blood Disorders	3
*Nervous System Non Alzheimer	5
Alzheimer Disease	37
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	4
Digestive System	12
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	117

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	113	113	106	110	98	15	0	113
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	62	62	20	23	19	43		
TOTAL BEDS	175	175	126	133	117	58	0	113

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	115
Total Admissions 2011	99
Total Discharges 2011	97
Residents on 12/31/2011	117
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3148	0.0%	21948	53.2%	0	0	11671	352	37119	90.0%	90.0%
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	6149	365	6514	28.8%	28.8%
TOTALS	3148	0.0%	21948	53.2%	0	0	17820	717	43633	68.3%	68.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	10	0	0	0	0	0	1	1	11	12
75 to 84	10	20	0	0	0	0	0	4	10	24	34
85+	10	47	0	0	0	0	3	11	13	58	71
TOTALS	21	77	0	0	0	0	3	16	24	93	117

ST. PAUL'S HOME
1021 WEST E STREET
BELLEVILLE, IL. 62220

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	66	0	0	29	0	98
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	18	1	19
TOTALS	3	66	0	0	47	1	117

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	144
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	72	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	11	0	0	0	11
Hawaiian/Pacific Isl.	0	0	0	0	0
White	87	0	0	19	106
Race Unknown	0	0	0	0	0
Total	98	0	0	19	117

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	96	0	0	19	115
Ethnicity Unknown	0	0	0	0	0
Total	98	0	0	19	117

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.65
LPN's	17.11
Certified Aides	50.48
Other Health Staff	0.00
Non-Health Staff	50.38
Totals	125.62

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
21.7%	35.6%	0.8%	7.4%	34.5%	100.0%		1.2%
1,507,220	2,470,075	53,432	514,660	2,397,332	6,942,719	86,558	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ST. PAUL'S HOUSE & HEALTHCARE
3800 NORTH CALIFORNIA AVENUE
CHICAGO, IL. 60618

Reference Numbers Facility ID 6009112
Health Service Area 006 Planning Service Area 601

Administrator
Judy Pitzele

Contact Person and Telephone
Judy Pitzele
224-543-2309

Date Completed
5/29/2013

Registered Agent Information
Roger Paulsberg, CEO
3150 Salt Creek Ln.
Arlington Heights, IL 60005

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	14
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	21
Injuries and Poisonings	0
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	73

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	110	110	99	110	73	37	110	32
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	68	56	31	56	28	40		
TOTAL BEDS	178	166	130	166	101	77	110	32

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	105
Total Admissions 2011	294
Total Discharges 2011	298
Residents on 12/31/2011	101
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10504	26.2%	9516	81.5%	0	325	9698	115	30158	75.1%	75.1%
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	8927	1095	10022	40.4%	49.0%
TOTALS	10504	26.2%	9516	81.5%	0	325	18625	1210	40180	61.8%	66.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	3	0	0	0	0	1	0	2	3	5
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	0	4	0	0	0	0	0	0	0	4	4
75 to 84	10	14	0	0	0	0	2	6	12	20	32
85+	4	33	0	0	0	0	2	17	6	50	56
TOTALS	17	56	0	0	0	0	5	23	22	79	101

ST. PAUL'S HOUSE & HEALTHCARE
3800 NORTH CALIFORNIA AVENUE
CHICAGO, IL. 60618

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	18	29	1	0	0	73
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	25	3	28
TOTALS	25	18	29	1	25	3	101

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	280	223
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	100	180

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	0	5
American Indian	0	0	0	0	0
Black	10	0	0	1	11
Hawaiian/Pacific Isl.	0	0	0	0	0
White	45	0	0	25	70
Race Unknown	13	0	0	2	15
Total	73	0	0	28	101

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	69	0	0	28	97
Ethnicity Unknown	0	0	0	0	0
Total	73	0	0	28	101

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	11.00
Certified Aides	40.00
Other Health Staff	4.00
Non-Health Staff	57.00
Totals	127.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
40.7%	15.1%	0.0%	0.0%	44.3%	100.0%		5.1%
4,152,732	1,540,843	0	0	4,520,363	10,213,938	520,338	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ST. VINCENT'S HOME
1440 NORTH 10TH STREET
QUINCY, IL. 62301

Reference Numbers Facility ID 6005466
Health Service Area 003 Planning Service Area 001

Administrator
Jerome W Seigfreid Jr

Contact Person and Telephone
Christopher A Reis
217-228-1950 x308

Date Completed
4/17/2013

Registered Agent Information
Giffin, Cohen, Winnig & Bodewes, ATTN:
1 W Old State Capitol Plaza #60
Springfield, IL 62701

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	3
Mental Illness	6
Developmental Disability	0
Circulatory System	26
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	1
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	61
Total Residents Diagnosed as Mentally Ill	6

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	90	90	74	90	61	29	90	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	90	90	74	90	61	29	90	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	62
Total Admissions 2011	162
Total Discharges 2011	163
Residents on 12/31/2011	61
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2180	6.6%	8920	0.0%	0	0	13156	0	24256	73.8%	73.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2180	6.6%	8920	0.0%	0	0	13156	0	24256	73.8%	73.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	3	8	0	0	0	0	0	0	3	8	11
85+	5	44	0	0	0	0	0	0	5	44	49
TOTALS	8	53	0	0	0	0	0	0	8	53	61

ST. VINCENT'S HOME
1440 NORTH 10TH STREET
QUINCY, IL. 62301

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 001

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	37	0	0	19	0	61
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	37	0	0	19	0	61

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	186	159
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	58	0	0	0	58
Race Unknown	0	0	0	0	0
Total	61	0	0	0	61

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	61	0	0	0	61
Ethnicity Unknown	0	0	0	0	0
Total	61	0	0	0	61

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.96
LPN's	7.95
Certified Aides	26.86
Other Health Staff	1.34
Non-Health Staff	33.00
Totals	82.11

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
19.8%	21.2%	6.1%	0.0%	52.9%	100.0%		0.0%
859,447	918,491	264,838	0	2,293,237	4,336,013	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

STATION COURT
275 WEST STATION STREET
KANKAKEE, IL. 60901

Reference Numbers Facility ID 6013700
Health Service Area 009 Planning Service Area 091

Administrator
Jennifer Allsopp

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/8/2013

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	6
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	6
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	6
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			2196	######	0	0	0	0	2196	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2196	######	0	0	0	0	2196	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	0	0	0	3	0	3
45 to 59	0	0	0	0	3	0	0	0	3	0	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	6	0	0	0	6	0	6

STATION COURT
275 WEST STATION STREET
KANKAKEE, IL. 60901

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		6	0	0	0	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	198
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	2	0	2
Race Unknown	0	0	0	0	0
Total	0	0	6	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	6	0	6
Ethnicity Unknown	0	0	0	0	0
Total	0	0	6	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	7.00
Other Health Staff	0.33
Non-Health Staff	0.00
Totals	8.17

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	93.0%	0.5%	0.0%	6.6%	100.0%		0.0%
0	405,311	1,991	0	28,624	435,926	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

STEARNS NURSING & REHABILITATION CENTER
3900 STEARNS AVENUE
GRANITE CITY, IL. 62040

Reference Numbers Facility ID 6010441
Health Service Area 011 Planning Service Area 119

Administrator
Brent Hoffman

Contact Person and Telephone
GARY F. EYE
716-972-2392

Date Completed
3/20/2013

Registered Agent Information
UNITED CORPORATE SERVICES INC
901 S 2ND ST STE 201
Springfield, IL 62704

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	5
Mental Illness	28
Developmental Disability	0
Circulatory System	14
Respiratory System	3
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	18
Non-Medical Conditions	2
TOTALS	88
Total Residents Diagnosed as Mentally Ill	28

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	109	109	98	109	88	21	109	109
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	109	109	98	109	88	21	109	109

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	95
Total Admissions 2011	117
Total Discharges 2011	124
Residents on 12/31/2011	88
Identified Offenders	3

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3600	9.0%	21925	55.1%	1735	575	5161	0	32996	82.9%	82.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3600	9.0%	21925	55.1%	1735	575	5161	0	32996	82.9%	82.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	3	5	0	0	0	0	0	0	3	5	8
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	2	8	0	0	0	0	0	0	2	8	10
75 to 84	9	15	0	0	0	0	0	0	9	15	24
85+	6	35	0	0	0	0	0	0	6	35	41
TOTALS	23	65	0	0	0	0	0	0	23	65	88

STEARNS NURSING & REHABILITATION CENTER
3900 STEARNS AVENUE
GRANITE CITY, IL. 62040

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	56	8	0	17	0	88
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	56	8	0	17	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	172	133
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	82	0	0	0	82
Race Unknown	0	0	0	0	0
Total	88	0	0	0	88

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	88	0	0	0	88
Ethnicity Unknown	0	0	0	0	0
Total	88	0	0	0	88

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	3.21
LPN's	18.44
Certified Aides	35.51
Other Health Staff	11.19
Non-Health Staff	16.98
Totals	87.33

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
28.2%	52.2%	6.8%	0.6%	12.1%	100.0%		0.0%
1,610,189	2,978,157	388,987	36,665	693,004	5,707,002	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

STEPHENSON NURSING CENTER
2946 SOUTH WALNUT ROAD
FREEPORT, IL. 61032

Reference Numbers Facility ID 6009161
Health Service Area 001 Planning Service Area 177

Administrator
Darnell Fortney

Contact Person and Telephone
Darnell Fortney
815-235-6173

Registered Agent Information

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	9
Blood Disorders	1
*Nervous System Non Alzheimer	27
Alzheimer Disease	26
Mental Illness	3
Developmental Disability	0
Circulatory System	19
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	4
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	131

Total Residents Diagnosed as Mentally Ill 3

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	150	150	131	150	131	19	148	148
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	150	150	131	150	131	19	148	148

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	112
Total Admissions 2011	136
Total Discharges 2011	117
Residents on 12/31/2011	131
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2743	5.1%	30775	57.0%	2334	0	8279	0	44131	80.6%	80.6%
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	2743	5.1%	30775	57.0%	2334	0	8279	0	44131	80.6%	80.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	5	5	0	0	0	0	0	0	5	5	10
65 to 74	4	9	0	0	0	0	0	0	4	9	13
75 to 84	14	32	0	0	0	0	0	0	14	32	46
85+	23	36	0	0	0	0	0	0	23	36	59
TOTALS	49	82	0	0	0	0	0	0	49	82	131

STEPHENSON NURSING CENTER
2946 SOUTH WALNUT ROAD
FREEPORT, IL. 61032

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 177

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	86	8	0	27	0	131
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	86	8	0	27	0	131

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	123	0	0	0	123
Race Unknown	0	0	0	0	0
Total	131	0	0	0	131

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	129	0	0	0	129
Ethnicity Unknown	0	0	0	0	0
Total	131	0	0	0	131

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	11.50
Certified Aides	55.50
Other Health Staff	0.00
Non-Health Staff	34.00
Totals	116.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
18.9%	57.3%	3.8%	0.0%	20.1%	100.0%		0.0%
1,085,233	3,296,683	218,225	0	1,155,663	5,755,807	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Bed Change	12/12/2012	Discontinued 12 Nursing Care beds; facility now has 150 Nursing Care beds.

STERLING PAVILION
105 EAST 23RD STREET
STERLING, IL. 61081

Reference Numbers Facility ID 6009179
Health Service Area 001 Planning Service Area 195

Administrator
Rhonda Reed

Contact Person and Telephone
RHONDA REED
815.626.4264

Registered Agent Information
Abraham Stern
191 North Wacker Drive Suite 1800
Chicago, IL 60606

Date Completed
4/16/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	1
Circulatory System	0
Respiratory System	8
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	52
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	75

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	121	99	98	99	75	46	121	121
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	121	99	98	99	75	46	121	121

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	86
Total Admissions 2011	109
Total Discharges 2011	120
Residents on 12/31/2011	75
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5168	11.7%	15663	35.5%	0	0	7929	0	28760	65.1%	79.6%
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	5168	11.7%	15663	35.5%	0	0	7929	0	28760	65.1%	79.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	2	0	0	0	0	0	0	3	2	5
75 to 84	6	17	0	0	0	0	0	0	6	17	23
85+	6	40	0	0	0	0	0	0	6	40	46
TOTALS	15	60	0	0	0	0	0	0	15	60	75

STERLING PAVILION
105 EAST 23RD STREET
STERLING, IL. 61081

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	42	0	0	20	0	75
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	42	0	0	20	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	130
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	75	0	0	0	75
Race Unknown	0	0	0	0	0
Total	75	0	0	0	75

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	69	0	0	0	69
Total	75	0	0	0	75

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	7.00
Certified Aides	39.00
Other Health Staff	0.00
Non-Health Staff	39.00
Totals	90.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
12.2%	64.6%	0.0%	0.0%	23.2%	100.0%		0.0%
502,310	2,655,371	0	0	955,490	4,113,171	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

STERN SQUARE
1328 WEST 7TH STREET
STERLING, IL. 61081

Reference Numbers Facility ID 6010177
Health Service Area 001 Planning Service Area 195

Administrator
Justin Connelly

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/8/2013

Registered Agent Information
J Michael Bibo
285 S Farnham Street
Galesburg, IL 61401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 5

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	1
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5837	99.9%	0	0	0	0	5837	99.9%	99.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5837	99.9%	0	0	0	0	5837	99.9%	99.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	3	0	0	3	3	6
45 to 59	0	0	0	0	2	1	0	0	2	1	3
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	0	3	0	0	0	3	3
75 to 84	0	0	0	0	0	1	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	6	9	0	0	6	9	15

STERN SQUARE
1328 WEST 7TH STREET
STERLING, IL. 61081

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	125
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	15	0	15
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	84.6%	0.3%	0.0%	15.1%	100.0%		0.0%
0	609,673	1,998	0	108,939	720,611	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

STEVENS HOUSE
2182 WINDISH DRIVE
GALESBURG, IL. 61401

Reference Numbers Facility ID 6008478
Health Service Area 002 Planning Service Area 095

Administrator
Tiffany Lair

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

Date Completed
4/8/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 12

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5840	######	0	0	0	0	5840	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5840	######	0	0	0	0	5840	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	3	0	0	3	3	6
45 to 59	0	0	0	0	2	3	0	0	2	3	5
60 to 64	0	0	0	0	1	2	0	0	1	2	3
65 to 74	0	0	0	0	2	0	0	0	2	0	2
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

STEVENS HOUSE
2182 WINDISH DRIVE
GALESBURG, IL. 61401

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	118
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	16	0	16
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	82.3%	0.6%	0.0%	17.1%	100.0%		0.0%
0	568,354	3,978	0	118,414	690,747	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

STOCKTON HEALTHCARE & REHAB
501 EAST FRONT STREET
STOCKTON, IL. 61085

Reference Numbers Facility ID 6006365
Health Service Area 001 Planning Service Area 085

Administrator
Lisa Carey

Contact Person and Telephone
LISA CAREY
815-947-2215

Date Completed
4/22/2013

Registered Agent Information
Steven V. Sher
5750 Old orchard Rd, Suite 420
SKOKIE, IL 60077

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	3
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	7
Digestive System	4
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	35

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	49	49	37	49	35	14	0	49
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	49	49	37	49	35	14	0	49

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	31
Total Admissions 2011	21
Total Discharges 2011	17
Residents on 12/31/2011	35
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	272	0.0%	5695	31.8%	0	0	3657	0	9624	53.8%	53.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	272	0.0%	5695	31.8%	0	0	3657	0	9624	53.8%	53.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	1	0	0	0	0	0	0	1	1	2
75 to 84	8	12	0	0	0	0	0	0	8	12	20
85+	2	10	0	0	0	0	0	0	2	10	12
TOTALS	12	23	0	0	0	0	0	0	12	23	35

STOCKTON HEALTHCARE & REHAB
501 EAST FRONT STREET
STOCKTON, IL. 61085

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 085

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	15	0	0	10	0	35
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	15	0	0	10	0	35

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	130
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	35	0	0	0	35
Race Unknown	0	0	0	0	0
Total	35	0	0	0	35

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	35	0	0	0	35
Ethnicity Unknown	0	0	0	0	0
Total	35	0	0	0	35

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	1.00
Certified Aides	15.00
Other Health Staff	3.00
Non-Health Staff	6.00
Totals	30.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
32.9%	67.1%	0.0%	0.0%	0.0%	100.0%		0.0%
393,244	801,517	0	0	0	1,194,761	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

STONEBRIDGE SENIOR LIVING CENTER
902 SOUTH MCLEANSBORO
BENTON, IL. 62812

Reference Numbers Facility ID 6008494
Health Service Area 005 Planning Service Area 055

Administrator
Reba Williams

Contact Person and Telephone
Reba Williams
618-439-4501

Date Completed
4/8/2013

Registered Agent Information
Dr. Roger Herrin
607 S. Commercial
Harrsburg, IL 62946

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	12
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	37
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	55

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	80	75	57	70	55	25	15	80
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	80	75	57	70	55	25	15	80

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	58
Total Admissions 2011	53
Total Discharges 2011	56
Residents on 12/31/2011	55
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1717	31.4%	9887	33.9%	0	115	8409	0	20128	68.9%	73.5%
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	1717	31.4%	9887	33.9%	0	115	8409	0	20128	68.9%	73.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	5	12	0	0	0	0	0	0	5	12	17
85+	5	22	0	0	0	0	0	0	5	22	27
TOTALS	15	40	0	0	0	0	0	0	15	40	55

STONEBRIDGE SENIOR LIVING CENTER
902 SOUTH MCLEANSBORO
BENTON, IL. 62812

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 055

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	27	0	1	23	0	55
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	27	0	1	23	0	55

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	120
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	55	0	0	0	55
Race Unknown	0	0	0	0	0
Total	55	0	0	0	55

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	55	0	0	0	55
Ethnicity Unknown	0	0	0	0	0
Total	55	0	0	0	55

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	7.00
Certified Aides	24.00
Other Health Staff	0.00
Non-Health Staff	28.00
Totals	63.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
17.2%	33.9%	0.0%	5.3%	43.5%	100.0%		0.0%
497,918	979,812	0	154,031	1,257,216	2,888,977	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW	1/18/2012	Change of Ownership occurred.

STOUFFER TERRACE
910 SOUTH FIFTH STREET
OREGON, IL. 61061

Reference Numbers Facility ID 6010870
Health Service Area 001 Planning Service Area 141

Administrator
Justin Connelly

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/8/2013

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 8

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5694	97.5%	0	0	0	0	5694	97.5%	97.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5694	97.5%	0	0	0	0	5694	97.5%	97.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	1	0	0	2	1	3
45 to 59	0	0	0	0	5	1	0	0	5	1	6
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	0	2	0	0	0	2	2
75 to 84	0	0	0	0	0	1	0	0	0	1	1
85+	0	0	0	0	0	1	0	0	0	1	1
TOTALS	0	0	0	0	8	7	0	0	8	7	15

STOUFFER TERRACE
910 SOUTH FIFTH STREET
OREGON, IL. 61061

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 141

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	116
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	76.7%	0.6%	0.0%	22.7%	100.0%		0.0%
0	499,178	3,990	0	147,855	651,025	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

STRIVE
415 A STREET
PROPHETSTOWN, IL. 61277

Reference Numbers Facility ID 6012892
Health Service Area 001 Planning Service Area 195

Administrator
Anne Dunbar

Contact Person and Telephone
ANNE DUNBAR
815-537-5358

Date Completed
4/12/2013

Registered Agent Information
Mr. John Guzzardo
701 East Third Street
Prophetstown, IL 61277

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 2

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5743	98.3%	0	0	0	0	5743	98.3%	98.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5743	98.3%	0	0	0	0	5743	98.3%	98.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	6	0	0	5	6	11
45 to 59	0	0	0	0	1	2	0	0	1	2	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	2	0	0	0	2	2
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	6	10	0	0	6	10	16

STRIVE
415 A STREET
PROPHETSTOWN, IL. 61277

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	186
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	5	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.25
Certified Aides	15.00
Other Health Staff	3.00
Non-Health Staff	7.00
Totals	26.25

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	1,129,823	0	0	0	1,129,823	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

STUART ESTATES
13 NORTHBROOK DRIVE
MCLEANSBORO, IL. 62859

Reference Numbers Facility ID 6012272
Health Service Area 005 Planning Service Area 059

Administrator
Robin Cimera

Contact Person and Telephone
Tonya Lindsey
618-244-7701

Date Completed
4/8/2012

Registered Agent Information
Tonya Lindsey
2025B Broadway, P.O. Box 705
Mount Vernon, IL 62864

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	12

Total Residents Diagnosed as Mentally Ill 5

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	12	4		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	12	4	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	14
Total Admissions 2011	1
Total Discharges 2011	3
Residents on 12/31/2011	12
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5235	89.6%	0	0	0	0	5235	89.6%	89.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5235	89.6%	0	0	0	0	5235	89.6%	89.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	3	0	0	0	3	3
45 to 59	0	0	0	0	2	2	0	0	2	2	4
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	2	2	0	0	2	2	4
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	5	7	0	0	5	7	12

STUART ESTATES
13 NORTHBROOK DRIVE
MCLEANSBORO, IL. 62859

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 059

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	127	126
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	10	0	10
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.20
LPN's	0.00
Certified Aides	11.50
Other Health Staff	1.00
Non-Health Staff	1.50
Totals	14.45

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	85.5%	0.0%	0.0%	14.5%	100.0%		0.0%
0	568,716	0	0	96,490	665,206	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SULLIVAN HOUSE
600 EAST GROVER
OTTAWA, IL. 61350

Reference Numbers Facility ID 6009229
Health Service Area 002 Planning Service Area 099

Administrator
Dawn kolotka

Contact Person and Telephone
DAWN KOLOTKA
815-433-5858

Registered Agent Information

Date Completed
4/11/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5707	97.7%	0	0	0	0	5707	97.7%	97.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5707	97.7%	0	0	0	0	5707	97.7%	97.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	4	0	0	5	4	9
45 to 59	0	0	0	0	5	2	0	0	5	2	7
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	10	6	0	0	10	6	16

SULLIVAN HOUSE
600 EAST GROVER
OTTAWA, IL. 61350

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	130	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	16	0	16
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	4.00
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	6.00

NET REVENUE BY PAYOR SOURCE (Fiscal 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	664,664	0	0	0	664,664	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SULLIVAN REHAB & HEALTH CARE CTR
11 HAWTHORNE LANE
SULLIVAN, IL. 61951

Reference Numbers Facility ID 6009211
Health Service Area 004 Planning Service Area 139

Administrator
Charles Pullen

Contact Person and Telephone
Marikay Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
3/28/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	3
Mental Illness	15
Developmental Disability	2
Circulatory System	12
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	51
Total Residents Diagnosed as Mentally Ill	16

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	123	95	56	95	51	72	123	123
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	123	95	56	95	51	72	123	123

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	51
Total Admissions 2011	78
Total Discharges 2011	78
Residents on 12/31/2011	51
Identified Offenders	5

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2104	4.7%	11684	26.0%	253	204	3627	0	17872	39.8%	51.5%
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	2104	4.7%	11684	26.0%	253	204	3627	0	17872	39.8%	51.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	2	4	0	0	0	0	0	0	2	4	6
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	8	10	0	0	0	0	0	0	8	10	18
75 to 84	2	2	0	0	0	0	0	0	2	2	4
85+	0	16	0	0	0	0	0	0	0	16	16
TOTALS	15	36	0	0	0	0	0	0	15	36	51

SULLIVAN REHAB & HEALTH CARE CTR
11 HAWTHORNE LANE
SULLIVAN, IL. 61951

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 139

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	39	0	0	8	0	51
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	39	0	0	8	0	51

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	125
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	49	0	0	0	49
Race Unknown	0	0	0	0	0
Total	51	0	0	0	51

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	51	0	0	0	51
Ethnicity Unknown	0	0	0	0	0
Total	51	0	0	0	51

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	8.00
Certified Aides	19.00
Other Health Staff	1.00
Non-Health Staff	20.00
Totals	51.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
16.8%	61.8%	0.0%	0.0%	21.4%	100.1%		1.0%
368,588	1,355,725	-2,083	0	469,775	2,192,005	22,403	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SUNNY ACRES NURSING HOME
19130 SUNNY ACRES ROAD
PETERSBURG, IL. 62675

Reference Numbers Facility ID 6009245
Health Service Area 003 Planning Service Area 129

Administrator
Pat McNeal

Contact Person and Telephone
PAT MCNEAL
217 632 2334 ext 203

Date Completed
4/8/2013

Registered Agent Information
Gene Treseler, County Clerk
Menard County Courthouse
Petersburg, IL 62675

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	25
Mental Illness	14
Developmental Disability	0
Circulatory System	13
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	12
TOTALS	85
Total Residents Diagnosed as Mentally Ill	53

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	106	105	103	99	85	21	0	106
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	106	105	103	99	85	21	0	106

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	98
Total Admissions 2011	111
Total Discharges 2011	124
Residents on 12/31/2011	85
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3123	0.0%	19117	49.4%	0	175	11875	0	34290	88.6%	89.5%
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	3123	0.0%	19117	49.4%	0	175	11875	0	34290	88.6%	89.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	6	0	0	0	0	0	0	2	6	8
75 to 84	4	15	0	0	0	0	0	0	4	15	19
85+	15	41	0	0	0	0	0	0	15	41	56
TOTALS	21	64	0	0	0	0	0	0	21	64	85

SUNNY ACRES NURSING HOME
19130 SUNNY ACRES ROAD
PETERSBURG, IL. 62675

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 129

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	45	0	0	31	0	85
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	45	0	0	31	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	163	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	81	0	0	0	81
Race Unknown	0	0	0	0	0
Total	85	0	0	0	85

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	85	0	0	0	85
Ethnicity Unknown	0	0	0	0	0
Total	85	0	0	0	85

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	14.00
Certified Aides	45.00
Other Health Staff	6.00
Non-Health Staff	26.00
Totals	98.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
29.5%	40.8%	0.0%	0.0%	29.7%	100.0%		0.0%
1,762,522	2,434,572	0	0	1,776,746	5,973,840	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SUNNY HILL NURSING HOME WILL COUNTY
421 DORIS AVENUE
JOLIET, IL. 60433

Reference Numbers Facility ID 6009252
Health Service Area 009 Planning Service Area 197

Administrator
KAREN SORBERO

Contact Person and Telephone
KAREN SORBERO
815-727-8650

Registered Agent Information

Date Completed
4/4/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	17
Alzheimer Disease	11
Mental Illness	24
Developmental Disability	0
Circulatory System	77
Respiratory System	12
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	28
Non-Medical Conditions	0
TOTALS	195
Total Residents Diagnosed as Mentally Ill	122

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	280	222	208	222	195	85	280	280
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	280	222	208	222	195	85	280	280

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	209
Total Admissions 2011	102
Total Discharges 2011	116
Residents on 12/31/2011	195
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6034	5.9%	57216	56.0%	0	0	9698	0	72948	71.4%	90.0%
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	6034	5.9%	57216	56.0%	0	0	9698	0	72948	71.4%	90.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	0	4	0	0	0	0	0	0	0	4	4
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	6	13	0	0	0	0	0	0	6	13	19
75 to 84	7	34	0	0	0	0	0	0	7	34	41
85+	12	112	0	0	0	0	0	0	12	112	124
TOTALS	28	167	0	0	0	0	0	0	28	167	195

SUNNY HILL NURSING HOME WILL COUNTY
421 DORIS AVENUE
JOLIET, IL. 60433

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	148	0	0	40	0	195
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	148	0	0	40	0	195

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	183	183
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	25	0	0	0	25
Hawaiian/Pacific Isl.	0	0	0	0	0
White	163	0	0	0	163
Race Unknown	6	0	0	0	6
Total	195	0	0	0	195

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	189	0	0	0	189
Ethnicity Unknown	1	0	0	0	1
Total	195	0	0	0	195

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	28.00
LPN's	31.00
Certified Aides	83.00
Other Health Staff	5.00
Non-Health Staff	82.00
Totals	232.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
-677,906	-1,773,057	-1,039	-94,517	-869,895	-3,416,464	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SUNRISE SKILLED NURSING & REHAB
333 SOUTH WRIGHTSMAN STREET
VIRDEN, IL. 62690

Reference Numbers Facility ID 6009294
Health Service Area 003 Planning Service Area 117

Administrator
PATRICIA BARNES

Contact Person and Telephone
ANGIE BARNES
217-965-4715

Date Completed
4/18/2013

Registered Agent Information
CT
208 S. LASALLE ST.

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	3
*Nervous System Non Alzheimer	2
Alzheimer Disease	7
Mental Illness	9
Developmental Disability	0
Circulatory System	11
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	6
Injuries and Poisonings	7
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	62
Total Residents Diagnosed as Mentally Ill	30

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	99	78	66	78	62	37	39	99
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	78	66	78	62	37	39	99

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	61
Total Admissions 2011	110
Total Discharges 2011	109
Residents on 12/31/2011	62
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2920	20.5%	11817	32.7%	0	42	7599	0	22378	61.9%	78.6%
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	2920	20.5%	11817	32.7%	0	42	7599	0	22378	61.9%	78.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	5	0	0	0	0	0	0	3	5	8
75 to 84	3	15	0	0	0	0	0	0	3	15	18
85+	9	27	0	0	0	0	0	0	9	27	36
TOTALS	15	47	0	0	0	0	0	0	15	47	62

SUNRISE SKILLED NURSING & REHAB
333 SOUTH WRIGHTSMAN STREET
VIRDEN, IL. 62690

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 117

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	33	0	0	23	0	62
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	33	0	0	23	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	177	144
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	62	0	0	0	62
Race Unknown	0	0	0	0	0
Total	62	0	0	0	62

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	62	0	0	0	62
Ethnicity Unknown	0	0	0	0	0
Total	62	0	0	0	62

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	12.00
Certified Aides	23.00
Other Health Staff	2.00
Non-Health Staff	32.00
Totals	75.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
41.3%	31.3%	0.0%	0.3%	27.0%	100.0%		0.0%
1,636,793	1,239,503	-985	12,900	1,070,282	3,958,493	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SUNSET HOME
418 WASHINGTON STREET
QUINCY, IL. 62301

Reference Numbers Facility ID 6009302
Health Service Area 003 Planning Service Area 001

Administrator
Jerry Neal

Contact Person and Telephone
PAMELA S. FESSLER
217-223-2636 x320

Registered Agent Information

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	39
Mental Illness	14
Developmental Disability	0
Circulatory System	31
Respiratory System	12
Digestive System	3
Genitourinary System Disorders	9
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	12
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	156

Total Residents Diagnosed as Mentally Ill 14

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	182	182	158	182	156	26	64	182
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	182	182	158	182	156	26	64	182

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	144
Total Admissions 2011	238
Total Discharges 2011	226
Residents on 12/31/2011	156
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5020	21.5%	28202	42.5%	0	0	21662	0	54884	82.6%	82.6%
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	5020	21.5%	28202	42.5%	0	0	21662	0	54884	82.6%	82.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	9	5	0	0	0	0	0	0	9	5	14
75 to 84	7	38	0	0	0	0	0	0	7	38	45
85+	26	67	0	0	0	0	0	0	26	67	93
TOTALS	43	113	0	0	0	0	0	0	43	113	156

SUNSET HOME
418 WASHINGTON STREET
QUINCY, IL. 62301

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 001

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	78	0	10	50	0	156
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	78	0	10	50	0	156

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	179	177
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	154	0	0	0	154
Race Unknown	0	0	0	0	0
Total	156	0	0	0	156

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	156	0	0	0	156
Ethnicity Unknown	0	0	0	0	0
Total	156	0	0	0	156

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	29.00
Certified Aides	62.00
Other Health Staff	0.00
Non-Health Staff	54.00
Totals	165.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
19.3%	36.6%	0.0%	0.2%	43.9%	100.0%		0.0%
1,905,721	3,615,342	0	22,453	4,336,384	9,879,900	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SUNSET REHABILITATION & HEALTH CARE
129 SOUTH 1ST AVENUE
CANTON, IL. 61520

Reference Numbers Facility ID 6009328
Health Service Area 002 Planning Service Area 057

Administrator
Athena Brooks

Contact Person and Telephone
Marikay Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
4/15/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	6
Mental Illness	18
Developmental Disability	1
Circulatory System	12
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	9
Other Medical Conditions	10
Non-Medical Conditions	1
TOTALS	83
Total Residents Diagnosed as Mentally Ill	18

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	115	115	104	115	83	32	25	115
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	115	115	104	115	83	32	25	115

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	88
Total Admissions 2011	112
Total Discharges 2011	117
Residents on 12/31/2011	83
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1739	19.1%	25040	59.7%	2964	713	4183	0	34639	82.5%	82.5%
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	1739	19.1%	25040	59.7%	2964	713	4183	0	34639	82.5%	82.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	4	0	0	0	0	0	0	2	4	6
60 to 64	1	7	0	0	0	0	0	0	1	7	8
65 to 74	5	6	0	0	0	0	0	0	5	6	11
75 to 84	5	17	0	0	0	0	0	0	5	17	22
85+	9	27	0	0	0	0	0	0	9	27	36
TOTALS	22	61	0	0	0	0	0	0	22	61	83

SUNSET REHABILITATION & HEALTH CARE
129 SOUTH 1ST AVENUE
CANTON, IL. 61520

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 057

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	70	0	0	10	0	83
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	70	0	0	10	0	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	127
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	83	0	0	0	83
Race Unknown	0	0	0	0	0
Total	83	0	0	0	83

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	83	0	0	0	83
Ethnicity Unknown	0	0	0	0	0
Total	83	0	0	0	83

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	13.00
Certified Aides	31.00
Other Health Staff	0.00
Non-Health Staff	24.00
Totals	73.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
11.3%	75.0%	0.0%	0.0%	13.7%	100.0%		0.1%
449,067	2,983,293	0	0	546,566	3,978,926	2,240	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SUTTON HOUSE
4241 LINCOLNSHIRE
MOUNT VERNON, IL. 62864

Reference Numbers Facility ID 6011860
Health Service Area 005 Planning Service Area 081

Administrator
Robin Cimera

Contact Person and Telephone
Tonya Lindsey
618-244-7701

Date Completed
4/8/2012

Registered Agent Information
Tonya Lindsey
2025B Broadway, P.O. Box 705
Mount Vernon, IL 62864

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16
Total Residents Diagnosed as Mentally Ill	10

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5839	######	0	0	0	0	5839	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5839	######	0	0	0	0	5839	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	6	0	0	3	6	9
45 to 59	0	0	0	0	1	1	0	0	1	1	2
60 to 64	0	0	0	0	2	1	0	0	2	1	3
65 to 74	0	0	0	0	0	2	0	0	0	2	2
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	6	10	0	0	6	10	16

SUTTON HOUSE
4241 LINCOLNSHIRE
MOUNT VERNON, IL. 62864

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 081

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	109	109
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.20
LPN's	0.00
Certified Aides	8.50
Other Health Staff	1.00
Non-Health Staff	1.50
Totals	11.45

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	81.0%	0.0%	0.0%	19.0%	100.0%		0.0%
0	505,398	0	0	118,886	624,284	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SWANN SPECIAL CARE CENTER
109 KENWOOD ROAD
CHAMPAIGN, IL. 61821

Reference Numbers Facility ID 6001622
Health Service Area 004 Planning Service Area 019

Administrator
Kym Halberstadt

Contact Person and Telephone
KYM HALBERSTADT
217-356-5164

Registered Agent Information

Date Completed
4/8/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	120
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	120

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	123	123	123	123	120	3		123
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	123	123	123	123	120	3	0	123

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	121
Total Admissions 2011	8
Total Discharges 2011	9
Residents on 12/31/2011	120
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			42874	95.5%	0	0	672	0	43546	97.0%	97.0%
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%	42874	95.5%	0	0	672	0	43546	97.0%	97.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	8	5	0	0	0	0	8	5	13
18 to 44	0	0	44	29	0	0	0	0	44	29	73
45 to 59	0	0	8	13	0	0	0	0	8	13	21
60 to 64	0	0	3	1	0	0	0	0	3	1	4
65 to 74	0	0	6	3	0	0	0	0	6	3	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	69	51	0	0	0	0	69	51	120

SWANN SPECIAL CARE CENTER
109 KENWOOD ROAD
CHAMPAIGN, IL. 61821

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 019

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	118	0	0	2	0	120
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	118	0	0	2	0	120

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	250
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	2	0	0	2
American Indian	0	0	0	0	0
Black	0	24	0	0	24
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	94	0	0	94
Race Unknown	0	0	0	0	0
Total	0	120	0	0	120

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	4	0	0	4
Non-Hispanic	0	116	0	0	116
Ethnicity Unknown	0	0	0	0	0
Total	0	120	0	0	120

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	5.50
Certified Aides	88.00
Other Health Staff	0.00
Non-Health Staff	43.50
Totals	156.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	71.2%	25.9%	0.0%	2.9%	100.0%		0.4%
0	7,370,417	2,681,034	0	299,015	10,350,466	42,466	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SWANSEA REHAB & HEALTH CARE CENTER
1405 NORTH 2ND STREET
SWANSEA, IL. 62226

Reference Numbers Facility ID 6009831
Health Service Area 011 Planning Service Area 163

Administrator
Jifi Jacob

Contact Person and Telephone
Marikay L. Snyder
309-689-5880

Date Completed
4/17/2013

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	22
Mental Illness	5
Developmental Disability	3
Circulatory System	10
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	7
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	66
Total Residents Diagnosed as Mentally Ill	13

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	94	94	94	94	66	28	94	94
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	94	94	94	94	66	28	94	94

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	58
Total Admissions 2011	100
Total Discharges 2011	92
Residents on 12/31/2011	66
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1484	4.3%	14980	43.7%	2101	394	2392	0	21351	62.2%	62.2%
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	1484	4.3%	14980	43.7%	2101	394	2392	0	21351	62.2%	62.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	2	0	0	0	0	0	0	2	2	4
45 to 59	2	7	0	0	0	0	0	0	2	7	9
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	9	9	0	0	0	0	0	0	9	9	18
75 to 84	8	8	0	0	0	0	0	0	8	8	16
85+	5	13	0	0	0	0	0	0	5	13	18
TOTALS	27	39	0	0	0	0	0	0	27	39	66

SWANSEA REHAB & HEALTH CARE CENTER
1405 NORTH 2ND STREET
SWANSEA, IL. 62226

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	56	0	0	6	0	66
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	56	0	0	6	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	26	0	0	0	26
Hawaiian/Pacific Isl.	0	0	0	0	0
White	40	0	0	0	40
Race Unknown	0	0	0	0	0
Total	66	0	0	0	66

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	66	0	0	0	66
Ethnicity Unknown	0	0	0	0	0
Total	66	0	0	0	66

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	6.00
Certified Aides	20.00
Other Health Staff	2.00
Non-Health Staff	15.00
Totals	47.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
11.0%	77.5%	0.0%	0.0%	11.5%	100.0%		1.1%
293,489	2,072,512	0	0	307,095	2,673,096	28,716	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SWEDISH COVENANT HOSPITAL
5145 NORTH CALIFORNIA AVE
CHICAGO, IL. 60625

Reference Numbers Facility ID 6010649
Health Service Area 006 Planning Service Area 601

Administrator
MARY SHEHAN

Contact Person and Telephone
MARYBELLE CALDERON
773-878-8200 EXT 1354

Registered Agent Information

Date Completed
4/12/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	4
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	13

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	37	25	25	24	13	24	37	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	37	25	25	24	13	24	37	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	13
Total Admissions 2011	602
Total Discharges 2011	602
Residents on 12/31/2011	13
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5288	39.2%	48	0.0%	0	1009	0	37	6382	47.3%	69.9%
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	5288	39.2%	48	0.0%	0	1009	0	37	6382	47.3%	69.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	0	0	0	0	0	0	0	1	0	1
75 to 84	3	4	0	0	0	0	0	0	3	4	7
85+	1	3	0	0	0	0	0	0	1	3	4
TOTALS	5	8	0	0	0	0	0	0	5	8	13

SWEDISH COVENANT HOSPITAL
5145 NORTH CALIFORNIA AVE
CHICAGO, IL. 60625

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	0	0	4	0	0	13
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	0	0	4	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	965	965
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	12	0	0	0	12
Race Unknown	0	0	0	0	0
Total	13	0	0	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	13	0	0	0	13
Ethnicity Unknown	0	0	0	0	0
Total	13	0	0	0	13

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	6.10
LPN's	3.70
Certified Aides	8.20
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	21.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
78.6%	0.4%	0.0%	21.0%	0.0%	100.0%		1.2%
2,249,082	11,281	0	601,591	0	2,861,954	34,762	

*Charity Care Expense does not include expenses which may be considered a community benefit.

SYCAMORE HEALTHCARE CENTER
720 SYCAMORE STREET
QUINCY, IL. 62301

Reference Numbers Facility ID 6007678
Health Service Area 003 Planning Service Area 001

Administrator
JONNI BULLINGTON

Contact Person and Telephone
DENISE BLACKLEDGE
217-222-1480

Registered Agent Information

Date Completed
4/12/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	14
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	0
Mental Illness	10
Developmental Disability	0
Circulatory System	10
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	6
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	80

Total Residents Diagnosed as Mentally Ill 27

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	205	205	106	205	80	125	18	205
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	205	205	106	205	80	125	18	205

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	102
Total Admissions 2011	41
Total Discharges 2011	63
Residents on 12/31/2011	80
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	790	12.0%	29223	39.1%	0	0	3297	0	33310	44.5%	44.5%
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	790	12.0%	29223	39.1%	0	0	3297	0	33310	44.5%	44.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	6	6	0	0	0	0	0	0	6	6	12
60 to 64	5	7	0	0	0	0	0	0	5	7	12
65 to 74	7	14	0	0	0	0	0	0	7	14	21
75 to 84	9	12	0	0	0	0	0	0	9	12	21
85+	2	11	0	0	0	0	0	0	2	11	13
TOTALS	29	51	0	0	0	0	0	0	29	51	80

SYCAMORE HEALTHCARE CENTER
720 SYCAMORE STREET
QUINCY, IL. 62301

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 001

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	71	0	0	9	0	80
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	71	0	0	9	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	155
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	73	0	0	0	73
Race Unknown	0	0	0	0	0
Total	80	0	0	0	80

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	80	0	0	0	80
Ethnicity Unknown	0	0	0	0	0
Total	80	0	0	0	80

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	17.00
Certified Aides	39.00
Other Health Staff	0.00
Non-Health Staff	40.00
Totals	104.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	86.1%	0.0%	0.0%	13.9%	100.0%		0.0%
0	1,514,468	0	0	245,440	1,759,908	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	6/27/2012	Formerly 'Sycamore'.
CHOW	6/27/2012	Change of ownership occurred.

SYMPHONY ASPEN LLC dbSYMPHONY OF DECA
2530 NORTH MONROE STREET
DECATUR, IL. 62526

Reference Numbers Facility ID 6006282
Health Service Area 004 Planning Service Area 115

Administrator
Lisa A. Trudeau

Contact Person and Telephone
JULIE WARDEN
(217) 875-0920

Date Completed
4/4/2013

Registered Agent Information
Illinois Corporation Service Company
801 Adlai Stevenson Drive
Springfield, IL 62703

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	32
Blood Disorders	2
*Nervous System Non Alzheimer	9
Alzheimer Disease	1
Mental Illness	3
Developmental Disability	0
Circulatory System	71
Respiratory System	8
Digestive System	2
Genitourinary System Disorders	7
Skin Disorders	2
Musculo-skeletal Disorders	5
Injuries and Poisonings	6
Other Medical Conditions	9
Non-Medical Conditions	6
TOTALS	168

Total Residents Diagnosed as Mentally Ill 3

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	195	189	177	189	168	27	195	195
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	195	189	177	189	168	27	195	195

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	171
Total Admissions 2011	327
Total Discharges 2011	330
Residents on 12/31/2011	168
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8498	11.9%	48707	68.4%	0	534	4748	0	62487	87.8%	90.6%
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	8498	11.9%	48707	68.4%	0	534	4748	0	62487	87.8%	90.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	5	9	0	0	0	0	0	0	5	9	14
60 to 64	6	6	0	0	0	0	0	0	6	6	12
65 to 74	14	17	0	0	0	0	0	0	14	17	31
75 to 84	12	33	0	0	0	0	0	0	12	33	45
85+	10	55	0	0	0	0	0	0	10	55	65
TOTALS	47	121	0	0	0	0	0	0	47	121	168

SYMPHONY ASPEN LLC dbSYMPHONY OF DECA
2530 NORTH MONROE STREET
DECATUR, IL. 62526

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	131	0	2	14	0	168
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	131	0	2	14	0	168

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	154	146
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	34	0	0	0	34
Hawaiian/Pacific Isl.	0	0	0	0	0
White	134	0	0	0	134
Race Unknown	0	0	0	0	0
Total	168	0	0	0	168

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	168	0	0	0	168
Ethnicity Unknown	0	0	0	0	0
Total	168	0	0	0	168

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	5.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	25.00
Certified Aides	78.00
Other Health Staff	0.00
Non-Health Staff	75.00
Totals	192.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
33.0%	60.3%	0.0%	1.6%	5.2%	100.0%		0.0%
3,905,321	7,139,049	0	184,305	616,225	11,844,900	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW	1/10/2012	Change of Ownership occurred.
Name Change	8/2/2012	Formerly Aspen Ridge Care Center.

SYMPHONY OF CRESTWOOD
14255 SOUTH CICERO AVENUE
CRESTWOOD, IL. 60445

Reference Numbers Facility ID 6002265
Health Service Area 007 Planning Service Area 705

Administrator
Eliana Casella

Contact Person and Telephone
ELAINE WALKER
708-371-0400

Date Completed
4/4/2013

Registered Agent Information
Illinois Corporation Service Company
801 Adlai Stevenson Drive
Springfield, IL -4261

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	10
Blood Disorders	3
*Nervous System Non Alzheimer	16
Alzheimer Disease	23
Mental Illness	3
Developmental Disability	0
Circulatory System	84
Respiratory System	9
Digestive System	1
Genitourinary System Disorders	27
Skin Disorders	2
Musculo-skeletal Disorders	35
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	218

Total Residents Diagnosed as Mentally Ill 31

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	303	303	238	303	218	85	303	303
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	303	303	238	303	218	85	303	303

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	222
Total Admissions 2011	730
Total Discharges 2011	734
Residents on 12/31/2011	218
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12040	10.9%	60838	55.0%	0	2172	8001	0	83051	75.1%	75.1%
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	12040	10.9%	60838	55.0%	0	2172	8001	0	83051	75.1%	75.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	15	13	0	0	0	0	0	0	15	13	28
60 to 64	9	12	0	0	0	0	0	0	9	12	21
65 to 74	15	20	0	0	0	0	0	0	15	20	35
75 to 84	22	49	0	0	0	0	0	0	22	49	71
85+	9	53	0	0	0	0	0	0	9	53	62
TOTALS	70	148	0	0	0	0	0	0	70	148	218

SYMPHONY OF CRESTWOOD
14255 SOUTH CICERO AVENUE
CRESTWOOD, IL. 60445

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	29	119	0	5	65	0	218
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	29	119	0	5	65	0	218

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	116	0	0	0	116
Hawaiian/Pacific Isl.	0	0	0	0	0
White	97	0	0	0	97
Race Unknown	5	0	0	0	5
Total	218	0	0	0	218

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	213	0	0	0	213
Ethnicity Unknown	0	0	0	0	0
Total	218	0	0	0	218

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	37.00
Certified Aides	78.00
Other Health Staff	4.00
Non-Health Staff	82.00
Totals	222.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
35.1%	53.0%	0.0%	5.7%	6.3%	100.0%		0.0%
6,665,542	10,055,708	0	1,074,188	1,186,595	18,982,033	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW	1/13/2012	Change of Ownership occurred.
Name Change	8/2/2012	Formerly Crestwood Care Centre.

SYMPHONY OF JOLIET
306 NORTH LARKIN AVENUE
JOLIET, IL. 60435

Reference Numbers Facility ID 6002463
Health Service Area 009 Planning Service Area 197

Administrator
Tammy Stoneberger

Contact Person and Telephone
TAMMY STONEBERGER
815-744-5560

Date Completed
4/15/2013

Registered Agent Information
Illinois Corporation Service Company
801 Adlai Stevenson Dr.
Springfield, IL 62703

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	24
Blood Disorders	0
*Nervous System Non Alzheimer	20
Alzheimer Disease	25
Mental Illness	0
Developmental Disability	0
Circulatory System	28
Respiratory System	30
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	19
Injuries and Poisonings	2
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	167

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	214	214	177	214	167	47	214	214
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	214	214	177	214	167	47	214	214

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	165
Total Admissions 2011	156
Total Discharges 2011	154
Residents on 12/31/2011	167
Identified Offenders	5

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8615	11.0%	44943	57.5%	2215	964	3926	0	60663	77.7%	77.7%
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	8615	11.0%	44943	57.5%	2215	964	3926	0	60663	77.7%	77.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	13	8	0	0	0	0	0	0	13	8	21
60 to 64	7	3	0	0	0	0	0	0	7	3	10
65 to 74	17	26	0	0	0	0	0	0	17	26	43
75 to 84	16	31	0	0	0	0	0	0	16	31	47
85+	13	32	0	0	0	0	0	0	13	32	45
TOTALS	67	100	0	0	0	0	0	0	67	100	167

SYMPHONY OF JOLIET
306 NORTH LARKIN AVENUE
JOLIET, IL. 60435

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	28	127	0	1	11	0	167
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	28	127	0	1	11	0	167

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	184
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	26	0	0	0	26
Hawaiian/Pacific Isl.	0	0	0	0	0
White	140	0	0	0	140
Race Unknown	0	0	0	0	0
Total	167	0	0	0	167

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	159	0	0	0	159
Ethnicity Unknown	1	0	0	0	1
Total	167	0	0	0	167

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	30.00
LPN's	13.00
Certified Aides	65.00
Other Health Staff	10.00
Non-Health Staff	45.00
Totals	165.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
36.8%	55.3%	0.0%	2.6%	5.3%	100.0%		0.0%
4,958,390	7,452,810	0	347,301	712,055	13,470,556	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW	1/10/2012	Change of Ownership occurred.
Name Change	8/2/2012	Formerly Deerbrook Care Centre.

SYMPHONY OF LINCOLN
2202 NORTH KICKAPOO STREET
LINCOLN, IL. 62656

Reference Numbers Facility ID 6005490
Health Service Area 003 Planning Service Area 107

Administrator
Douglas Rutter

Contact Person and Telephone
DOUGLAS RUTTER
217-735-1538

Registered Agent Information
Illinois Corporation Service Company
801 Adalai Stevenson Dr.
Springfield, IL 62703

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	1
*Nervous System Non Alzheimer	10
Alzheimer Disease	4
Mental Illness	1
Developmental Disability	1
Circulatory System	12
Respiratory System	13
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	2
Injuries and Poisonings	6
Other Medical Conditions	23
Non-Medical Conditions	0
TOTALS	86

Total Residents Diagnosed as Mentally Ill 1

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	126	126	110	126	86	40	99	126
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	126	126	110	126	86	40	99	126

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	105
Total Admissions 2011	174
Total Discharges 2011	193
Residents on 12/31/2011	86
Identified Offenders	9

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4197	11.6%	24205	52.6%	989	204	5116	0	34711	75.5%	75.5%
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	4197	11.6%	24205	52.6%	989	204	5116	0	34711	75.5%	75.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	1	0	0	0	0	0	0	2	1	3
45 to 59	11	9	0	0	0	0	0	0	11	9	20
60 to 64	4	4	0	0	0	0	0	0	4	4	8
65 to 74	9	8	0	0	0	0	0	0	9	8	17
75 to 84	8	9	0	0	0	0	0	0	8	9	17
85+	4	17	0	0	0	0	0	0	4	17	21
TOTALS	38	48	0	0	0	0	0	0	38	48	86

SYMPHONY OF LINCOLN
2202 NORTH KICKAPOO STREET
LINCOLN, IL. 62656

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 107

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	63	2	1	12	0	86
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	63	2	1	12	0	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	147	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	81	0	0	0	81
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	0	0	0	0	0
Total	86	0	0	0	86

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	86	0	0	0	86
Ethnicity Unknown	0	0	0	0	0
Total	86	0	0	0	86

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.20
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	9.00
Certified Aides	21.00
Other Health Staff	11.20
Non-Health Staff	25.90
Totals	71.30

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
28.6%	57.4%	0.0%	1.3%	12.7%	100.0%		0.0%
2,144,910	4,298,232	0	94,138	953,075	7,490,355	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW	1/13/2012	Change of Ownership occurred.
Name Change	8/2/2012	Formerly Maple Ridge Care Centre.

SYMPHONY OF MCKINLEY COURT CARE CENTR
500 WEST MCKINLEY AVENUE
DECATUR, IL. 62526

Reference Numbers Facility ID 6005938
Health Service Area 004 Planning Service Area 115

Administrator
KIM JORDAN

Contact Person and Telephone
TIFFANY JUSTICE
217-875-0020

Registered Agent Information

Date Completed
4/16/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	19
Blood Disorders	0
*Nervous System Non Alzheimer	13
Alzheimer Disease	2
Mental Illness	12
Developmental Disability	0
Circulatory System	32
Respiratory System	14
Digestive System	7
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	22
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	137

Total Residents Diagnosed as Mentally Ill 12

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	150	150	142	150	137	13	150	150
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	150	150	142	150	137	13	150	150

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	141
Total Admissions 2011	208
Total Discharges 2011	212
Residents on 12/31/2011	137
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9517	17.4%	28177	51.5%	0	497	10614	0	48805	89.1%	89.1%
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	9517	17.4%	28177	51.5%	0	497	10614	0	48805	89.1%	89.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	5	5	0	0	0	0	0	0	5	5	10
75 to 84	7	38	0	0	0	0	0	0	7	38	45
85+	15	65	0	0	0	0	0	0	15	65	80
TOTALS	28	109	0	0	0	0	0	0	28	109	137

SYMPHONY OF MCKINLEY COURT CARE CENTR
500 WEST MCKINLEY AVENUE
DECATUR, IL. 62526

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	87	0	1	30	0	137
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	87	0	1	30	0	137

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	158
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	20	0	0	0	20
Hawaiian/Pacific Isl.	0	0	0	0	0
White	117	0	0	0	117
Race Unknown	0	0	0	0	0
Total	137	0	0	0	137

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	137	0	0	0	137
Ethnicity Unknown	0	0	0	0	0
Total	137	0	0	0	137

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	20.00
Certified Aides	46.00
Other Health Staff	0.00
Non-Health Staff	41.00
Totals	112.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
40.8%	42.0%	0.0%	1.9%	15.3%	100.0%		0.0%
4,433,018	4,557,240	0	208,573	1,658,707	10,857,538	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW 1/10/2012 Change of Ownership occurred.

TABOR HILLS HEALTHCARE
1347 CRYSTAL AVENUE
NAPERVILLE, IL. 60563

Reference Numbers Facility ID 6014252
Health Service Area 007 Planning Service Area 703

Administrator
Nancy rodriguez

Contact Person and Telephone
NANCY RODRIGUEZ
Nancy Rodriguez

Date Completed
4/4/2013

Registered Agent Information
Walter M. Wlodek
3830 Bellaire Avenue
Downers Grove, IL 60514

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	16
Alzheimer Disease	20
Mental Illness	30
Developmental Disability	0
Circulatory System	38
Respiratory System	11
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	10
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	161

Total Residents Diagnosed as Mentally Ill 59

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	211	211	182	211	161	50	52	60
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	211	211	182	211	161	50	52	60

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	167
Total Admissions 2011	332
Total Discharges 2011	338
Residents on 12/31/2011	161
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6894	36.3%	17435	79.6%	1818	363	36094	26	62630	81.3%	81.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	6894	36.3%	17435	79.6%	1818	363	36094	26	62630	81.3%	81.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	6	0	0	0	0	0	0	1	6	7
75 to 84	16	26	0	0	0	0	0	0	16	26	42
85+	21	91	0	0	0	0	0	0	21	91	112
TOTALS	38	123	0	0	0	0	0	0	38	123	161

TABOR HILLS HEALTHCARE
1347 CRYSTAL AVENUE
NAPERVILLE, IL. 60563

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	39	7	0	98	0	161
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	39	7	0	98	0	161

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	245	225
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	159	0	0	0	159
Race Unknown	2	0	0	0	2
Total	161	0	0	0	161

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	159	0	0	0	159
Ethnicity Unknown	0	0	0	0	0
Total	161	0	0	0	161

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	33.25
LPN's	12.50
Certified Aides	71.25
Other Health Staff	16.25
Non-Health Staff	79.75
Totals	215.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
27.3%	21.4%	0.0%	1.7%	49.6%	100.0%		0.1%
3,822,392	2,996,318	0	243,831	6,944,732	14,007,275	9,725	

*Charity Care Expense does not include expenses which may be considered a community benefit.

TAC HOUSE
421 CONSTITUTION DRIVE
AURORA, IL. 60506

Reference Numbers Facility ID 6011621
Health Service Area 008 Planning Service Area 089

Administrator
Joy Hutchinson

Contact Person and Telephone
JOY HUTCHINSON
630-859-7650

Registered Agent Information

Date Completed
4/5/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 3

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5856	######	0	0	0	0	5856	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5856	######	0	0	0	0	5856	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	4	0	0	4	4	8
45 to 59	0	0	0	0	2	5	0	0	2	5	7
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	1	0	0	0	1	0	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	7	9	0	0	7	9	16

TAC HOUSE
421 CONSTITUTION DRIVE
AURORA, IL. 60506

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.50
LPN's	0.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	9.50
Totals	11.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	81.7%	0.1%	0.0%	18.2%	100.0%		0.0%
0	684,951	750	0	152,808	838,509	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

TAMMERLANE INC
3601 SIXTEENTH AVENUE
STERLING, IL. 61081

Reference Numbers Facility ID 6002695
Health Service Area 001 Planning Service Area 195

Administrator
Shelly A. Reese

Contact Person and Telephone
SHELLY REESE RN,C
815-626-0233

Registered Agent Information

Date Completed
4/12/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	66
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	66
Total Residents Diagnosed as Mentally Ill	66

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	70	70	67	70	66	4	0	70
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	70	70	67	70	66	4	0	70

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	67
Total Admissions 2011	9
Total Discharges 2011	10
Residents on 12/31/2011	66
Identified Offenders	4

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	23619	92.4%	0	0	432	0	24051	94.1%	94.1%
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	0	0.0%	23619	92.4%	0	0	432	0	24051	94.1%	94.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	12	6	0	0	0	0	0	0	12	6	18
45 to 59	16	8	0	0	0	0	0	0	16	8	24
60 to 64	3	2	0	0	0	0	0	0	3	2	5
65 to 74	7	9	0	0	0	0	0	0	7	9	16
75 to 84	0	3	0	0	0	0	0	0	0	3	3
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	38	28	0	0	0	0	0	0	38	28	66

TAMMERLANE INC
3601 SIXTEENTH AVENUE
STERLING, IL. 61081

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	65	0	0	1	0	66
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	65	0	0	1	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	112	112
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	0	0	0	0	0
Total	66	0	0	0	66

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	64	0	0	0	64
Ethnicity Unknown	0	0	0	0	0
Total	66	0	0	0	66

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	5.00
Certified Aides	14.00
Other Health Staff	6.00
Non-Health Staff	15.00
Totals	44.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	96.9%	0.0%	0.0%	3.1%	100.0%		0.0%
0	2,374,525	0	0	76,491	2,451,016	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

TANNER PLACE
321 CHESTNUT STREET
PARIS, IL. 61944

Reference Numbers Facility ID 6011985
Health Service Area 004 Planning Service Area 045

Administrator
Tara Wright

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

Date Completed
4/8/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 9

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5856	######	0	0	0	0	5856	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5856	######	0	0	0	0	5856	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	4	0	0	4	4	8
45 to 59	0	0	0	0	4	3	0	0	4	3	7
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

TANNER PLACE
321 CHESTNUT STREET
PARIS, IL. 61944

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 045

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	104
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	76.1%	0.3%	0.0%	23.5%	100.0%		0.0%
0	463,498	1,982	0	143,368	608,849	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

TAYLOR HOUSE
3021 TAYLOR AVENUE
SPRINGFIELD, IL. 62703

Reference Numbers Facility ID 6010219
Health Service Area 003 Planning Service Area 167

Administrator
Russ Bogdanovich

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/8/2013

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 9

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1845	31.6%	0	0	0	0	1845	31.6%	31.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1845	31.6%	0	0	0	0	1845	31.6%	31.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	0	0	0	2	0	2
45 to 59	0	0	0	0	2	2	0	0	2	2	4
60 to 64	0	0	0	0	2	1	0	0	2	1	3
65 to 74	0	0	0	0	3	2	0	0	3	2	5
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	0	1	0	0	0	1	1
TOTALS	0	0	0	0	10	6	0	0	10	6	16

TAYLOR HOUSE
3021 TAYLOR AVENUE
SPRINGFIELD, IL. 62703

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	1	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	1	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	114
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	71.4%	0.1%	0.0%	28.5%	100.0%		0.0%
0	478,364	611	0	190,683	669,660	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

TAYLORVILLE CARE CENTER
600 SOUTH HOUSTON
TAYLORVILLE, IL. 62568

Reference Numbers Facility ID 6009369
Health Service Area 003 Planning Service Area 021

Administrator
Rhonda Baker

Contact Person and Telephone
RHONDA BAKER
(217) 824-9636

Registered Agent Information

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	10
Blood Disorders	2
*Nervous System Non Alzheimer	2
Alzheimer Disease	1
Mental Illness	12
Developmental Disability	0
Circulatory System	13
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	12
Injuries and Poisonings	1
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	75

Total Residents Diagnosed as Mentally Ill 12

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	98	98	84	98	75	23	24	98
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	98	98	84	98	75	23	24	98

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	74
Total Admissions 2011	93
Total Discharges 2011	92
Residents on 12/31/2011	75
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2771	31.6%	17344	48.5%	0	0	8277	0	28392	79.4%	79.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2771	31.6%	17344	48.5%	0	0	8277	0	28392	79.4%	79.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	9	0	0	0	0	0	0	3	9	12
75 to 84	10	13	0	0	0	0	0	0	10	13	23
85+	11	29	0	0	0	0	0	0	11	29	40
TOTALS	24	51	0	0	0	0	0	0	24	51	75

TAYLORVILLE CARE CENTER
600 SOUTH HOUSTON
TAYLORVILLE, IL. 62568

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 021

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	46	0	0	23	0	75
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	46	0	0	23	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	75	0	0	0	75
Race Unknown	0	0	0	0	0
Total	75	0	0	0	75

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	75	0	0	0	75
Ethnicity Unknown	0	0	0	0	0
Total	75	0	0	0	75

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	15.00
Certified Aides	42.00
Other Health Staff	0.00
Non-Health Staff	34.00
Totals	94.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
27.2%	45.9%	0.0%	0.0%	26.9%	100.0%		0.0%
1,250,373	2,111,695	0	0	1,236,626	4,598,694	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

TAYLORVILLE MEMORIAL HOSPITAL
201 EAST PLEASANT
TAYLORVILLE, IL. 62568

Reference Numbers Facility ID 6009146
Health Service Area 003 Planning Service Area 021

Administrator
Daniel J Raab

Contact Person and Telephone
CASSIE WATSON
217-824-1132

Registered Agent Information

Date Completed
4/11/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	7

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	22	20	18	20	7	15	20	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	22	20	18	20	7	15	20	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	13
Total Admissions 2011	213
Total Discharges 2011	219
Residents on 12/31/2011	7
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3585	49.1%	0	0.0%	0	148	383	0	4116	51.3%	56.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3585	49.1%	0	0.0%	0	148	383	0	4116	51.3%	56.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	1	0	0	0	0	0	0	0	1	1
85+	1	5	0	0	0	0	0	0	1	5	6
TOTALS	1	6	0	0	0	0	0	0	1	6	7

TAYLORVILLE MEMORIAL HOSPITAL
201 EAST PLEASANT
TAYLORVILLE, IL. 62568

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 021

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	0	0	0	1	0	7
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	0	0	0	1	0	7

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	240	205
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	7	0	0	0	7
Race Unknown	0	0	0	0	0
Total	7	0	0	0	7

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	7	0	0	0	7
Ethnicity Unknown	0	0	0	0	0
Total	7	0	0	0	7

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.82
LPN's	4.29
Certified Aides	5.91
Other Health Staff	1.00
Non-Health Staff	1.87
Totals	15.89

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
97.7%	0.0%	0.0%	1.5%	0.9%	100.0%		0.0%
2,932,951	0	0	43,687	25,762	3,002,400	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

TAYLORVILLE TERRACE
921 EAST MARKET STREET
TAYLORVILLE, IL. 62568

Reference Numbers Facility ID 6012934
Health Service Area 003 Planning Service Area 021

Administrator
Christina Durbin

Contact Person and Telephone
Christina Durbin
217-287-7787

Registered Agent Information
John Mirecki
3615 Park Drive
Olympia Fields, IL 60461

Date Completed
4/16/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 7

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5618	96.2%	0	0	0	0	5618	96.2%	96.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5618	96.2%	0	0	0	0	5618	96.2%	96.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	2	0	0	2	2	4
45 to 59	0	0	0	0	3	6	0	0	3	6	9
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	1	0	0	0	1	0	1
TOTALS	0	0	0	0	7	8	0	0	7	8	15

TAYLORVILLE TERRACE
921 EAST MARKET STREET
TAYLORVILLE, IL. 62568

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 021

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	123	133
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.50
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.50
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	9.00
Totals	10.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	653,527	0	0	0	653,527	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

TERRA ESTATES
620 NORTH MAIN STREET
HOYLETON, IL. 62803

Reference Numbers Facility ID 6012736
Health Service Area 005 Planning Service Area 189

Administrator
Melissa A. Reed

Contact Person and Telephone
Melissa A. Reed
618-231-17-13

Registered Agent Information
John Mirecki
3615 Park Drive, Suite 100
Olympia Fields, IL 60461

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	13
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	13

Total Residents Diagnosed as Mentally Ill 4

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	13	3		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	13	3	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	13
Total Admissions 2011	4
Total Discharges 2011	4
Residents on 12/31/2011	13
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4486	76.8%	0	0	0	0	4486	76.8%	76.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4486	76.8%	0	0	0	0	4486	76.8%	76.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	1	0	0	1	1	2
45 to 59	0	0	0	0	2	1	0	0	2	1	3
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	1	2	0	0	1	2	3
75 to 84	0	0	0	0	1	2	0	0	1	2	3
85+	0	0	0	0	1	0	0	0	1	0	1
TOTALS	0	0	0	0	6	7	0	0	6	7	13

TERRA ESTATES
620 NORTH MAIN STREET
HOYLETON, IL. 62803

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 189

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		13	0	0	0	0	13
Sheltered Care			0	0	0	0	0
TOTALS	0	13	0	0	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	121	111
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	9	0	9
Race Unknown	0	0	0	0	0
Total	0	0	13	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	11	0	11
Ethnicity Unknown	0	0	0	0	0
Total	0	0	13	0	13

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	2.00
Certified Aides	12.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	14.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	591,229	0	0	0	591,229	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

TERRACES AT THE CLARE
55 EAST PEARSON STREET
CHICAGO, IL. 60611

Reference Numbers Facility ID 6016117
Health Service Area 006 Planning Service Area 602

Administrator
SHELLY SMITH

Contact Person and Telephone
SHELLY SMITH
312-784-8316

Date Completed
5/10/2013

Registered Agent Information
CT Corporation System
208 South LaSalle St, Ste 814
Chicago, IL 60604

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	4
Mental Illness	1
Developmental Disability	0
Circulatory System	12
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	4
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	31
Total Residents Diagnosed as Mentally Ill	4

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	32	32	31	32	31	1	32	1
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	32	32	31	32	31	1	32	1

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	27
Total Admissions 2011	103
Total Discharges 2011	99
Residents on 12/31/2011	31
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7727	66.2%	0	0.0%	0	34	2503	0	10264	87.9%	87.9%
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	7727	66.2%	0	0.0%	0	34	2503	0	10264	87.9%	87.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	2	7	0	0	0	0	0	0	2	7	9
85+	5	12	0	0	0	0	0	0	5	12	17
TOTALS	9	22	0	0	0	0	0	0	9	22	31

TERRACES AT THE CLARE
55 EAST PEARSON STREET
CHICAGO, IL. 60611

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	0	0	0	16	0	31
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	0	0	0	16	0	31

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	350	295
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	31	0	0	0	31
Total	31	0	0	0	31

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	31	0	0	0	31
Total	31	0	0	0	31

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.40
LPN's	3.80
Certified Aides	9.80
Other Health Staff	11.60
Non-Health Staff	85.10
Totals	121.70

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
77.3%	0.0%	0.0%	1.5%	21.2%	100.0%		0.0%
1,810,307	0	0	35,528	496,781	2,342,618	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW	4/12/2012	Change of ownership occurred.
Name Change	6/30/2012	Formerly 'The Clare at Water Tower'.

THE DANISH HOME
5656 NORTH NEWCASTLE AVENUE
CHICAGO, IL. 60631

Reference Numbers Facility ID 6008692
Health Service Area 006 Planning Service Area 601

Administrator
SCOTT L. SWANSON

Contact Person and Telephone
MICHAEL DASANBIAGIO
773-775-7383

Date Completed
4/11/2013

Registered Agent Information
SCOTT L. SWANSON
5656 N NEWCASTLE AVE.
Chicago, IL 60631

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	1
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	33
Total Residents Diagnosed as Mentally Ill	18

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	17	15	12	15	9	8	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	42	33	24	30	24	18		
TOTAL BEDS	59	48	36	45	33	26	0	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	30
Total Admissions 2011	15
Total Discharges 2011	12
Residents on 12/31/2011	33
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	3461	0	3461	55.8%	63.2%
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	8518	0	8518	55.6%	70.7%
TOTALS	0	0.0%	0	0.0%	0	0	11979	0	11979	55.6%	68.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	1	0	0	0	0	0	2	0	3	3
75 to 84	0	3	0	0	0	0	3	7	3	10	13
85+	0	5	0	0	0	0	0	12	0	17	17
TOTALS	0	9	0	0	0	0	3	21	3	30	33

THE DANISH HOME
5656 NORTH NEWCASTLE AVENUE
CHICAGO, IL. 60631

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	9	0	9
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	24	0	24
TOTALS	0	0	0	0	33	0	33

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	275	230
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	130	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	1	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	9	0	0	23	32
Race Unknown	0	0	0	0	0
Total	9	0	0	24	33

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	9	0	0	24	33
Ethnicity Unknown	0	0	0	0	0
Total	9	0	0	24	33

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	1.00
Certified Aides	7.00
Other Health Staff	0.00
Non-Health Staff	21.00
Totals	34.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		0.0%
0	0	0	0	1,753,518	1,753,518	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

THE ELMS (MCDONOUGH COUNTY NURSING HO
1212 MADELYN AVENUE
MACOMB, IL. 61455

Reference Numbers Facility ID 6002836
Health Service Area 002 Planning Service Area 109

Administrator
Tina Cox

Contact Person and Telephone
Tina Cox
(309) 837-5482

Registered Agent Information

Date Completed
3/20/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	28
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	22
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	90

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	98	98	98	98	90	8	0	98
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	98	98	98	98	90	8	0	98

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	86
Total Admissions 2011	79
Total Discharges 2011	75
Residents on 12/31/2011	90
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1708	0.0%	19528	54.6%	0	0	9398	0	30634	85.6%	85.6%
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	1708	0.0%	19528	54.6%	0	0	9398	0	30634	85.6%	85.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	1	4	0	0	0	0	0	0	1	4	5
65 to 74	3	5	0	0	0	0	0	0	3	5	8
75 to 84	9	14	0	0	0	0	0	0	9	14	23
85+	10	42	0	0	0	0	0	0	10	42	52
TOTALS	24	66	0	0	0	0	0	0	24	66	90

THE ELMS (MCDONOUGH COUNTY NURSING HO
1212 MADELYN AVENUE
MACOMB, IL. 61455

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 109

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	56	0	0	30	0	90
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	56	0	0	30	0	90

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	141
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	90	0	0	0	90
Race Unknown	0	0	0	0	0
Total	90	0	0	0	90

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	90	0	0	0	90
Ethnicity Unknown	0	0	0	0	0
Total	90	0	0	0	90

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	14.00
Certified Aides	46.00
Other Health Staff	0.00
Non-Health Staff	38.00
Totals	111.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
10.4%	62.0%	0.0%	0.0%	27.5%	100.0%		0.0%
512,489	3,049,558	0	0	1,353,464	4,915,511	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

THE GROVE OF EVANSTON
500 ASBURY STREET
EVANSTON, IL. 60202

Reference Numbers Facility ID 6008916
Health Service Area 007 Planning Service Area 702

Administrator
Rafi Zimmerman

Contact Person and Telephone
Rafi Zimmerman
847-316-3322

Registered Agent Information

Date Completed
4/16/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	2
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	10
Digestive System	3
Genitourinary System Disorders	11
Skin Disorders	5
Musculo-skeletal Disorders	4
Injuries and Poisonings	8
Other Medical Conditions	40
Non-Medical Conditions	1
TOTALS	85

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	124	124	103	124	85	39	124	67
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	124	124	103	124	85	39	124	67

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	82
Total Admissions 2011	492
Total Discharges 2011	489
Residents on 12/31/2011	85
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	14651	32.4%	15761	64.4%	0	654	2159	0	33225	73.4%	73.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	14651	32.4%	15761	64.4%	0	654	2159	0	33225	73.4%	73.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	4	3	0	0	0	0	0	0	4	3	7
60 to 64	3	7	0	0	0	0	0	0	3	7	10
65 to 74	6	14	0	0	0	0	0	0	6	14	20
75 to 84	9	11	0	0	0	0	0	0	9	11	20
85+	8	20	0	0	0	0	0	0	8	20	28
TOTALS	30	55	0	0	0	0	0	0	30	55	85

THE GROVE OF EVANSTON
500 ASBURY STREET
EVANSTON, IL. 60202

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	30	43	0	7	5	0	85
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	30	43	0	7	5	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	400	250
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	0	5
American Indian	0	0	0	0	0
Black	31	0	0	0	31
Hawaiian/Pacific Isl.	3	0	0	0	3
White	46	0	0	0	46
Race Unknown	0	0	0	0	0
Total	85	0	0	0	85

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	75	0	0	0	75
Ethnicity Unknown	3	0	0	0	3
Total	85	0	0	0	85

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.70
LPN's	7.95
Certified Aides	24.35
Other Health Staff	5.08
Non-Health Staff	15.35
Totals	61.43

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
72.1%	21.3%	0.0%	2.7%	4.0%	100.0%		0.0%
8,449,938	2,498,679	0	311,825	465,626	11,726,068	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

THE GROVE OF LAGRANGE PARK
701 NORTH LAGRANGE ROAD
LAGRANGE PARK, IL. 60526

Reference Numbers Facility ID 6003057
Health Service Area 007 Planning Service Area 705

Administrator
PATRICIA LONG

Contact Person and Telephone
PATRICIA LONG
7083547300

Date Completed
4/9/2013

Registered Agent Information
ILLINOIS SERVICE CORPORATION
801 ADLAI STEVENSON DRIVE
Springfield, IL 2703

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	9
Blood Disorders	3
*Nervous System Non Alzheimer	4
Alzheimer Disease	1
Mental Illness	13
Developmental Disability	0
Circulatory System	31
Respiratory System	5
Digestive System	4
Genitourinary System Disorders	9
Skin Disorders	3
Musculo-skeletal Disorders	5
Injuries and Poisonings	8
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	112
Total Residents Diagnosed as Mentally Ill	13

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	131	131	118	131	112	19	131	131
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	131	131	118	131	112	19	131	131

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	111
Total Admissions 2011	179
Total Discharges 2011	178
Residents on 12/31/2011	112
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8679	18.2%	25892	54.2%	0	1836	3572	0	39979	83.6%	83.6%
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	8679	18.2%	25892	54.2%	0	1836	3572	0	39979	83.6%	83.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	1	0	0	0	0	0	0	3	1	4
60 to 64	4	2	0	0	0	0	0	0	4	2	6
65 to 74	15	13	0	0	0	0	0	0	15	13	28
75 to 84	14	24	0	0	0	0	0	0	14	24	38
85+	7	29	0	0	0	0	0	0	7	29	36
TOTALS	43	69	0	0	0	0	0	0	43	69	112

THE GROVE OF LAGRANGE PARK
701 NORTH LAGRANGE ROAD
LAGRANGE PARK, IL. 60526

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	75	0	6	10	0	112
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	75	0	6	10	0	112

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	16	0	0	0	16
Hawaiian/Pacific Isl.	1	0	0	0	1
White	95	0	0	0	95
Race Unknown	0	0	0	0	0
Total	112	0	0	0	112

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	109	0	0	0	109
Ethnicity Unknown	0	0	0	0	0
Total	112	0	0	0	112

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	13.00
Certified Aides	37.00
Other Health Staff	3.00
Non-Health Staff	33.00
Totals	96.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
46.4%	43.4%	0.0%	4.8%	5.3%	100.0%		0.0%
4,541,951	4,243,836	0	471,785	522,488	9,780,060	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

THE GROVE OF NORTHBROOK
263 SKOKIE BOULEVARD
NORTHBROOK, IL. 60062

Reference Numbers Facility ID 6003412
Health Service Area 007 Planning Service Area 702

Administrator
IGOR REBEL

Contact Person and Telephone
IGOR REBEL
847-564-0505

Registered Agent Information

Date Completed
4/15/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	39
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	31
Respiratory System	9
Digestive System	10
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	2
TOTALS	112

Total Residents Diagnosed as Mentally Ill 9

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	134	134	128	134	112	22	83	134
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	134	134	128	134	112	22	83	134

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	121
Total Admissions 2011	236
Total Discharges 2011	245
Residents on 12/31/2011	112
Identified Offenders	10

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3079	10.2%	37180	76.0%	1189	0	2567	0	44015	90.0%	90.0%
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	3079	10.2%	37180	76.0%	1189	0	2567	0	44015	90.0%	90.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	18	15	0	0	0	0	0	0	18	15	33
60 to 64	9	7	0	0	0	0	0	0	9	7	16
65 to 74	15	16	0	0	0	0	0	0	15	16	31
75 to 84	7	13	0	0	0	0	0	0	7	13	20
85+	4	7	0	0	0	0	0	0	4	7	11
TOTALS	53	59	0	0	0	0	0	0	53	59	112

THE GROVE OF NORTHBROOK
263 SKOKIE BOULEVARD
NORTHBROOK, IL. 60062

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	86	10	1	4	0	112
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	86	10	1	4	0	112

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	11	0	0	0	11
Hawaiian/Pacific Isl.	0	0	0	0	0
White	94	0	0	0	94
Race Unknown	6	0	0	0	6
Total	112	0	0	0	112

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	106	0	0	0	106
Ethnicity Unknown	0	0	0	0	0
Total	112	0	0	0	112

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	11.00
Certified Aides	44.00
Other Health Staff	2.00
Non-Health Staff	39.00
Totals	108.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
13.6%	77.4%	2.2%	0.4%	6.3%	100.0%		0.0%
995,897	5,659,532	164,304	28,321	464,182	7,312,236	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	11/1/2012	Formerly 'Lake Cook Terrace Nursing Center'.
CHOW	11/1/2012	Change of Ownership occurred.

THE LUTHERAN HOME
6901 NORTH GALENA ROAD
PEORIA, IL. 61614

Reference Numbers Facility ID 6005615
Health Service Area 002 Planning Service Area 143

Administrator
Deborah Simaytis

Contact Person and Telephone
Deborah Simaytis
309-683-1264

Registered Agent Information
Lorraine Neitzer
6901 N Galena Rd
Peoria, IL 61614

Date Completed
4/9/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	1
Digestive System	6
Genitourinary System Disorders	12
Skin Disorders	2
Musculo-skeletal Disorders	8
Injuries and Poisonings	2
Other Medical Conditions	23
Non-Medical Conditions	0
TOTALS	77

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	85	83	80	83	77	8	85	22
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	85	83	80	83	77	8	85	22

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	69
Total Admissions 2011	252
Total Discharges 2011	244
Residents on 12/31/2011	77
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4074	13.1%	2826	35.2%	624	0	19251	0	26775	86.3%	88.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4074	13.1%	2826	35.2%	624	0	19251	0	26775	86.3%	88.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	9	14	0	0	0	0	0	0	9	14	23
85+	17	34	0	0	0	0	0	0	17	34	51
TOTALS	27	50	0	0	0	0	0	0	27	50	77

THE LUTHERAN HOME
6901 NORTH GALENA ROAD
PEORIA, IL. 61614

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	8	0	0	63	0	77
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	8	0	0	63	0	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	329	227
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	77	0	0	0	77
Race Unknown	0	0	0	0	0
Total	77	0	0	0	77

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	77	0	0	0	77
Ethnicity Unknown	0	0	0	0	0
Total	77	0	0	0	77

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	19.00
Certified Aides	48.00
Other Health Staff	0.00
Non-Health Staff	16.00
Totals	97.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
27.5%	3.4%	0.0%	3.2%	65.9%	100.0%		0.0%
1,916,372	234,014	0	223,321	4,597,445	6,971,152	72	

*Charity Care Expense does not include expenses which may be considered a community benefit.

THE MATHER
425 DAVIS STREET
EVANSTON, IL. 60201

Reference Numbers Facility ID 6016455
Health Service Area 007 Planning Service Area 702

Administrator
Jamie Merrell

Contact Person and Telephone
Jamie Merrell
847-492-7582

Registered Agent Information
Mary G. Leary
1603 Orrington Suite 1800
Evanston, IL 60201

Date Completed
4/2/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	21

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	37	37	24	37	21	16	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	37	37	24	37	21	16	0	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	17
Total Admissions 2011	78
Total Discharges 2011	74
Residents on 12/31/2011	21
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1140	0.0%	0	0.0%	0	0	5518	0	6658	49.3%	49.3%
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	1140	0.0%	0	0.0%	0	0	5518	0	6658	49.3%	49.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	1	2	0	0	0	0	0	0	1	2	3
85+	7	9	0	0	0	0	0	0	7	9	16
TOTALS	8	13	0	0	0	0	0	0	8	13	21

THE MATHER
425 DAVIS STREET
EVANSTON, IL. 60201

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	0	0	0	14	0	21
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	0	0	0	14	0	21

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	335	311
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	21	0	0	0	21
Race Unknown	0	0	0	0	0
Total	21	0	0	0	21

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	21	0	0	0	21
Ethnicity Unknown	0	0	0	0	0
Total	21	0	0	0	21

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	1.00
Certified Aides	22.00
Other Health Staff	0.00
Non-Health Staff	7.00
Totals	39.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
41.2%	0.0%	0.0%	0.0%	58.8%	100.0%		0.0%
714,107	0	0	0	1,020,830	1,734,937	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

THE MOORINGS HEALTH CENTER
761 OLD BARN LANE
ARLINGTON HEIGHTS, IL. 60005

Reference Numbers Facility ID 6005698
Health Service Area 007 Planning Service Area 701

Administrator
John Denkert

Contact Person and Telephone
MONIQUE SCHROEDER
847-718-1258

Registered Agent Information
John Burns, COO Presbyterian Homes
3200 Grant Street
Evanston, IL 60201

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	2
*Nervous System Non Alzheimer	22
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	16
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	5
Other Medical Conditions	26
Non-Medical Conditions	0
TOTALS	91

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	116	105	101	105	91	25	84	17
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	44	43	37	43	28	16		
TOTAL BEDS	160	148	138	148	119	41	84	17

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	118
Total Admissions 2011	509
Total Discharges 2011	508
Residents on 12/31/2011	119
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9506	31.0%	365	5.9%	0	473	18103	0	28447	67.2%	74.2%
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	10632	0	10632	66.2%	67.7%
TOTALS	9506	31.0%	365	5.9%	0	473	28735	0	39079	66.9%	72.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	5	0	0	0	0	0	0	1	5	6
75 to 84	13	16	0	0	0	0	0	8	13	24	37
85+	11	45	0	0	0	0	1	19	12	64	76
TOTALS	25	66	0	0	0	0	1	27	26	93	119

THE MOORINGS HEALTH CENTER
761 OLD BARN LANE
ARLINGTON HEIGHTS, IL. 60005

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	29	1	0	0	61	0	91
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	28	0	28
TOTALS	29	1	0	0	89	0	119

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	383	266
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	186	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	91	0	0	28	119
Race Unknown	0	0	0	0	0
Total	91	0	0	28	119

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	89	0	0	28	117
Ethnicity Unknown	0	0	0	0	0
Total	91	0	0	28	119

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	34.80
LPN's	2.80
Certified Aides	38.00
Other Health Staff	20.65
Non-Health Staff	40.52
Totals	138.77

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
11.6%	0.1%	0.0%	0.0%	88.3%	100.0%		0.0%
2,369,080	15,996	0	0	18,028,351	20,413,428	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

THE SPRINGS AT CRYSTAL LAKE
1000 EAST BRIGHTON LANE
CRYSTAL LAKE, IL. 60012

Reference Numbers Facility ID 6011803
Health Service Area 008 Planning Service Area 111

Administrator
Stephanie Dimitrenko

Contact Person and Telephone
STEPHANIE DIMITRENKO
815-477-6400

Registered Agent Information

Date Completed
4/15/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	10
Digestive System	2
Genitourinary System Disorders	12
Skin Disorders	4
Musculo-skeletal Disorders	22
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	69

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	97	97	80	97	69	28	97	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	97	97	80	97	69	28	97	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	69
Total Admissions 2011	615
Total Discharges 2011	615
Residents on 12/31/2011	69
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	13842	39.1%	0	0.0%	0	1102	7861	0	22805	64.4%	64.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	13842	39.1%	0	0.0%	0	1102	7861	0	22805	64.4%	64.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	10	12	0	0	0	0	0	0	10	12	22
75 to 84	9	3	0	0	0	0	0	0	9	3	12
85+	11	21	0	0	0	0	0	0	11	21	32
TOTALS	30	39	0	0	0	0	0	0	30	39	69

THE SPRINGS AT CRYSTAL LAKE
1000 EAST BRIGHTON LANE
CRYSTAL LAKE, IL. 60012

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	41	0	0	2	26	0	69
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	41	0	0	2	26	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	297	232
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	69	0	0	0	69
Race Unknown	0	0	0	0	0
Total	69	0	0	0	69

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	69	0	0	0	69
Ethnicity Unknown	0	0	0	0	0
Total	69	0	0	0	69

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	9.00
Certified Aides	32.00
Other Health Staff	6.00
Non-Health Staff	29.00
Totals	92.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
75.8%	0.0%	0.0%	5.3%	18.9%	100.0%		0.0%
7,558,526	0	0	525,864	1,884,461	9,968,851	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

THE TERRACE NURSING HOME
1615 SUNSET AVENUE
WAUKEGAN, IL. 60087

Reference Numbers Facility ID 6009377
Health Service Area 008 Planning Service Area 097

Administrator
ROSE SHULTS

Contact Person and Telephone
JENNIFER KOWACH
847-244-6700

Date Completed
4/8/2013

Registered Agent Information
Michael Wies
1 S. 443 Summit Avenue Suite 204
Oakbrook Terrace, IL 60181

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	42
Mental Illness	0
Developmental Disability	0
Circulatory System	22
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	95

Total Residents Diagnosed as Mentally Ill 8

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	115	115	115	115	95	20	65	115
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	115	115	115	115	95	20	65	115

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	96
Total Admissions 2011	81
Total Discharges 2011	82
Residents on 12/31/2011	95
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2247	9.5%	30810	73.4%	0	333	6151	0	39541	94.2%	94.2%
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	2247	9.5%	30810	73.4%	0	333	6151	0	39541	94.2%	94.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	4	10	0	0	0	0	0	0	4	10	14
75 to 84	5	17	0	0	0	0	0	0	5	17	22
85+	10	46	0	0	0	0	0	0	10	46	56
TOTALS	22	73	0	0	0	0	0	0	22	73	95

THE TERRACE NURSING HOME
1615 SUNSET AVENUE
WAUKEGAN, IL. 60087

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	77	0	0	18	0	95
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	77	0	0	18	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	142
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	20	0	0	0	20
Hawaiian/Pacific Isl.	0	0	0	0	0
White	74	0	0	0	74
Race Unknown	0	0	0	0	0
Total	95	0	0	0	95

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	12	0	0	0	12
Non-Hispanic	83	0	0	0	83
Ethnicity Unknown	0	0	0	0	0
Total	95	0	0	0	95

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	5.00
Certified Aides	40.00
Other Health Staff	4.00
Non-Health Staff	37.00
Totals	102.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	82.5%	0.0%	0.2%	17.3%	100.0%		0.0%
0	2,149,736	0	5,112	451,276	2,606,124	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

CHOW	6/27/2012	Change of ownership occurred.

THE TILLERS NURSING & REHAB CENTER
4390 ROUTE 71
OSWEGO, IL. 60543

Reference Numbers Facility ID 6009401
Health Service Area 009 Planning Service Area 093

Administrator
Robert M. Saxon

Contact Person and Telephone
BRETT SAXON
Brett Saxon

Date Completed
4/15/2013

Registered Agent Information
Robert M. Saxon
46 S. Royal Oaks Dr.
Bristol, IL 60512

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	15
Digestive System	12
Genitourinary System Disorders	11
Skin Disorders	2
Musculo-skeletal Disorders	18
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	83
Total Residents Diagnosed as Mentally Ill	13

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	106	106	104	99	83	23	90	6
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	106	106	104	99	83	23	90	6

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	82
Total Admissions 2011	632
Total Discharges 2011	631
Residents on 12/31/2011	83
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	19442	59.2%	449	20.5%	0	3251	9122	0	32264	83.4%	83.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	19442	59.2%	449	20.5%	0	3251	9122	0	32264	83.4%	83.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	6	5	0	0	0	0	0	0	6	5	11
75 to 84	10	19	0	0	0	0	0	0	10	19	29
85+	11	28	0	0	0	0	0	0	11	28	39
TOTALS	29	54	0	0	0	0	0	0	29	54	83

THE TILLERS NURSING & REHAB CENTER
4390 ROUTE 71
OSWEGO, IL. 60543

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 093

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	48	1	0	12	22	0	83
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	48	1	0	12	22	0	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	307	232
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	80	0	0	0	80
Race Unknown	2	0	0	0	2
Total	83	0	0	0	83

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	81	0	0	0	81
Ethnicity Unknown	2	0	0	0	2
Total	83	0	0	0	83

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	25.00
LPN's	9.00
Certified Aides	47.00
Other Health Staff	1.00
Non-Health Staff	47.00
Totals	131.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
71.3%	0.4%	0.0%	9.5%	18.8%	100.0%		0.0%
9,582,056	52,730	0	1,280,964	2,529,562	13,445,312	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

THE VILLA AT WINDSOR PARK
2649 EAST 75TH STREET
CHICAGO, IL. 60649

Reference Numbers Facility ID 6014856
Health Service Area 006 Planning Service Area 603

Administrator
Susan Ahlgren

Contact Person and Telephone
JOSH BAUMOL
773-356-9300

Date Completed
4/12/2013

Registered Agent Information
Abraham J Stern
191 North Wacker Drive Suuite 1800
Chicago, IL 60606

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	15
Endocrine/Metabolic	25
Blood Disorders	0
*Nervous System Non Alzheimer	24
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	2
Circulatory System	22
Respiratory System	20
Digestive System	5
Genitourinary System Disorders	10
Skin Disorders	1
Musculo-skeletal Disorders	8
Injuries and Poisonings	12
Other Medical Conditions	40
Non-Medical Conditions	0
TOTALS	184

Total Residents Diagnosed as Mentally Ill 5

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	240	240	240	240	184	56	240	240
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	240	240	240	240	184	56	240	240

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	189
Total Admissions 2011	293
Total Discharges 2011	298
Residents on 12/31/2011	184
Identified Offenders	5

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	16067	18.3%	51191	58.4%	0	1650	460	0	69368	79.2%	79.2%
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	16067	18.3%	51191	58.4%	0	1650	460	0	69368	79.2%	79.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	11	13	0	0	0	0	0	0	11	13	24
60 to 64	8	7	0	0	0	0	0	0	8	7	15
65 to 74	17	20	0	0	0	0	0	0	17	20	37
75 to 84	12	36	0	0	0	0	0	0	12	36	48
85+	6	54	0	0	0	0	0	0	6	54	60
TOTALS	54	130	0	0	0	0	0	0	54	130	184

THE VILLA AT WINDSOR PARK
2649 EAST 75TH STREET
CHICAGO, IL. 60649

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	41	128	0	0	15	0	184
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	41	128	0	0	15	0	184

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	177	0	0	0	177
Hawaiian/Pacific Isl.	0	0	0	0	0
White	2	0	0	0	2
Race Unknown	5	0	0	0	5
Total	184	0	0	0	184

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	179	0	0	0	179
Ethnicity Unknown	0	0	0	0	0
Total	184	0	0	0	184

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	24.00
LPN's	27.00
Certified Aides	67.00
Other Health Staff	18.00
Non-Health Staff	39.00
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
51.9%	45.5%	0.0%	0.9%	1.6%	100.0%		0.0%
9,191,127	8,054,558	0	160,851	287,691	17,694,227	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

THE VILLAGE AT VICTORY LAKES
1055 EAST GRAND AVENUE
LINDENHURST, IL. 60046

Reference Numbers Facility ID 6011332
Health Service Area 008 Planning Service Area 097

Administrator
Michael Skirven

Contact Person and Telephone
MIchael Skirven
847-356-4561

Registered Agent Information

Date Completed
4/16/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	13
Mental Illness	8
Developmental Disability	0
Circulatory System	25
Respiratory System	4
Digestive System	7
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	8
Injuries and Poisonings	20
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	102

Total Residents Diagnosed as Mentally Ill 42

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	118	118	118	102	18	120	24
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	118	118	118	102	18	120	24

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	100
Total Admissions 2011	810
Total Discharges 2011	808
Residents on 12/31/2011	102
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8969	20.5%	2308	26.3%	0	581	7453	0	19311	44.1%	44.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	8969	20.5%	2308	26.3%	0	581	7453	0	19311	44.1%	44.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	5	6	0	0	0	0	0	0	5	6	11
75 to 84	6	25	0	0	0	0	0	0	6	25	31
85+	15	43	0	0	0	0	0	0	15	43	58
TOTALS	27	75	0	0	0	0	0	0	27	75	102

THE VILLAGE AT VICTORY LAKES
1055 EAST GRAND AVENUE
LINDENHURST, IL. 60046

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	43	17	0	1	41	0	102
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	43	17	0	1	41	0	102

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	350	261
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	100	0	0	0	100
Race Unknown	0	0	0	0	0
Total	102	0	0	0	102

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	100	0	0	0	100
Ethnicity Unknown	0	0	0	0	0
Total	102	0	0	0	102

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.50
Director of Nursing	1.00
Registered Nurses	12.10
LPN's	3.60
Certified Aides	19.30
Other Health Staff	11.60
Non-Health Staff	31.75
Totals	80.85

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
66.0%	6.7%	0.0%	2.7%	24.6%	100.0%		0.5%
8,886,401	900,874	0	367,902	3,312,887	13,468,064	63,150	

*Charity Care Expense does not include expenses which may be considered a community benefit.

THE WATERFORD NURSING & REHAB
7445 NORTH SHERIDAN ROAD
CHICAGO, IL. 60626

Reference Numbers Facility ID 6002430
Health Service Area 006 Planning Service Area 601

Administrator
Kathy Donohue

Contact Person and Telephone
KATHY DONOHUE
773-338-3300

Registered Agent Information

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	12
Mental Illness	86
Developmental Disability	0
Circulatory System	4
Respiratory System	2
Digestive System	4
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	129
Total Residents Diagnosed as Mentally Ill	92

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	141	141	131	141	129	12	37	141
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	141	141	131	141	129	12	37	141

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	117
Total Admissions 2011	99
Total Discharges 2011	87
Residents on 12/31/2011	129
Identified Offenders	6

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2374	17.6%	42048	81.7%	153	0	782	0	45357	88.1%	88.1%
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	2374	17.6%	42048	81.7%	153	0	782	0	45357	88.1%	88.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	2	0	0	0	0	0	0	2	2	4
45 to 59	14	10	0	0	0	0	0	0	14	10	24
60 to 64	9	14	0	0	0	0	0	0	9	14	23
65 to 74	18	21	0	0	0	0	0	0	18	21	39
75 to 84	11	13	0	0	0	0	0	0	11	13	24
85+	2	13	0	0	0	0	0	0	2	13	15
TOTALS	56	73	0	0	0	0	0	0	56	73	129

THE WATERFORD NURSING & REHAB
7445 NORTH SHERIDAN ROAD
CHICAGO, IL. 60626

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	120	0	0	4	0	129
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	120	0	0	4	0	129

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	125
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	1	0	0	0	1
Black	33	0	0	0	33
Hawaiian/Pacific Isl.	0	0	0	0	0
White	94	0	0	0	94
Race Unknown	0	0	0	0	0
Total	129	0	0	0	129

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	121	0	0	0	121
Ethnicity Unknown	0	0	0	0	0
Total	129	0	0	0	129

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	7.00
Certified Aides	28.00
Other Health Staff	6.00
Non-Health Staff	25.00
Totals	76.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
15.4%	82.4%	0.0%	0.4%	1.7%	100.0%		0.0%
966,338	5,161,368	0	27,626	107,992	6,263,324	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

THE WEALSHIRE
150 JAMESTOWN LANE
LINCOLNSHIRE, IL. 60069

Reference Numbers Facility ID 6014377
Health Service Area 008 Planning Service Area 097

Administrator
Jennifer Bebinger

Contact Person and Telephone
JENNIFER BEBINGER
847-883-9000

Date Completed
4/15/2013

Registered Agent Information
Mr. Lawrence Freedman
77 West Washington Street, Suite 1211
Chicago, IL 60602

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	7
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	27
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	14
Digestive System	5
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	17
Injuries and Poisonings	14
Other Medical Conditions	16
Non-Medical Conditions	2
TOTALS	127

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	144	144	144	144	127	17	122	31
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	144	144	144	144	127	17	122	31

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	131
Total Admissions 2011	640
Total Discharges 2011	644
Residents on 12/31/2011	127
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	15599	35.0%	5538	48.9%	0	3071	18988	0	43196	82.2%	82.2%
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	15599	35.0%	5538	48.9%	0	3071	18988	0	43196	82.2%	82.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	1	3	0	0	0	0	0	0	1	3	4
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	3	13	0	0	0	0	0	0	3	13	16
75 to 84	7	28	0	0	0	0	0	0	7	28	35
85+	24	44	0	0	0	0	0	0	24	44	68
TOTALS	36	91	0	0	0	0	0	0	36	91	127

THE WEALSHIRE
150 JAMESTOWN LANE
LINCOLNSHIRE, IL. 60069

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	52	17	0	12	46	0	127
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	52	17	0	12	46	0	127

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	260	210
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	126	0	0	0	126
Race Unknown	0	0	0	0	0
Total	127	0	0	0	127

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	127	0	0	0	127
Ethnicity Unknown	0	0	0	0	0
Total	127	0	0	0	127

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	29.00
LPN's	13.00
Certified Aides	80.00
Other Health Staff	6.00
Non-Health Staff	78.00
Totals	208.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
56.0%	6.4%	0.0%	14.8%	22.9%	100.0%		0.0%
9,629,029	1,092,797	0	2,544,439	3,935,521	17,201,786	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

THELMA TERRACE
1450 VIRGINIA AVENUE
WOOD RIVER, IL. 62095

Reference Numbers Facility ID 6010425
Health Service Area 011 Planning Service Area 119

Administrator
James Haney

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/8/2013

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 6

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5856	######	0	0	0	0	5856	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5856	######	0	0	0	0	5856	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	5	0	0	3	5	8
45 to 59	0	0	0	0	3	0	0	0	3	0	3
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	2	0	0	0	2	0	2
75 to 84	0	0	0	0	2	0	0	0	2	0	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	10	6	0	0	10	6	16

THELMA TERRACE
1450 VIRGINIA AVENUE
WOOD RIVER, IL. 62095

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	108
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	75.5%	0.6%	0.0%	23.9%	100.0%		0.0%
0	479,983	3,988	0	151,735	635,707	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

THOMAS HERBSTRITT HOUSE
4003 NORTH RT.1 & 17 BOX 260
MOMENCE, IL. 60954

Reference Numbers Facility ID 6014260
Health Service Area 009 Planning Service Area 091

Administrator
Bruce Fitzpatrick

Contact Person and Telephone
BRUCE FITZPATRICK
815-472-3700 ext 310

Date Completed
4/4/2013

Registered Agent Information
Bruce Fitzpatrick
PO Box 260
Momence, IL 60954

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 5

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	2
Total Discharges 2011	3
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5638	96.5%	0	0	0	0	5638	96.5%	96.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5638	96.5%	0	0	0	0	5638	96.5%	96.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	0	0	0	2	0	2
45 to 59	0	0	0	0	1	0	0	0	1	0	1
60 to 64	0	0	0	0	7	0	0	0	7	0	7
65 to 74	0	0	0	0	4	0	0	0	4	0	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	15	0	0	0	15	0	15

THOMAS HERBSTRITT HOUSE
4003 NORTH RT.1 & 17 BOX 260
MOMENCE, IL. 60954

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	142	142
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	5.00
Non-Health Staff	5.00
Totals	10.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	81.9%	18.1%	0.0%	0.0%	100.0%		0.0%
0	824,726	182,631	0	0	1,007,357	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

THOMAS LOMBARD HOUSE
4129A NORTH RT.1&17 BOX 260
MOMENCE, IL. 60954

Reference Numbers Facility ID 6014278
Health Service Area 009 Planning Service Area 091

Administrator
Bruce Fitzpatrick

Contact Person and Telephone
BRUCE FITZPATRICK
815-472-3700 ext 310

Date Completed
4/4/2013

Registered Agent Information
Bruce Fitzpatrick
PO Box 260
Momence, IL 60954

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 5

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	2
Total Discharges 2011	2
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5428	92.9%	0	0	0	0	5428	92.9%	92.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5428	92.9%	0	0	0	0	5428	92.9%	92.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	0	0	0	4	0	4
45 to 59	0	0	0	0	5	0	0	0	5	0	5
60 to 64	0	0	0	0	3	0	0	0	3	0	3
65 to 74	0	0	0	0	4	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	0	0	0	0	16	0	0	0	16	0	16

THOMAS LOMBARD HOUSE
4129A NORTH RT.1&17 BOX 260
MOMENCE, IL. 60954

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	138	138
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	4.00
Non-Health Staff	5.00
Totals	9.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	80.8%	19.2%	0.0%	0.0%	100.0%		0.0%
0	780,200	185,022	0	0	965,222	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

THORNTON HEIGHTS TERRACE
160 WEST 10TH STREET
CHICAGO HEIGHTS, IL. 60411

Reference Numbers Facility ID 6009385
Health Service Area 007 Planning Service Area 705

Administrator
Elvira L Cull

Contact Person and Telephone
RICK DUROS
708-754-2220

Date Completed
4/12/2013

Registered Agent Information
Gary Weintraub
465 Central Avenue
Northfield, IL 60093

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	211
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	211
Total Residents Diagnosed as Mentally Ill	211

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	222	222	211	222	211	11	0	222
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	222	222	211	222	211	11	0	222

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	211
Total Admissions 2011	58
Total Discharges 2011	58
Residents on 12/31/2011	211
Identified Offenders	13

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	73573	90.8%	0	0	0	0	73573	90.8%	90.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	73573	90.8%	0	0	0	0	73573	90.8%	90.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	23	12	0	0	0	0	0	0	23	12	35
45 to 59	72	59	0	0	0	0	0	0	72	59	131
60 to 64	16	15	0	0	0	0	0	0	16	15	31
65 to 74	2	6	0	0	0	0	0	0	2	6	8
75 to 84	4	2	0	0	0	0	0	0	4	2	6
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	117	94	0	0	0	0	0	0	117	94	211

THORNTON HEIGHTS TERRACE
160 WEST 10TH STREET
CHICAGO HEIGHTS, IL. 60411

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	211	0	0	0	0	211
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	211	0	0	0	0	211

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	78	0	0	0	78
Hawaiian/Pacific Isl.	0	0	0	0	0
White	130	0	0	0	130
Race Unknown	0	0	0	0	0
Total	211	0	0	0	211

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	208	0	0	0	208
Ethnicity Unknown	0	0	0	0	0
Total	211	0	0	0	211

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	8.00
Certified Aides	33.00
Other Health Staff	26.00
Non-Health Staff	36.00
Totals	110.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	8,649,600	0	0	0	8,649,600	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

THREE CROWNS PARK
2323 MCDANIEL AVENUE
EVANSTON, IL. 60201

Reference Numbers Facility ID 6007462
Health Service Area 007 Planning Service Area 702

Administrator
RICHARD A. CURTIS

Contact Person and Telephone
BONNIE PARSEGIAN
224-420-3019

Registered Agent Information
Susan J Morse
6 Martha Lane
Evanston, IL 60201

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	1
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	8
Blood Disorders	5
*Nervous System Non Alzheimer	4
Alzheimer Disease	14
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	0
Digestive System	6
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	72

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	48	48	34	48	22	26	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	82	82	53	82	50	32		
TOTAL BEDS	130	130	87	130	72	58	0	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	75
Total Admissions 2011	44
Total Discharges 2011	47
Residents on 12/31/2011	72
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	10593	573	11166	63.7%	63.7%
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	16306	210	16516	55.2%	55.2%
TOTALS	0	0.0%	0	0.0%	0	0	26899	783	27682	58.3%	58.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	2	3	0	0	0	0	2	6	4	9	13
85+	2	15	0	0	0	0	5	37	7	52	59
TOTALS	4	18	0	0	0	0	7	43	11	61	72

THREE CROWNS PARK
2323 MCDANIEL AVENUE
EVANSTON, IL. 60201

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	20	2	22
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	49	1	50
TOTALS	0	0	0	0	69	3	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	335	289
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	115	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	1	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	22	0	0	49	71
Race Unknown	0	0	0	0	0
Total	22	0	0	50	72

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	22	0	0	50	72
Ethnicity Unknown	0	0	0	0	0
Total	22	0	0	50	72

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	6.00
Certified Aides	21.00
Other Health Staff	2.00
Non-Health Staff	52.00
Totals	90.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		2.1%
0	0	0	0	3,608,665	3,608,665	75,134	

*Charity Care Expense does not include expenses which may be considered a community benefit.

THREE SPRINGS LODGE
161 THREE SPRINGS ROAD
CHESTER, IL. 62233

Reference Numbers Facility ID 6009393
Health Service Area 005 Planning Service Area 157

Administrator
KEN ROWOLD

Contact Person and Telephone
STEPHANI MCCAUGHAN
618-549-8331

Registered Agent Information
ROGER BAGLEY
1001 E. MAIN STREET BLDG 4A
Carbondale, IL 62902

Date Completed
4/13/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	7
Mental Illness	24
Developmental Disability	0
Circulatory System	6
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	59
Total Residents Diagnosed as Mentally Ill	24

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	83	83	66	83	59	24	17	83
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	83	83	66	83	59	24	17	83

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	64
Total Admissions 2011	67
Total Discharges 2011	72
Residents on 12/31/2011	59
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1576	25.4%	10288	34.0%	0	0	10201	0	22065	72.8%	72.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1576	25.4%	10288	34.0%	0	0	10201	0	22065	72.8%	72.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	5	9	0	0	0	0	0	0	5	9	14
75 to 84	2	11	0	0	0	0	0	0	2	11	13
85+	9	23	0	0	0	0	0	0	9	23	32
TOTALS	16	43	0	0	0	0	0	0	16	43	59

THREE SPRINGS LODGE
161 THREE SPRINGS ROAD
CHESTER, IL. 62233

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 157

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	29	0	0	30	0	59
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	29	0	0	30	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	110
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	0	0	0	0	0
Total	59	0	0	0	59

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	59	0	0	0	59
Ethnicity Unknown	0	0	0	0	0
Total	59	0	0	0	59

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	6.00
Certified Aides	18.00
Other Health Staff	0.00
Non-Health Staff	17.00
Totals	45.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
11.5%	43.0%	0.0%	0.0%	45.5%	100.0%		0.0%
294,460	1,097,457	0	0	1,163,199	2,555,116	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

TIBSTRA HOUSE
271 EAST 161ST STREET
SOUTH HOLLAND, IL. 60473

Reference Numbers Facility ID 6012009
Health Service Area 007 Planning Service Area 705

Administrator
Frea Mars

Contact Person and Telephone
Steve Goudzwaard
708-371-0800

Registered Agent Information
Bethshan Association % Joseph Laneng
12927 S. Monitor Ave.
Palos Heights, IL 60463

Date Completed
4/4/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5523	94.6%	0	0	0	0	5523	94.6%	94.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5523	94.6%	0	0	0	0	5523	94.6%	94.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	2	0	0	5	2	7
45 to 59	0	0	0	0	5	3	0	0	5	3	8
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	10	6	0	0	10	6	16

TIBSTRA HOUSE
271 EAST 161ST STREET
SOUTH HOLLAND, IL. 60473

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	140	140
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.60
LPN's	0.00
Certified Aides	9.00
Other Health Staff	2.00
Non-Health Staff	2.00
Totals	14.60

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%	80.5%	19.3%	0.0%	0.2%	100.0%		0.0%
0	650,202	156,046	0	1,782	808,030	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

TIMBER POINT HEALTHCARE CENTER
205 EAST SPRING STREET
CAMP POINT, IL. 62320

Reference Numbers Facility ID 6003750
Health Service Area 003 Planning Service Area 001

Administrator
Adam Zanger

Contact Person and Telephone
ADAM ZANGER
217-593-7734

Date Completed
4/12/2013

Registered Agent Information
David Aronin
2201 Main
Evanston, IL 60202

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	17
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
Circulatory System	17
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	62

Total Residents Diagnosed as Mentally Ill 9

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	110	110	66	110	62	48	110	110
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	110	110	66	110	62	48	110	110

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	60
Total Admissions 2011	68
Total Discharges 2011	66
Residents on 12/31/2011	62
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2386	5.9%	15667	39.0%	590	827	3219	0	22689	56.5%	56.5%
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	2386	5.9%	15667	39.0%	590	827	3219	0	22689	56.5%	56.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	5	0	0	0	0	0	0	2	5	7
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	3	5	0	0	0	0	0	0	3	5	8
75 to 84	9	13	0	0	0	0	0	0	9	13	22
85+	7	14	0	0	0	0	0	0	7	14	21
TOTALS	24	38	0	0	0	0	0	0	24	38	62

TIMBER POINT HEALTHCARE CENTER
205 EAST SPRING STREET
CAMP POINT, IL. 62320

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 001

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	47	0	3	4	0	62
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	47	0	3	4	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	163	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	62	0	0	0	62
Race Unknown	0	0	0	0	0
Total	62	0	0	0	62

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	62	0	0	0	62
Ethnicity Unknown	0	0	0	0	0
Total	62	0	0	0	62

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.20
LPN's	4.80
Certified Aides	22.80
Other Health Staff	4.60
Non-Health Staff	27.20
Totals	68.60

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
19.3%	60.8%	0.0%	8.4%	11.4%	100.0%		0.0%
722,391	2,274,124	0	314,146	427,288	3,737,949	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

TIMBERCREEK REHAB & HEALTH CARE
2220 STATE STREET
PEKIN, IL. 61554

Reference Numbers Facility ID 6007330
Health Service Area 002 Planning Service Area 179

Administrator
Lisa McCoy

Contact Person and Telephone
Marikay Snyder
309-689-5880

Date Completed
4/15/2013

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	3
Mental Illness	10
Developmental Disability	0
Circulatory System	30
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	12
Other Medical Conditions	11
Non-Medical Conditions	8
TOTALS	106

Total Residents Diagnosed as Mentally Ill 59

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	202	150	114	150	106	96	202	202
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	202	150	114	150	106	96	202	202

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	114
Total Admissions 2011	119
Total Discharges 2011	127
Residents on 12/31/2011	106
Identified Offenders	3

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3421	4.6%	27780	37.7%	3224	375	3505	0	38305	52.0%	70.0%
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	3421	4.6%	27780	37.7%	3224	375	3505	0	38305	52.0%	70.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	4	9	0	0	0	0	0	0	4	9	13
60 to 64	1	4	0	0	0	0	0	0	1	4	5
65 to 74	7	13	0	0	0	0	0	0	7	13	20
75 to 84	13	15	0	0	0	0	0	0	13	15	28
85+	12	26	0	0	0	0	0	0	12	26	38
TOTALS	39	67	0	0	0	0	0	0	39	67	106

TIMBERCREEK REHAB & HEALTH CARE
2220 STATE STREET
PEKIN, IL. 61554

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	78	2	0	14	0	106
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	78	2	0	14	0	106

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	1	0	0	0	1
White	105	0	0	0	105
Race Unknown	0	0	0	0	0
Total	106	0	0	0	106

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	106	0	0	0	106
Ethnicity Unknown	0	0	0	0	0
Total	106	0	0	0	106

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	16.00
Certified Aides	49.00
Other Health Staff	2.00
Non-Health Staff	37.00
Totals	109.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
14.6%	74.5%	1.3%	0.0%	9.6%	100.0%		0.6%
686,668	3,497,628	61,595	0	448,537	4,694,428	30,233	

*Charity Care Expense does not include expenses which may be considered a community benefit.

TISH HEWITT HOUSE
5102 52ND AVENUE
MOLINE, IL. 61265

Reference Numbers Facility ID 6013452
Health Service Area 010 Planning Service Area 161

Administrator
Suzy White

Contact Person and Telephone
SUZY WHITE
309-786-5433

Registered Agent Information
Kyle Rick
4016 9th Street
Rock Island, IL 61201

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	8
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	8
Total Residents Diagnosed as Mentally Ill	3

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	8	8	8	8	8	0		8
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	8	8	8	8	8	0	0	8

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	8
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	8
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			2830	96.9%	0	0	0	0	2830	96.9%	96.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2830	96.9%	0	0	0	0	2830	96.9%	96.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	2	0	0	3	2	5
45 to 59	0	0	0	0	1	2	0	0	1	2	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	4	4	0	0	4	4	8

TISH HEWITT HOUSE
5102 52ND AVENUE
MOLINE, IL. 61265

Reference Numbers Facility ID **Health Service Area** 010 **Planning Service Area** 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		8	0	0	0	0	8
Sheltered Care			0	0	0	0	0
TOTALS	0	8	0	0	0	0	8

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	126
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	7	0	7
Race Unknown	0	0	0	0	0
Total	0	0	8	0	8

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	8	0	8
Ethnicity Unknown	0	0	0	0	0
Total	0	0	8	0	8

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.50
Physicians	0.00
Director of Nursing	0.15
Registered Nurses	0.00
LPN's	0.10
Certified Aides	5.00
Other Health Staff	1.25
Non-Health Staff	0.00
Totals	7.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	73.7%	26.3%	0.0%	0.0%	100.0%		0.0%
0	256,013	91,450	0	0	347,463	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

TORRENCE PLACE
2601 223RD STREET
SAUK VILLAGE, IL. 60411

Reference Numbers Facility ID 6013833
Health Service Area 007 Planning Service Area 705

Administrator
Annette Whitlock

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/8/2013

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	14

Total Residents Diagnosed as Mentally Ill 1

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	14	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	14	16	14	2	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	14
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	14
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5110	87.5%	0	0	0	0	5110	87.5%	87.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5110	87.5%	0	0	0	0	5110	87.5%	87.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	2	0	0	1	2	3
45 to 59	0	0	0	0	7	3	0	0	7	3	10
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	6	0	0	8	6	14

TORRENCE PLACE
2601 223RD STREET
SAUK VILLAGE, IL. 60411

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	151
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	6	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	0	0	8	0	8
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	86.8%	1.4%	0.0%	11.8%	100.0%		0.0%
0	618,269	10,026	0	83,855	712,151	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

TOULON REHAB & HEALTH CARE CTR
HIGHWAY 17 EAST BOX 249
TOULON, IL. 61483

Reference Numbers Facility ID 6009427
Health Service Area 002 Planning Service Area 123

Administrator
Susan L. VanDeRostyne

Contact Person and Telephone
Marikay L. Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	18
Mental Illness	28
Developmental Disability	0
Circulatory System	12
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	1
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	86
Total Residents Diagnosed as Mentally Ill	28

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	136	131	99	131	86	50	82	136
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	136	131	99	131	86	50	82	136

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	88
Total Admissions 2011	111
Total Discharges 2011	113
Residents on 12/31/2011	86
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2480	8.3%	17483	35.2%	4451	492	9112	0	34018	68.5%	71.1%
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	2480	8.3%	17483	35.2%	4451	492	9112	0	34018	68.5%	71.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	3	0	0	0	0	0	0	2	3	5
60 to 64	4	2	0	0	0	0	0	0	4	2	6
65 to 74	11	9	0	0	0	0	0	0	11	9	20
75 to 84	16	10	0	0	0	0	0	0	16	10	26
85+	10	19	0	0	0	0	0	0	10	19	29
TOTALS	43	43	0	0	0	0	0	0	43	43	86

TOULON REHAB & HEALTH CARE CTR
HIGHWAY 17 EAST BOX 249
TOULON, IL. 61483

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 123

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	57	3	0	21	0	86
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	57	3	0	21	0	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	171	121
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	82	0	0	0	82
Race Unknown	1	0	0	0	1
Total	86	0	0	0	86

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	85	0	0	0	85
Ethnicity Unknown	0	0	0	0	0
Total	86	0	0	0	86

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	14.00
Certified Aides	24.00
Other Health Staff	8.00
Non-Health Staff	25.00
Totals	78.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
12.0%	60.5%	1.8%	0.0%	25.8%	100.0%		0.3%
552,198	2,789,625	81,258	0	1,189,610	4,612,691	12,026	

*Charity Care Expense does not include expenses which may be considered a community benefit.

TOWER HILL HEALTHCARE CENTER
759 KANE STREET
SOUTH ELGIN, IL. 60177

Reference Numbers Facility ID 6003263
Health Service Area 008 Planning Service Area 089

Administrator
JEREMY AMSTER

Contact Person and Telephone
CHERYL CARL
847-982-2300

Date Completed
4/16/2013

Registered Agent Information
SHELDON WOLFE
7434 SKOKIE BLVD
SKOKIE, IL 60077

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	14
Blood Disorders	4
*Nervous System Non Alzheimer	7
Alzheimer Disease	11
Mental Illness	17
Developmental Disability	0
Circulatory System	27
Respiratory System	31
Digestive System	8
Genitourinary System Disorders	15
Skin Disorders	3
Musculo-skeletal Disorders	3
Injuries and Poisonings	27
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	180

Total Residents Diagnosed as Mentally Ill 38

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	206	206	196	206	180	26	206	206
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	206	206	196	206	180	26	206	206

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	192
Total Admissions 2011	117
Total Discharges 2011	129
Residents on 12/31/2011	180
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6913	9.2%	50553	67.2%	0	0	11572	0	69038	91.8%	91.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	6913	9.2%	50553	67.2%	0	0	11572	0	69038	91.8%	91.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	4	15	0	0	0	0	0	0	4	15	19
75 to 84	13	39	0	0	0	0	0	0	13	39	52
85+	18	90	0	0	0	0	0	0	18	90	108
TOTALS	35	145	0	0	0	0	0	0	35	145	180

TOWER HILL HEALTHCARE CENTER
759 KANE STREET
SOUTH ELGIN, IL. 60177

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	130	0	0	33	0	180
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	130	0	0	33	0	180

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	175	0	0	0	175
Race Unknown	0	0	0	0	0
Total	180	0	0	0	180

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	173	0	0	0	173
Ethnicity Unknown	0	0	0	0	0
Total	180	0	0	0	180

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	11.00
Certified Aides	63.00
Other Health Staff	0.00
Non-Health Staff	71.00
Totals	164.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
21.9%	44.9%	0.0%	0.0%	33.2%	100.0%		0.0%
3,462,404	7,118,875	0	0	5,261,180	15,842,459	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

TRAFFORD ESTATES
813 WEST CENTER
FAIRFIELD, IL. 62837

Reference Numbers Facility ID 6012983
Health Service Area 005 Planning Service Area 191

Administrator
Tonya Lindsey

Contact Person and Telephone
Tonya Lindsey
618-244-7701

Date Completed
4/8/2012

Registered Agent Information
Tonya Lindsey
2025B Broadway, P.O. Box 705
Mount Vernon, IL 62864

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 5

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	1
Total Discharges 2011	0
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5548	95.0%	0	0	0	0	5548	95.0%	95.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5548	95.0%	0	0	0	0	5548	95.0%	95.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	3	0	0	3	3	6
45 to 59	0	0	0	0	2	3	0	0	2	3	5
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	1	1	0	0	1	1	2
75 to 84	0	0	0	0	1	1	0	0	1	1	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

TRAFFORD ESTATES
813 WEST CENTER
FAIRFIELD, IL. 62837

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 191

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	124	123
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.20
LPN's	0.00
Certified Aides	6.50
Other Health Staff	1.00
Non-Health Staff	1.50
Totals	9.45

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	87.8%	0.0%	0.0%	12.2%	100.0%		0.0%
0	596,131	0	0	82,616	678,747	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

TRANSITIONS NURSING AND REHABILITATION
1000 DIXON AVENUE
ROCK FALLS, IL. 61071

Reference Numbers Facility ID 6001929
Health Service Area 001 Planning Service Area 195

Administrator
Julie Logan

Contact Person and Telephone
Julie Logan, Administrator
815/625-8510

Date Completed
4/18/2013

Registered Agent Information
Robert Hedges
1625 S. 6th St
Springfield, IL 62703

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	2
Mental Illness	5
Developmental Disability	2
Circulatory System	3
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	3
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	28

Total Residents Diagnosed as Mentally Ill 15

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	55	49	38	49	28	27	55	55
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	55	49	38	49	28	27	55	55

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	31
Total Admissions 2011	80
Total Discharges 2011	83
Residents on 12/31/2011	28
Identified Offenders	3

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1322	6.6%	8947	44.6%	0	127	781	0	11177	55.7%	62.5%
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	1322	6.6%	8947	44.6%	0	127	781	0	11177	55.7%	62.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	4	2	0	0	0	0	0	0	4	2	6
60 to 64	4	1	0	0	0	0	0	0	4	1	5
65 to 74	5	2	0	0	0	0	0	0	5	2	7
75 to 84	1	4	0	0	0	0	0	0	1	4	5
85+	0	4	0	0	0	0	0	0	0	4	4
TOTALS	14	14	0	0	0	0	0	0	14	14	28

TRANSITIONS NURSING AND REHABILITATION
1000 DIXON AVENUE
ROCK FALLS, IL. 61071

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	22	0	0	4	0	28
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	22	0	0	4	0	28

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	120
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	28	0	0	0	28
Race Unknown	0	0	0	0	0
Total	28	0	0	0	28

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	26	0	0	0	26
Ethnicity Unknown	0	0	0	0	0
Total	28	0	0	0	28

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	2.00
Certified Aides	14.00
Other Health Staff	1.00
Non-Health Staff	16.00
Totals	39.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
33.5%	58.5%	0.0%	1.6%	6.4%	100.0%		0.0%
650,701	1,135,811	0	30,986	123,750	1,941,248	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

TRINITY LIVING CENTER 1
3360 UGLAND DRIVE
JOLIET, IL. 60432

Reference Numbers Facility ID 6011811
Health Service Area 009 Planning Service Area 197

Administrator
Lisa Dillon

Contact Person and Telephone
LISA DILLON
815 485-6197

Registered Agent Information

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 2

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	0	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	0	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5548	95.0%	300	0	0	0	5848	100.1%	100.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5548	95.0%	300	0	0	0	5848	100.1%	100.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	7	2	0	0	7	2	9
45 to 59	0	0	0	0	1	5	0	0	1	5	6
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	1	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

TRINITY LIVING CENTER 1
3360 UGLAND DRIVE
JOLIET, IL. 60432

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	157	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	1	0	1
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	11	0	11
Race Unknown	0	0	1	0	1
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	2.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	11.00
Totals	16.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	889,626	0	0	0	889,626	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

TRINITY LIVING CENTER 2
3302 HORSESHOE LANE
JOLIET, IL. 60432

Reference Numbers Facility ID 6011829
Health Service Area 009 Planning Service Area 197

Administrator
Lisa Dillon

Contact Person and Telephone
LISA DILLON
815 485-6197

Registered Agent Information

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 8

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	0	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	0	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5537	94.8%	173	0	0	0	5710	97.8%	97.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5537	94.8%	173	0	0	0	5710	97.8%	97.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	1	0	0	3	1	4
45 to 59	0	0	0	0	8	0	0	0	8	0	8
60 to 64	0	0	0	0	0	3	0	0	0	3	3
65 to 74	0	0	0	0	1	0	0	0	1	0	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	12	4	0	0	12	4	16

TRINITY LIVING CENTER 2
3302 HORSESHOE LANE
JOLIET, IL. 60432

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	157	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	1	0	1
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	12	0	12
Race Unknown	0	0	2	0	2
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	2.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	11.00
Totals	16.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	837,020	0	0	0	837,020	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

TRINITY LIVING CENTER 3
3360 FRANCIS LANE
JOLIET, IL. 60432

Reference Numbers Facility ID 6011837
Health Service Area 009 Planning Service Area 197

Administrator
Lisa Dillon

Contact Person and Telephone
LISA DILLON
815 485-6197

Registered Agent Information

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 2

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	0	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	0	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	1
Total Discharges 2011	2
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5406	92.6%	78	0	0	0	5484	93.9%	93.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5406	92.6%	78	0	0	0	5484	93.9%	93.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	2	0	0	2	2	4
45 to 59	0	0	0	0	6	3	0	0	6	3	9
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	7	0	0	8	7	15

TRINITY LIVING CENTER 3
3360 FRANCIS LANE
JOLIET, IL. 60432

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	157	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	2.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	11.00
Totals	16.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	843,728	0	0	0	843,728	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

TRINITY MEDICAL CENTER WEST
2701 17TH STREET
ROCK ISLAND, IL. 61201

Reference Numbers Facility ID 6014336
Health Service Area 010 Planning Service Area 161

Administrator
Jay Willsher

Contact Person and Telephone
MICHAEL NESSELER
309 779 2310

Registered Agent Information
Steve Gross
2701 17th Street
Rock Island, IL 61201

Date Completed
3/29/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	5
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	20

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	29	29	29	29	20	9	29	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	29	29	29	29	20	9	29	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	19
Total Admissions 2011	401
Total Discharges 2011	400
Residents on 12/31/2011	20
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7124	67.3%	0	0.0%	0	417	12	0	7553	71.4%	71.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	7124	67.3%	0	0.0%	0	417	12	0	7553	71.4%	71.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	3	2	0	0	0	0	0	0	3	2	5
75 to 84	1	5	0	0	0	0	0	0	1	5	6
85+	1	7	0	0	0	0	0	0	1	7	8
TOTALS	5	15	0	0	0	0	0	0	5	15	20

TRINITY MEDICAL CENTER WEST
2701 17TH STREET
ROCK ISLAND, IL. 61201

Reference Numbers Facility ID **Health Service Area** 010 **Planning Service Area** 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	0	0	1	0	0	20
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	0	0	1	0	0	20

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	425	425
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	19	0	0	0	19
Race Unknown	0	0	0	0	0
Total	20	0	0	0	20

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	20	0	0	0	20
Ethnicity Unknown	0	0	0	0	0
Total	20	0	0	0	20

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.35
LPN's	5.24
Certified Aides	10.32
Other Health Staff	2.00
Non-Health Staff	0.01
Totals	30.92

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

TRI-STATE MANOR NURSING HOME
2500 EAST 175TH STREET
LANSING, IL. 60438

Reference Numbers Facility ID 6009443
Health Service Area 007 Planning Service Area 705

Administrator
Daniel Elkaim

Contact Person and Telephone
DANIEL ELKAIM
(708) 474-7330

Date Completed
4/17/2013

Registered Agent Information
David Aronin
2201 Main Street
Evanston, IL 60602

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	3
Mental Illness	1
Developmental Disability	0
Circulatory System	11
Respiratory System	0
Digestive System	5
Genitourinary System Disorders	19
Skin Disorders	4
Musculo-skeletal Disorders	5
Injuries and Poisonings	4
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	77

Total Residents Diagnosed as Mentally Ill 8

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	84	84	82	84	77	7	56	84
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	84	84	82	84	77	7	56	84

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	67
Total Admissions 2011	107
Total Discharges 2011	97
Residents on 12/31/2011	77
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5786	28.3%	20203	65.9%	0	339	2022	0	28350	92.5%	92.5%
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	5786	28.3%	20203	65.9%	0	339	2022	0	28350	92.5%	92.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	2	0	0	0	0	0	0	3	2	5
60 to 64	4	3	0	0	0	0	0	0	4	3	7
65 to 74	5	7	0	0	0	0	0	0	5	7	12
75 to 84	8	15	0	0	0	0	0	0	8	15	23
85+	4	26	0	0	0	0	0	0	4	26	30
TOTALS	24	53	0	0	0	0	0	0	24	53	77

TRI-STATE MANOR NURSING HOME
2500 EAST 175TH STREET
LANSING, IL. 60438

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	43	0	2	14	0	77
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	43	0	2	14	0	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	255	195
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	34	0	0	0	34
Hawaiian/Pacific Isl.	0	0	0	0	0
White	43	0	0	0	43
Race Unknown	0	0	0	0	0
Total	77	0	0	0	77

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	70	0	0	0	70
Ethnicity Unknown	0	0	0	0	0
Total	77	0	0	0	77

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	11.00
Certified Aides	26.00
Other Health Staff	15.00
Non-Health Staff	13.00
Totals	72.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
41.9%	50.4%	0.0%	4.8%	2.9%	100.0%		0.0%
2,251,195	2,708,979	0	260,078	153,528	5,373,780	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

TRULSON HOUSE
260 SOUTH MICHIGAN AVENUE
GALESBURG, IL. 61401

Reference Numbers Facility ID 6010201
Health Service Area 002 Planning Service Area 095

Administrator
Tiffany Lair

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/8/2013

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 6

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5784	99.0%	0	0	0	0	5784	99.0%	99.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5784	99.0%	0	0	0	0	5784	99.0%	99.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	6	0	0	2	6	8
45 to 59	0	0	0	0	0	2	0	0	0	2	2
60 to 64	0	0	0	0	1	2	0	0	1	2	3
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	1	1	0	0	1	1	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	4	12	0	0	4	12	16

TRULSON HOUSE
260 SOUTH MICHIGAN AVENUE
GALESBURG, IL. 61401

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	113
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	80.1%	0.3%	0.0%	19.6%	100.0%		0.0%
0	531,074	1,989	0	129,733	662,797	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

TURNER MANOR
P.O. BOX 303 901 OGLESBY RD
HARRISBURG, IL. 62946

Reference Numbers Facility ID 6000624
Health Service Area 005 Planning Service Area 059

Administrator
Dawn Lamp

Contact Person and Telephone
DAWN LAMP
618-926-1315

Date Completed
4/19/2013

Registered Agent Information
Grant Cape
P.O. Box 972
Harrisburg, IL 62946

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	33
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	33

Total Residents Diagnosed as Mentally Ill 4

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	35	35	35	35	33	2		35
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	35	35	35	35	33	2	0	35

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	34
Total Admissions 2011	1
Total Discharges 2011	2
Residents on 12/31/2011	33
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			12627	98.8%	0	0	0	0	12627	98.8%	98.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	12627	98.8%	0	0	0	0	12627	98.8%	98.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	11	3	0	0	11	3	14
45 to 59	0	0	0	0	5	7	0	0	5	7	12
60 to 64	0	0	0	0	3	1	0	0	3	1	4
65 to 74	0	0	0	0	0	1	0	0	0	1	1
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	19	14	0	0	19	14	33

TURNER MANOR
P.O. BOX 303 901 OGLESBY RD
HARRISBURG, IL. 62946

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 059

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		33	0	0	0	0	33
Sheltered Care			0	0	0	0	0
TOTALS	0	33	0	0	0	0	33

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	142	142
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	6	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	24	0	24
Race Unknown	0	0	3	0	3
Total	0	0	33	0	33

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	3	0	3
Non-Hispanic	0	0	30	0	30
Ethnicity Unknown	0	0	0	0	0
Total	0	0	33	0	33

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	6.00
Certified Aides	46.00
Other Health Staff	0.00
Non-Health Staff	18.00
Totals	72.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	91.0%	9.0%	0.0%	0.0%	100.0%		0.0%
0	1,566,675	154,121	0	0	1,720,796	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

TUSCOLA HEALTH CARE CENTER
1203 EGYPTAIN TRAIL
TUSCOLA, IL. 61953

Reference Numbers Facility ID 6002588
Health Service Area 004 Planning Service Area 041

Administrator
Tom Stephenson

Contact Person and Telephone
Marikay L. Snyder
309-689-5880

Date Completed
3/28/2013

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	5
Mental Illness	2
Developmental Disability	0
Circulatory System	10
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	7
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	51

Total Residents Diagnosed as Mentally Ill 2

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	73	65	57	65	51	22	71	71
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	73	65	57	65	51	22	71	71

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	57
Total Admissions 2011	49
Total Discharges 2011	55
Residents on 12/31/2011	51
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	969	3.7%	10858	41.9%	631	339	6014	0	18811	70.6%	79.3%
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	969	3.7%	10858	41.9%	631	339	6014	0	18811	70.6%	79.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	1	0	0	0	0	0	0	0	1	0	1
75 to 84	3	12	0	0	0	0	0	0	3	12	15
85+	3	31	0	0	0	0	0	0	3	31	34
TOTALS	7	44	0	0	0	0	0	0	7	44	51

TUSCOLA HEALTH CARE CENTER
1203 EGYPTAIN TRAIL
TUSCOLA, IL. 61953

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 041

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	26	2	1	19	0	51
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	26	2	1	19	0	51

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	138	125
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	51	0	0	0	51
Race Unknown	0	0	0	0	0
Total	51	0	0	0	51

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	51	0	0	0	51
Ethnicity Unknown	0	0	0	0	0
Total	51	0	0	0	51

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	6.00
Certified Aides	17.00
Other Health Staff	11.00
Non-Health Staff	3.00
Totals	41.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
8.8%	55.4%	0.0%	0.0%	35.9%	100.0%		0.0%
190,424	1,204,528	0	0	779,737	2,174,689	130	

*Charity Care Expense does not include expenses which may be considered a community benefit.

TWIN LAKES REHAB & HEALTH CARE
310 EADS AVENUE
PARIS, IL. 61944

Reference Numbers Facility ID 6004188
Health Service Area 004 Planning Service Area 045

Administrator
Karen Dowell

Contact Person and Telephone
Marikay L. Snyder
309-689-5880

Date Completed
4/17/2013

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	3
*Nervous System Non Alzheimer	4
Alzheimer Disease	6
Mental Illness	1
Developmental Disability	0
Circulatory System	5
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	31

Total Residents Diagnosed as Mentally Ill 20

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	62	52	43	52	31	31	18	62
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	62	52	43	52	31	31	18	62

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	40
Total Admissions 2011	22
Total Discharges 2011	31
Residents on 12/31/2011	31
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2629	40.0%	7929	35.0%	220	83	2129	0	12990	57.4%	68.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2629	40.0%	7929	35.0%	220	83	2129	0	12990	57.4%	68.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	5	6	0	0	0	0	0	0	5	6	11
75 to 84	2	7	0	0	0	0	0	0	2	7	9
85+	4	5	0	0	0	0	0	0	4	5	9
TOTALS	12	19	0	0	0	0	0	0	12	19	31

TWIN LAKES REHAB & HEALTH CARE
310 EADS AVENUE
PARIS, IL. 61944

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 045

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	19	1	0	3	0	31
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	19	1	0	3	0	31

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	154	120
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	30	0	0	0	30
Race Unknown	0	0	0	0	0
Total	31	0	0	0	31

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	31	0	0	0	31
Ethnicity Unknown	0	0	0	0	0
Total	31	0	0	0	31

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	4.00
Certified Aides	18.00
Other Health Staff	0.00
Non-Health Staff	18.00
Totals	46.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
26.8%	59.9%	0.0%	0.0%	13.3%	100.0%		0.8%
504,981	1,129,921	0	0	251,855	1,886,757	14,806	

*Charity Care Expense does not include expenses which may be considered a community benefit.

TWIN RIVER ESTATE
4710 PIERCE LANE
GODFREY, IL. 62035

Reference Numbers Facility ID 6012744
Health Service Area 011 Planning Service Area 119

Administrator
TAMMY MARSH

Contact Person and Telephone
TAMMY MARSH
(618) 465-0044 ext 1609

Date Completed
4/19/2013

Registered Agent Information
Tom Moehn
#4 Emmie Kaus Ln.
Alton, IL 62002

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 13

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	1
Total Discharges 2011	2
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4374	74.9%	0	0	0	0	4374	74.9%	74.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4374	74.9%	0	0	0	0	4374	74.9%	74.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	6	0	0	5	6	11
45 to 59	0	0	0	0	2	1	0	0	2	1	3
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

TWIN RIVER ESTATE
4710 PIERCE LANE
GODFREY, IL. 62035

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	119
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	10.00
Non-Health Staff	0.00
Totals	12.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	82.6%	17.4%	0.0%	0.0%	100.0%		0.0%
0	2,564,378	540,293	0	0	3,104,672	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

TWIN WILLOWS NURSING CENTER
1600 N. BROADWAY P.O.BOX 370
SALEM, IL. 62881

Reference Numbers Facility ID 6009484
Health Service Area 005 Planning Service Area 121

Administrator
TODD WOODRUFF

Contact Person and Telephone
TODD WOODRUFF
618-292-4640

Date Completed
4/18/2013

Registered Agent Information
Hubert Woodruff
P.O. Box 370
Salem, IL 62881

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	17
Mental Illness	5
Developmental Disability	0
Circulatory System	14
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	43

Total Residents Diagnosed as Mentally Ill 5

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	74	74	49	74	43	31	29	72
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	74	74	49	74	43	31	29	72

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	45
Total Admissions 2011	33
Total Discharges 2011	35
Residents on 12/31/2011	43
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1788	16.9%	9434	35.9%	0	0	3514	0	14736	54.6%	54.6%
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	1788	16.9%	9434	35.9%	0	0	3514	0	14736	54.6%	54.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	6	5	0	0	0	0	0	0	6	5	11
75 to 84	3	5	0	0	0	0	0	0	3	5	8
85+	5	16	0	0	0	0	0	0	5	16	21
TOTALS	16	27	0	0	0	0	0	0	16	27	43

TWIN WILLOWS NURSING CENTER
1600 N. BROADWAY P.O.BOX 370
SALEM, IL. 62881

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 121

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	25	0	0	10	0	43
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	25	0	0	10	0	43

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	138
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	43	0	0	0	43
Race Unknown	0	0	0	0	0
Total	43	0	0	0	43

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	43	0	0	0	43
Ethnicity Unknown	0	0	0	0	0
Total	43	0	0	0	43

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	3.00
Certified Aides	19.00
Other Health Staff	3.00
Non-Health Staff	12.00
Totals	44.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
43.0%	20.2%	0.0%	7.2%	29.6%	100.0%		0.0%
1,194,006	562,504	0	200,738	822,248	2,779,496	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

UNION COUNTY HOSPITAL LTC
521 NORTH MAIN STREET
ANNA, IL. 62906

Reference Numbers Facility ID 6009492
Health Service Area 005 Planning Service Area 181

Administrator
Tammy Samuels

Contact Person and Telephone
MISSY BRIMM
(618) 833-4511 ext. 4238

Registered Agent Information

Date Completed
3/26/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	14

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	22	22	22	22	14	8	0	10
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	22	22	22	22	14	8	0	10

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	19
Total Admissions 2011	4
Total Discharges 2011	9
Residents on 12/31/2011	14
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	1451	39.8%	0	0	4737	0	6188	77.1%	77.1%
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	0	0.0%	1451	39.8%	0	0	4737	0	6188	77.1%	77.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	2	0	0	0	0	0	0	0	2	2
85+	1	11	0	0	0	0	0	0	1	11	12
TOTALS	1	13	0	0	0	0	0	0	1	13	14

UNION COUNTY HOSPITAL LTC
521 NORTH MAIN STREET
ANNA, IL. 62906

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 181

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	2	0	0	12	0	14
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	2	0	0	12	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	127	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	14	0	0	0	14
Race Unknown	0	0	0	0	0
Total	14	0	0	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	14	0	0	0	14
Ethnicity Unknown	0	0	0	0	0
Total	14	0	0	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	2.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	18.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	19.9%	0.0%	0.0%	80.1%	100.0%		0.0%
0	160,736	0	0	646,729	807,465	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

UNITED METHODIST VILLAGE
1616 CEDAR
LAWRENCEVILLE, IL. 62439

Reference Numbers Facility ID 6009500
Health Service Area 005 Planning Service Area 101

Administrator
Pam Ryan

Contact Person and Telephone
Rose Sepulveda
618-943-5566 x1203

Date Completed
4/18/2013

Registered Agent Information
Carol Hawkins-Brown
1616 Cedar St
Lawrenceville, IL 62439

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	20
Mental Illness	14
Developmental Disability	0
Circulatory System	7
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	6
Non-Medical Conditions	6
TOTALS	68
Total Residents Diagnosed as Mentally Ill	25

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	143	123	77	88	68	75	70	163
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	143	123	77	88	68	75	70	163

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	77
Total Admissions 2011	39
Total Discharges 2011	48
Residents on 12/31/2011	68
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2220	8.7%	14522	24.4%	0	63	8839	0	25644	49.1%	57.1%
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	2220	8.7%	14522	24.4%	0	63	8839	0	25644	49.1%	57.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	1	5	0	0	0	0	0	0	1	5	6
75 to 84	2	20	0	0	0	0	0	0	2	20	22
85+	8	30	0	0	0	0	0	0	8	30	38
TOTALS	13	55	0	0	0	0	0	0	13	55	68

UNITED METHODIST VILLAGE
1616 CEDAR
LAWRENCEVILLE, IL. 62439

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 101

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	37	0	0	24	0	68
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	37	0	0	24	0	68

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	125
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	66	0	0	0	66
Race Unknown	0	0	0	0	0
Total	68	0	0	0	68

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	68	0	0	0	68
Ethnicity Unknown	0	0	0	0	0
Total	68	0	0	0	68

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	16.00
Certified Aides	32.00
Other Health Staff	6.00
Non-Health Staff	42.00
Totals	105.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
24.0%	31.8%	0.0%	5.2%	39.0%	100.0%		0.0%
952,467	1,262,756	0	206,002	1,546,934	3,968,159	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Bed Change 3/22/2012 Discontinued 20 Nursing Care beds; facility now has 143 Nursing Care beds.

UNITED METHODIST VILLAGE N. CA.
2101 JAMES STREET
LAWRENCEVILLE, IL. 62439

Reference Numbers Facility ID 6013072
Health Service Area 005 Planning Service Area 101

Administrator
Bob Benson

Contact Person and Telephone
ROSE SEPULVEDA
618-943-5566 x 1203

Date Completed
4/18/2013

Registered Agent Information
Carol Hawkins-Brown
1616 Cedar St
Lawrenceville, IL 62450

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	1
Circulatory System	23
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	3
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	68

Total Residents Diagnosed as Mentally Ill 14

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	98	92	73	92	68	30	98	98
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	98	92	73	92	68	30	98	98

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	61
Total Admissions 2011	67
Total Discharges 2011	60
Residents on 12/31/2011	68
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5324	14.9%	11976	33.5%	0	181	7007	0	24488	68.5%	72.9%
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	5324	14.9%	11976	33.5%	0	181	7007	0	24488	68.5%	72.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	1	0	0	0	0	0	0	2	1	3
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	7	9	0	0	0	0	0	0	7	9	16
85+	8	36	0	0	0	0	0	0	8	36	44
TOTALS	20	48	0	0	0	0	0	0	20	48	68

UNITED METHODIST VILLAGE N. CA.
2101 JAMES STREET
LAWRENCEVILLE, IL. 62439

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 101

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	31	0	0	21	0	68
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	31	0	0	21	0	68

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	130
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	65	0	0	0	65
Race Unknown	1	0	0	0	1
Total	68	0	0	0	68

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	67	0	0	0	67
Ethnicity Unknown	0	0	0	0	0
Total	68	0	0	0	68

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	11.00
Certified Aides	32.00
Other Health Staff	5.00
Non-Health Staff	34.00
Totals	90.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
39.5%	22.8%	0.0%	9.2%	28.6%	100.0%		0.0%
1,841,500	1,061,413	0	428,009	1,332,040	4,662,962	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

UNIVERSITY NURSING & REHAB
1095 UNIVERSITY DRIVE
EDWARDSVILLE, IL. 62025

Reference Numbers Facility ID 6002711
Health Service Area 011 Planning Service Area 119

Administrator
Shannon Dey

Contact Person and Telephone
Becky Garcia
618-656-1081

Registered Agent Information
Lawrence Y. Schwartz
7366 North Lincoln Avenue
Lincolnwood, IL 60712

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	9
Mental Illness	5
Developmental Disability	1
Circulatory System	23
Respiratory System	9
Digestive System	2
Genitourinary System Disorders	7
Skin Disorders	2
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	14
Non-Medical Conditions	1
TOTALS	93
Total Residents Diagnosed as Mentally Ill	55

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	122	119	110	0	93	29	118	118
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	122	119	110	0	93	29	118	118

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	110
Total Admissions 2011	140
Total Discharges 2011	157
Residents on 12/31/2011	93
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2716	6.3%	26457	61.4%	0	478	8009	0	37660	84.6%	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	2716	6.3%	26457	61.4%	0	478	8009	0	37660	84.6%	86.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	8	9	0	0	0	0	0	0	8	9	17
75 to 84	8	20	0	0	0	0	0	0	8	20	28
85+	8	35	0	0	0	0	0	0	8	35	43
TOTALS	28	65	0	0	0	0	0	0	28	65	93

UNIVERSITY NURSING & REHAB
1095 UNIVERSITY DRIVE
EDWARDSVILLE, IL. 62025

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	64	0	1	19	0	93
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	64	0	1	19	0	93

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	11	0	0	0	11
Hawaiian/Pacific Isl.	0	0	0	0	0
White	82	0	0	0	82
Race Unknown	0	0	0	0	0
Total	93	0	0	0	93

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	92	0	0	0	92
Ethnicity Unknown	0	0	0	0	0
Total	93	0	0	0	93

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	13.00
Certified Aides	36.00
Other Health Staff	0.00
Non-Health Staff	31.00
Totals	87.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
17.9%	57.3%	0.0%	0.0%	24.8%	100.0%		0.0%
914,806	2,931,734	0	0	1,267,738	5,114,278	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

V I P MANOR
393 EDWARDSVILLE ROAD
WOOD RIVER, IL. 62095

Reference Numbers Facility ID 6009534
Health Service Area 011 Planning Service Area 119

Administrator
elizabeth dunn

Contact Person and Telephone
Elizabeth Dunn
618-259-4111

Registered Agent Information
capitol corporate services inc.
118 W. Edwards St
Springfield, IL 62704

Date Completed
4/25/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	8
Blood Disorders	5
*Nervous System Non Alzheimer	10
Alzheimer Disease	15
Mental Illness	0
Developmental Disability	0
Circulatory System	25
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	7
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	91

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	106	106	99	104	91	15	106	106
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	106	106	99	104	91	15	106	106

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	95
Total Admissions 2011	67
Total Discharges 2011	71
Residents on 12/31/2011	91
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3769	9.7%	22686	58.6%	2135	0	6063	0	34653	89.6%	89.6%
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	3769	9.7%	22686	58.6%	2135	0	6063	0	34653	89.6%	89.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	1	4	0	0	0	0	0	0	1	4	5
60 to 64	0	5	0	0	0	0	0	0	0	5	5
65 to 74	3	8	0	0	0	0	0	0	3	8	11
75 to 84	7	16	0	0	0	0	0	0	7	16	23
85+	9	37	0	0	0	0	0	0	9	37	46
TOTALS	20	71	0	0	0	0	0	0	20	71	91

V I P MANOR
393 EDWARDSVILLE ROAD
WOOD RIVER, IL. 62095

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	67	0	0	14	0	91
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	67	0	0	14	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	158	142
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	89	0	0	0	89
Race Unknown	0	0	0	0	0
Total	91	0	0	0	91

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	91	0	0	0	91
Ethnicity Unknown	0	0	0	0	0
Total	91	0	0	0	91

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	15.00
Certified Aides	38.00
Other Health Staff	0.00
Non-Health Staff	26.00
Totals	89.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
16.4%	63.6%	0.0%	0.0%	20.0%	100.0%		0.0%
711,931	2,763,294	0	0	868,139	4,343,364	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

VAHLE TERRACE
301 MAPLE SUMMIT ROAD
JERSEYVILLE, IL. 62052

Reference Numbers Facility ID 6010169
Health Service Area 003 Planning Service Area 083

Administrator
James Haney

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/8/2013

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	15
Total Admissions 2011	3
Total Discharges 2011	2
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5525	94.6%	0	0	0	0	5525	94.6%	94.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5525	94.6%	0	0	0	0	5525	94.6%	94.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	1	0	0	3	1	4
45 to 59	0	0	0	0	5	4	0	0	5	4	9
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	1	0	0	0	1	0	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	10	6	0	0	10	6	16

VAHLE TERRACE
301 MAPLE SUMMIT ROAD
JERSEYVILLE, IL. 62052

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 083

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	114
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	78.0%	0.0%	0.0%	22.0%	100.0%		0.0%
0	489,336	0	0	137,945	627,282	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

VALLEY HI NURSING HOME
2406 HARTLAND ROAD
WOODSTOCK, IL. 60098

Reference Numbers Facility ID 6009542
Health Service Area 008 Planning Service Area 111

Administrator
Thomas Annarella

Contact Person and Telephone
SHELLY LUNSFORD
815-334-2808

Registered Agent Information

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	43
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	36
Non-Medical Conditions	0
TOTALS	118

Total Residents Diagnosed as Mentally Ill 35

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	128	128	128	128	118	10	128	128
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	128	128	128	128	118	10	128	128

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	121
Total Admissions 2011	108
Total Discharges 2011	111
Residents on 12/31/2011	118
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5661	12.1%	23332	49.9%	5921	164	9137	0	44215	94.6%	94.6%
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	5661	12.1%	23332	49.9%	5921	164	9137	0	44215	94.6%	94.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	2	7	0	0	0	0	0	0	2	7	9
75 to 84	7	16	0	0	0	0	0	0	7	16	23
85+	18	66	0	0	0	0	0	0	18	66	84
TOTALS	28	90	0	0	0	0	0	0	28	90	118

VALLEY HI NURSING HOME
2406 HARTLAND ROAD
WOODSTOCK, IL. 60098

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	60	13	0	28	0	118
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	60	13	0	28	0	118

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	230	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	118	0	0	0	118
Race Unknown	0	0	0	0	0
Total	118	0	0	0	118

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	116	0	0	0	116
Ethnicity Unknown	0	0	0	0	0
Total	118	0	0	0	118

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.83
LPN's	9.14
Certified Aides	49.04
Other Health Staff	4.64
Non-Health Staff	45.39
Totals	130.04

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
28.4%	42.7%	9.3%	0.6%	19.0%	100.0%		0.0%
2,905,453	4,376,512	953,880	64,971	1,942,482	10,243,300	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

VANDALIA REHAB & HLTHCARE CTR
1500 WEST ST. LOUIS AVENUE
VANDALIA, IL. 62471

Reference Numbers Facility ID 6009260
Health Service Area 005 Planning Service Area 051

Administrator
Michelle Vaughan

Contact Person and Telephone
Marikay L. Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	9
Mental Illness	6
Developmental Disability	0
Circulatory System	6
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	50

Total Residents Diagnosed as Mentally Ill 24

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	116	110	53	110	50	66	57	116
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	116	110	53	110	50	66	57	116

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	49
Total Admissions 2011	45
Total Discharges 2011	44
Residents on 12/31/2011	50
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2315	11.1%	11755	27.8%	0	34	2327	0	16431	38.8%	40.9%
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	2315	11.1%	11755	27.8%	0	34	2327	0	16431	38.8%	40.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	1	3	0	0	0	0	0	0	1	3	4
60 to 64	5	1	0	0	0	0	0	0	5	1	6
65 to 74	4	7	0	0	0	0	0	0	4	7	11
75 to 84	5	11	0	0	0	0	0	0	5	11	16
85+	4	7	0	0	0	0	0	0	4	7	11
TOTALS	21	29	0	0	0	0	0	0	21	29	50

VANDALIA REHAB & HLTHCARE CTR
1500 WEST ST. LOUIS AVENUE
VANDALIA, IL. 62471

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 051

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	34	0	0	9	0	50
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	34	0	0	9	0	50

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	148	120
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	48	0	0	0	48
Race Unknown	0	0	0	0	0
Total	50	0	0	0	50

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	50	0	0	0	50
Ethnicity Unknown	0	0	0	0	0
Total	50	0	0	0	50

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	6.00
Certified Aides	20.00
Other Health Staff	12.00
Non-Health Staff	20.00
Totals	63.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
21.9%	65.0%	0.0%	0.0%	13.1%	100.0%		0.2%
452,713	1,346,507	0	0	272,334	2,071,554	3,782	

*Charity Care Expense does not include expenses which may be considered a community benefit.

VERMILION MANOR NURSING HOME
14792 CATLIN - TILTON ROAD
DANVILLE, IL. 61834

Reference Numbers Facility ID 6009567
Health Service Area 004 Planning Service Area 183

Administrator
Tracy McCrae

Contact Person and Telephone
Tracy McCrae
(217)443-6430

Registered Agent Information
Gary Weinard
6 North Vermilion
Danville, IL 61832

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	15
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	50
Mental Illness	5
Developmental Disability	3
Circulatory System	27
Respiratory System	22
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	151

Total Residents Diagnosed as Mentally Ill 27

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	237	227	179	0	151	86	142	237
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	237	227	179	0	151	86	142	237

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	169
Total Admissions 2011	172
Total Discharges 2011	190
Residents on 12/31/2011	151
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4906	9.5%	43988	50.9%	673	563	9501	0	59631	68.9%	72.0%
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	4906	9.5%	43988	50.9%	673	563	9501	0	59631	68.9%	72.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	5	8	0	0	0	0	0	0	5	8	13
60 to 64	6	4	0	0	0	0	0	0	6	4	10
65 to 74	16	12	0	0	0	0	0	0	16	12	28
75 to 84	13	29	0	0	0	0	0	0	13	29	42
85+	19	39	0	0	0	0	0	0	19	39	58
TOTALS	59	92	0	0	0	0	0	0	59	92	151

VERMILION MANOR NURSING HOME
14792 CATLIN - TILTON ROAD
DANVILLE, IL. 61834

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 183

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	121	2	0	20	0	151
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	121	2	0	20	0	151

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	18	0	0	0	18
Hawaiian/Pacific Isl.	0	0	0	0	0
White	133	0	0	0	133
Race Unknown	0	0	0	0	0
Total	151	0	0	0	151

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	151	0	0	0	151
Ethnicity Unknown	0	0	0	0	0
Total	151	0	0	0	151

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.63
LPN's	10.78
Certified Aides	66.60
Other Health Staff	2.36
Non-Health Staff	46.93
Totals	146.30

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
22.3%	64.3%	0.9%	1.9%	10.6%	100.0%		0.0%
2,186,111	6,307,119	90,581	183,275	1,038,456	9,805,542	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

VI AT THE GLEN
2401 INDIGO LANE
GLENVIEW, IL. 60026

Reference Numbers Facility ID 6015689
Health Service Area 007 Planning Service Area 702

Administrator
Cherie Getlin

Contact Person and Telephone
CHERIE GETLIN
847-904-4710

Registered Agent Information

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	13
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	35

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	38	38	38	38	35	3	38	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	38	38	38	38	35	3	38	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	38
Total Admissions 2011	63
Total Discharges 2011	66
Residents on 12/31/2011	35
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1627	11.7%	0	0.0%	0	0	12013	0	13640	98.3%	98.3%
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	1627	11.7%	0	0.0%	0	0	12013	0	13640	98.3%	98.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	6	0	0	0	0	0	0	0	6	6
85+	8	21	0	0	0	0	0	0	8	21	29
TOTALS	8	27	0	0	0	0	0	0	8	27	35

VI AT THE GLEN
2401 INDIGO LANE
GLENVIEW, IL. 60026

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	0	0	0	27	0	35
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	0	0	0	27	0	35

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	336	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	35	0	0	0	35
Race Unknown	0	0	0	0	0
Total	35	0	0	0	35

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	35	0	0	0	35
Ethnicity Unknown	0	0	0	0	0
Total	35	0	0	0	35

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.10
Director of Nursing	1.00
Registered Nurses	8.50
LPN's	0.80
Certified Aides	17.00
Other Health Staff	0.00
Non-Health Staff	16.00
Totals	44.40

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
36.7%	0.0%	0.0%	0.4%	62.9%	100.0%		0.0%
992,947	0	0	9,580	1,701,034	2,703,561	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

VICTORIAN MANOR
815 E. VINE
TAYLORVILLE, IL. 62568

Reference Numbers Facility ID 6009575
Health Service Area 003 Planning Service Area 021

Administrator
Anna Brackenbush

Contact Person and Telephone
ANNA BRACKENBUSH
217-710-3195

Date Completed
4/4/2013

Registered Agent Information
Anna Brackenbush
PO Box 640
Panama, IL 62077

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5856	######	0	0	0	0	5856	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5856	######	0	0	0	0	5856	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	3	0	0	6	3	9
45 to 59	0	0	0	0	2	2	0	0	2	2	4
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	0	1	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

VICTORIAN MANOR
815 E. VINE
TAYLORVILLE, IL. 62568

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 021

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	118	118
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.60
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	7.40
Other Health Staff	1.80
Non-Health Staff	0.16
Totals	9.96

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	82.9%	0.0%	0.0%	17.1%	100.0%		0.0%
0	543,516	0	0	112,112	655,628	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

VILLA HEALTH CARE EAST
100 MARIAN PARKWAY
SHERMAN, IL. 62684

Reference Numbers Facility ID 6012991
Health Service Area 003 Planning Service Area 167

Administrator
Sharon Herpstreith

Contact Person and Telephone
Rabecca Howard

Date Completed
4/17/2013

Registered Agent Information
James Williamson
313 Saratoga Chase
Sherman, IL 62684

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	14
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	43
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	84
Total Residents Diagnosed as Mentally Ill	16

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	99	99	98	99	84	15	99	99
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	98	99	84	15	99	99

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	94
Total Admissions 2011	247
Total Discharges 2011	257
Residents on 12/31/2011	84
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			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%	0	0	0	0	0	0.0%	0.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	8	15	0	0	0	0	0	0	8	15	23
85+	11	45	0	0	0	0	0	0	11	45	56
TOTALS	21	63	0	0	0	0	0	0	21	63	84

VILLA HEALTH CARE EAST
100 MARIAN PARKWAY
SHERMAN, IL. 62684

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	32	0	1	36	0	84
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	32	0	1	36	0	84

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	83	0	0	0	83
Race Unknown	0	0	0	0	0
Total	84	0	0	0	84

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	84	0	0	0	84
Ethnicity Unknown	0	0	0	0	0
Total	84	0	0	0	84

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.40
LPN's	17.00
Certified Aides	59.00
Other Health Staff	2.70
Non-Health Staff	13.00
Totals	98.10

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
45.8%	25.8%	0.0%	0.0%	28.4%	100.0%		0.0%
3,344,839	1,880,658	0	0	2,073,171	7,298,668	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

VINTAGE
709 CAMBRIDGE LANE
SHOREWOOD, IL. 60404

Reference Numbers Facility ID 6013569
Health Service Area 009 Planning Service Area 197

Administrator
Peggy A. Peterson

Contact Person and Telephone
PEGGY A. PETERSON
815-741-7038

Date Completed
4/12/2013

Registered Agent Information
Cornerstone Services, Inc.
777 Joyce Road
Joliet, IL 60436

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	3
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	3
Total Residents Diagnosed as Mentally Ill	3

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	3	4	3	1		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	3	4	3	1	0	4

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	3
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	3
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1095	75.0%	0	0	0	0	1095	75.0%	75.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1095	75.0%	0	0	0	0	1095	75.0%	75.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	1	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	2	0	0	0	2	2
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	3	0	0	0	3	3

VINTAGE
709 CAMBRIDGE LANE
SHOREWOOD, IL. 60404

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		3	0	0	0	0	3
Sheltered Care			0	0	0	0	0
TOTALS	0	3	0	0	0	0	3

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	189	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	2	0	2
Race Unknown	0	0	0	0	0
Total	0	0	3	0	3

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	3	0	3
Ethnicity Unknown	0	0	0	0	0
Total	0	0	3	0	3

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	0.00
Other Health Staff	5.75
Non-Health Staff	4.25
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.2%	81.9%	0.0%	0.0%	17.9%	100.0%		0.0%
453	176,380	0	0	38,453	215,286	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WABASH CHRISTIAN RETIREMENT
216 COLLEGE BOULEVARD
CARMI, IL. 62821

Reference Numbers Facility ID 6009674
Health Service Area 005 Planning Service Area 193

Administrator
Sandra Bryant

Contact Person and Telephone
Susan McGhee
314-587-7903

Date Completed
4/15/2013

Registered Agent Information
Timothy Phillippe
622 Emerson Road, Suite 310
St. Louis, MO 63141

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	12
Blood Disorders	1
*Nervous System Non Alzheimer	10
Alzheimer Disease	9
Mental Illness	8
Developmental Disability	0
Circulatory System	50
Respiratory System	12
Digestive System	2
Genitourinary System Disorders	7
Skin Disorders	1
Musculo-skeletal Disorders	21
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	141

Total Residents Diagnosed as Mentally Ill 56

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	158	148	142	146	141	17	158	152
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	158	148	142	146	141	17	158	152

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	133
Total Admissions 2011	182
Total Discharges 2011	174
Residents on 12/31/2011	141
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8869	15.4%	24580	44.3%	0	549	14072	0	48070	83.4%	89.0%
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	8869	15.4%	24580	44.3%	0	549	14072	0	48070	83.4%	89.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	2	0	0	0	0	0	0	3	2	5
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	6	11	0	0	0	0	0	0	6	11	17
75 to 84	12	32	0	0	0	0	0	0	12	32	44
85+	18	53	0	0	0	0	0	0	18	53	71
TOTALS	41	100	0	0	0	0	0	0	41	100	141

WABASH CHRISTIAN RETIREMENT
216 COLLEGE BOULEVARD
CARMI, IL. 62821

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 193

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	75	0	5	37	0	141
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	75	0	5	37	0	141

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	174	124
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	141	0	0	0	141
Race Unknown	0	0	0	0	0
Total	141	0	0	0	141

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	141	0	0	0	141
Ethnicity Unknown	0	0	0	0	0
Total	141	0	0	0	141

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	20.00
Certified Aides	62.00
Other Health Staff	4.00
Non-Health Staff	49.00
Totals	151.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
43.6%	29.8%	0.0%	7.4%	19.2%	100.0%		0.1%
4,314,830	2,953,358	0	729,719	1,902,146	9,900,054	11,450	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WALKER NURSING HOME
530 EAST BEARDSTOWN STREET
VIRGINIA, IL. 62691

Reference Numbers Facility ID 6009682
Health Service Area 003 Planning Service Area 017

Administrator
Mary White

Contact Person and Telephone
RACHEL WHITE
217-452-3218

Registered Agent Information
John Leahy
407 E. Adams
Springfield, IL 62701

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	16
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	49

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	71	60	54	58	49	22	71	71
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	71	60	54	58	49	22	71	71

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	46
Total Admissions 2011	54
Total Discharges 2011	51
Residents on 12/31/2011	49
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2829	10.9%	9856	38.0%	0	618	5030	0	18333	70.7%	83.7%
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	2829	10.9%	9856	38.0%	0	618	5030	0	18333	70.7%	83.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	3	5	0	0	0	0	0	0	3	5	8
75 to 84	4	6	0	0	0	0	0	0	4	6	10
85+	5	25	0	0	0	0	0	0	5	25	30
TOTALS	13	36	0	0	0	0	0	0	13	36	49

WALKER NURSING HOME
530 EAST BEARDSTOWN STREET
VIRGINIA, IL. 62691

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 017

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	31	0	2	10	0	49
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	31	0	2	10	0	49

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	48	0	0	0	48
Race Unknown	1	0	0	0	1
Total	49	0	0	0	49

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	48	0	0	0	48
Total	49	0	0	0	49

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	3.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	6.00
Certified Aides	11.00
Other Health Staff	10.00
Non-Health Staff	0.00
Totals	32.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
33.7%	31.7%	0.0%	4.1%	30.5%	100.0%		0.0%
802,220	754,810	0	98,190	727,110	2,382,330	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WALNUT GROVE VILLAGE
1095 TWILIGHT DRIVE
MORRIS, IL. 60450

Reference Numbers Facility ID 6011381
Health Service Area 009 Planning Service Area 063

Administrator
Carolyn Progress

Contact Person and Telephone
CAROLYN PROGRESS
815-942-5108

Registered Agent Information **Date Completed** 4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	3
Mental Illness	10
Developmental Disability	0
Circulatory System	16
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	25
Injuries and Poisonings	2
Other Medical Conditions	24
Non-Medical Conditions	0
TOTALS	100

Total Residents Diagnosed as Mentally Ill 10

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	123	123	112	123	100	23	59	99
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	123	123	112	123	100	23	59	99

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	91
Total Admissions 2011	231
Total Discharges 2011	222
Residents on 12/31/2011	100
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7686	35.7%	19786	54.8%	0	268	7569	0	35309	78.6%	78.6%
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	7686	35.7%	19786	54.8%	0	268	7569	0	35309	78.6%	78.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	2	0	0	0	0	0	0	3	2	5
60 to 64	3	2	0	0	0	0	0	0	3	2	5
65 to 74	7	10	0	0	0	0	0	0	7	10	17
75 to 84	10	18	0	0	0	0	0	0	10	18	28
85+	11	34	0	0	0	0	0	0	11	34	45
TOTALS	34	66	0	0	0	0	0	0	34	66	100

WALNUT GROVE VILLAGE
1095 TWILIGHT DRIVE
MORRIS, IL. 60450

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 063

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	57	0	0	24	0	100
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	57	0	0	24	0	100

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	98	0	0	0	98
Race Unknown	0	0	0	0	0
Total	100	0	0	0	100

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	98	0	0	0	98
Ethnicity Unknown	0	0	0	0	0
Total	100	0	0	0	100

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	22.00
Certified Aides	50.00
Other Health Staff	2.00
Non-Health Staff	37.00
Totals	124.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
52.1%	31.8%	0.0%	0.0%	16.1%	100.0%		0.0%
3,880,467	2,371,022	0	0	1,201,772	7,453,261	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WALNUT MANOR NURSING HOME
308 SOUTH SECOND STREET
WALNUT, IL. 61376

Reference Numbers Facility ID 6009690
Health Service Area 002 Planning Service Area 011

Administrator
Dennis L. Grobe

Contact Person and Telephone
Rabecca Howard
309 823 7139

Date Completed
4/14/2013

Registered Agent Information
Barbara L. Haurberg
308 S. Second St.
Walnut, IL 61376

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	5
Mental Illness	2
Developmental Disability	0
Circulatory System	16
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	49

Total Residents Diagnosed as Mentally Ill 2

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	62	59	59	59	49	13	0	62
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	62	59	59	59	49	13	0	62

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	57
Total Admissions 2011	53
Total Discharges 2011	61
Residents on 12/31/2011	49
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2259	0.0%	10566	46.7%	0	0	7621	0	20446	90.3%	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	2259	0.0%	10566	46.7%	0	0	7621	0	20446	90.3%	94.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	1	4	0	0	0	0	0	0	1	4	5
75 to 84	2	9	0	0	0	0	0	0	2	9	11
85+	7	25	0	0	0	0	0	0	7	25	32
TOTALS	10	39	0	0	0	0	0	0	10	39	49

WALNUT MANOR NURSING HOME
308 SOUTH SECOND STREET
WALNUT, IL. 61376

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 011

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	25	0	0	18	0	49
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	25	0	0	18	0	49

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	197	168
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	49	0	0	0	49
Race Unknown	0	0	0	0	0
Total	49	0	0	0	49

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	49	0	0	0	49
Ethnicity Unknown	0	0	0	0	0
Total	49	0	0	0	49

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	5.00
Certified Aides	17.00
Other Health Staff	0.00
Non-Health Staff	15.00
Totals	41.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
31.0%	32.1%	0.0%	0.0%	36.9%	100.0%		0.0%
1,070,768	1,108,972	0	0	1,276,685	3,456,425	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WALSH TERRACE
2016 WINDISH DRIVE
GALESBURG, IL. 61401

Reference Numbers Facility ID 6009708
Health Service Area 002 Planning Service Area 095

Administrator
Tiffany Lair

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

Date Completed
4/8/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	15
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	15

Total Residents Diagnosed as Mentally Ill 5

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	1
Residents on 12/31/2011	15
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5789	99.1%	0	0	0	0	5789	99.1%	99.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5789	99.1%	0	0	0	0	5789	99.1%	99.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	2	0	0	3	2	5
45 to 59	0	0	0	0	4	3	0	0	4	3	7
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	2	0	0	0	2	0	2
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	10	5	0	0	10	5	15

WALSH TERRACE
2016 WINDISH DRIVE
GALESBURG, IL. 61401

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		15	0	0	0	0	15
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	113
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	15	0	15
Total	0	0	15	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	80.3%	1.2%	0.0%	18.5%	100.0%		0.0%
0	534,261	7,956	0	122,919	665,137	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WALTER J LAWSON MEMORIAL HOME
1820 WALTER LAWSON DRIVE
ROCKFORD, IL. 61111

Reference Numbers Facility ID 6009716
Health Service Area 001 Planning Service Area 201

Administrator
Theo Ann Brandel

Contact Person and Telephone
MELISSA A. THORNBLOOM
815-633-6636

Date Completed
4/12/2013

Registered Agent Information
CT Corporation
36 East 7th Street - Team 1 - Suite 2400
Cincinnati, OH 45202

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	92
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	92

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	99	99	96	0	92	7		93
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	96	0	92	7	0	93

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	96
Total Admissions 2011	2
Total Discharges 2011	6
Residents on 12/31/2011	92
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			34493	######	0	0	0	0	34493	95.5%	95.5%
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%	34493	######	0	0	0	0	34493	95.5%	95.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	23	14	0	0	0	0	23	14	37
18 to 44	0	0	33	21	0	0	0	0	33	21	54
45 to 59	0	0	0	1	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	56	36	0	0	0	0	56	36	92

WALTER J LAWSON MEMORIAL HOME
1820 WALTER LAWSON DRIVE
ROCKFORD, IL. 61111

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	92	0	0	0	0	92
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	92	0	0	0	0	92

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	240	179
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	1	0	0	1
American Indian	0	1	0	0	1
Black	0	16	0	0	16
Hawaiian/Pacific Isl.	0	2	0	0	2
White	0	65	0	0	65
Race Unknown	0	7	0	0	7
Total	0	92	0	0	92

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	5	0	0	5
Non-Hispanic	0	87	0	0	87
Ethnicity Unknown	0	0	0	0	0
Total	0	92	0	0	92

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.75
LPN's	10.00
Certified Aides	89.00
Other Health Staff	0.00
Non-Health Staff	22.25
Totals	135.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	74.8%	23.7%	0.0%	1.5%	100.0%		0.0%
0	6,845,732	2,166,660	0	137,539	9,149,931	91	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WARREN BARR PAVILION
66 WEST OAK STREET
CHICAGO, IL. 60610

Reference Numbers Facility ID 6004725
Health Service Area 006 Planning Service Area 602

Administrator
Connie Ortega

Contact Person and Telephone
Connie Ortega - Administrator
312-705-6755

Date Completed
4/17/2013

Registered Agent Information
Mike Filippo
6400 Shafer Court, Suite 600
Rosemont, IL 60018

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	2
Blood Disorders	8
*Nervous System Non Alzheimer	4
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	0
Circulatory System	45
Respiratory System	8
Digestive System	5
Genitourinary System Disorders	4
Skin Disorders	6
Musculo-skeletal Disorders	16
Injuries and Poisonings	9
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	129

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	271	213	180	213	129	142	271	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	271	213	180	213	129	142	271	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	134
Total Admissions 2011	664
Total Discharges 2011	669
Residents on 12/31/2011	129
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	19997	20.2%	16378	0.0%	0	3797	13197	0	53369	54.0%	68.6%
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	19997	20.2%	16378	0.0%	0	3797	13197	0	53369	54.0%	68.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	4	2	0	0	0	0	0	0	4	2	6
60 to 64	2	4	0	0	0	0	0	0	2	4	6
65 to 74	12	8	0	0	0	0	0	0	12	8	20
75 to 84	14	22	0	0	0	0	0	0	14	22	36
85+	16	45	0	0	0	0	0	0	16	45	61
TOTALS	48	81	0	0	0	0	0	0	48	81	129

WARREN BARR PAVILION
66 WEST OAK STREET
CHICAGO, IL. 60610

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	40	47	0	8	34	0	129
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	40	47	0	8	34	0	129

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	258	218
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	2	0	0	0	2
Black	54	0	0	0	54
Hawaiian/Pacific Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	12	0	0	0	12
Total	129	0	0	0	129

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	111	0	0	0	111
Ethnicity Unknown	12	0	0	0	12
Total	129	0	0	0	129

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	3.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	24.00
Certified Aides	50.00
Other Health Staff	33.00
Non-Health Staff	39.00
Totals	167.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
58.4%	13.6%	0.0%	10.4%	17.7%	100.0%		0.0%
10,055,770	2,340,000	0	1,784,598	3,047,236	17,227,604	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WARREN PARK HEALTH & LIVING CENTER
6700 NORTH DAMEN AVENUE
CHICAGO, IL. 60645

Reference Numbers Facility ID 6008262
Health Service Area 006 Planning Service Area 601

Administrator
JOSHUA WILLIAMS

Contact Person and Telephone
STACY BEAIRD
773-465-5000

Date Completed
4/16/2013

Registered Agent Information
Jonathan Stern
6700 North Damen
Chicago, IL 60645

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	23
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	3
Mental Illness	35
Developmental Disability	4
Circulatory System	30
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	5
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	121

Total Residents Diagnosed as Mentally Ill 91

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	127	127	123	127	121	6	51	127
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	127	127	123	127	121	6	51	127

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	112
Total Admissions 2011	21
Total Discharges 2011	12
Residents on 12/31/2011	121
Identified Offenders	14

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2462	13.2%	39939	86.2%	0	0	512	0	42913	92.6%	92.6%
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	2462	13.2%	39939	86.2%	0	0	512	0	42913	92.6%	92.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	13	9	0	0	0	0	0	0	13	9	22
45 to 59	33	16	0	0	0	0	0	0	33	16	49
60 to 64	12	7	0	0	0	0	0	0	12	7	19
65 to 74	9	8	0	0	0	0	0	0	9	8	17
75 to 84	3	5	0	0	0	0	0	0	3	5	8
85+	1	5	0	0	0	0	0	0	1	5	6
TOTALS	71	50	0	0	0	0	0	0	71	50	121

WARREN PARK HEALTH & LIVING CENTER
6700 NORTH DAMEN AVENUE
CHICAGO, IL. 60645

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	113	0	0	1	0	121
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	113	0	0	1	0	121

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	125
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	46	0	0	0	46
Hawaiian/Pacific Isl.	0	0	0	0	0
White	56	0	0	0	56
Race Unknown	17	0	0	0	17
Total	121	0	0	0	121

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	17	0	0	0	17
Non-Hispanic	104	0	0	0	104
Ethnicity Unknown	0	0	0	0	0
Total	121	0	0	0	121

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	13.00
Certified Aides	34.00
Other Health Staff	0.00
Non-Health Staff	18.00
Totals	72.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
5.0%	93.8%	0.0%	0.0%	1.2%	100.0%		0.0%
269,930	5,019,979	0	0	62,465	5,352,374	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WASHINGTON & JANE SMITH COMM.
2320 WEST 113TH PLACE
CHICAGO, IL. 60643

Reference Numbers Facility ID 6009732
Health Service Area 006 Planning Service Area 603

Administrator
Marti Jatis

Contact Person and Telephone
MARTI JATIS
773-474-7314

Registered Agent Information
CT Corporation System
208 S. LaSalle St, Suite 814
Chicago, IL 60604

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	8
Mental Illness	22
Developmental Disability	0
Circulatory System	22
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	3
TOTALS	97
Total Residents Diagnosed as Mentally Ill	51

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	100	101	99	100	97	3	100	100
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	100	101	99	100	97	3	100	100

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	93
Total Admissions 2011	177
Total Discharges 2011	173
Residents on 12/31/2011	97
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5955	16.3%	5737	15.7%	0	0	22765	0	34457	94.4%	93.5%
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	5955	16.3%	5737	15.7%	0	0	22765	0	34457	94.4%	93.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	2	16	0	0	0	0	0	0	2	16	18
85+	17	62	0	0	0	0	0	0	17	62	79
TOTALS	19	78	0	0	0	0	0	0	19	78	97

WASHINGTON & JANE SMITH COMM.
2320 WEST 113TH PLACE
CHICAGO, IL. 60643

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	15	0	0	66	0	97
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	15	0	0	66	0	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	277	236
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	94	0	0	0	94
Race Unknown	0	0	0	0	0
Total	97	0	0	0	97

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	95	0	0	0	95
Ethnicity Unknown	0	0	0	0	0
Total	97	0	0	0	97

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	14.40
LPN's	12.80
Certified Aides	52.40
Other Health Staff	5.80
Non-Health Staff	100.20
Totals	189.60

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
19.8%	3.7%	0.6%	0.0%	75.9%	100.0%		3.4%
3,109,083	582,937	90,627	0	11,917,494	15,700,141	531,000	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Bed Change	12/28/2012	Discontinued 1 Nursing Care bed; facility now has 100 Nursing Care beds.

WASHINGTON CHRISTIAN VILLAGE
1201 NEW CASTLE RD
WASHINGTON, IL. 61571

Reference Numbers Facility ID 6009740
Health Service Area 002 Planning Service Area 179

Administrator
Stacy A Brenton

Contact Person and Telephone
Susan McGhee
314-587-7903

Registered Agent Information
Timothy Phillippe
622 Emerson Rd, Suite 310
St. Louis, MO 63141

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	8
Alzheimer Disease	7
Mental Illness	6
Developmental Disability	0
Circulatory System	22
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	16
Injuries and Poisonings	1
Other Medical Conditions	21
Non-Medical Conditions	0
TOTALS	95

Total Residents Diagnosed as Mentally Ill 46

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	122	119	105	112	95	27	122	95
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	122	119	105	112	95	27	122	95

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	81
Total Admissions 2011	319
Total Discharges 2011	305
Residents on 12/31/2011	95
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6488	14.6%	16759	48.3%	0	3233	8297	0	34777	78.1%	80.1%
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	6488	14.6%	16759	48.3%	0	3233	8297	0	34777	78.1%	80.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	8	25	0	0	0	0	0	0	8	25	33
85+	4	52	0	0	0	0	0	0	4	52	56
TOTALS	14	81	0	0	0	0	0	0	14	81	95

WASHINGTON CHRISTIAN VILLAGE
1201 NEW CASTLE RD
WASHINGTON, IL. 61571

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	45	0	9	22	0	95
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	45	0	9	22	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	93	0	0	0	93
Race Unknown	0	0	0	0	0
Total	95	0	0	0	95

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	95	0	0	0	95
Ethnicity Unknown	0	0	0	0	0
Total	95	0	0	0	95

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	10.00
Certified Aides	40.00
Other Health Staff	6.00
Non-Health Staff	10.00
Totals	77.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
36.2%	25.4%	0.0%	16.0%	22.3%	100.0%		0.0%
2,993,239	2,098,992	0	1,325,470	1,845,435	8,263,136	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WASHINGTON COUNTY HOSPITAL
705 SOUTH GRAND AVENUE
NASHVILLE, IL. 62263

Reference Numbers Facility ID 6013288
Health Service Area 005 Planning Service Area 189

Administrator
Nancy M. Newby

Contact Person and Telephone
ELAINE MATZENBACHER
618-327-2207

Registered Agent Information

Date Completed
4/12/2012

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	3
*Nervous System Non Alzheimer	4
Alzheimer Disease	1
Mental Illness	5
Developmental Disability	0
Circulatory System	8
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	27

Total Residents Diagnosed as Mentally Ill 5

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	28	28	28	28	27	1	6	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	28	28	28	28	27	1	6	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	26
Total Admissions 2011	13
Total Discharges 2011	12
Residents on 12/31/2011	27
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	9852	0	9852	96.4%	96.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	0	0.0%	0	0	9852	0	9852	96.4%	96.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	2	6	0	0	0	0	0	0	2	6	8
85+	2	17	0	0	0	0	0	0	2	17	19
TOTALS	4	23	0	0	0	0	0	0	4	23	27

WASHINGTON COUNTY HOSPITAL
705 SOUTH GRAND AVENUE
NASHVILLE, IL. 62263

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 189

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	27	0	27
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	27	0	27

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	120
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	27	0	0	0	27
Race Unknown	0	0	0	0	0
Total	27	0	0	0	27

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	27	0	0	0	27
Ethnicity Unknown	0	0	0	0	0
Total	27	0	0	0	27

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	3.70
Certified Aides	10.40
Other Health Staff	0.50
Non-Health Staff	0.00
Totals	15.60

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		0.0%
0	0	0	0	1,146,287	1,146,287	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WASSON STREET
205 EAST WASSON
AMBOY, IL. 61310

Reference Numbers Facility ID 6013627
Health Service Area 001 Planning Service Area 103

Administrator
Ron Heiderscheit

Contact Person and Telephone
RON HEIDERSCHEIT
815-288-6691 ext. 269

Registered Agent Information
Jeff Stauter
500 Anchor Road
Dixon, IL 61021

Date Completed
4/13/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	4
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	4
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	4	4	4	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	4
Total Admissions 2011	0
Total Discharges 2011	0
Residents on 12/31/2011	4
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			1464	######	0	0	0	0	1464	100.3%	100.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1464	######	0	0	0	0	1464	100.3%	100.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	3	0	0	0	3	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	1	0	0	0	1	0	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	1	3	0	0	1	3	4

WASSON STREET
205 EAST WASSON
AMBOY, IL. 61310

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 103

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		4	0	0	0	0	4
Sheltered Care			0	0	0	0	0
TOTALS	0	4	0	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	225	215
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	3	0	3
Race Unknown	0	0	1	0	1
Total	0	0	4	0	4

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	3	0	3
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.25
Certified Aides	4.00
Other Health Staff	0.50
Non-Health Staff	0.50
Totals	5.75

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	14.5%	85.0%	0.0%	0.5%	100.0%		0.0%
0	45,438	266,698	0	1,531	313,667	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WATERFRONT TERRACE
7750 SOUTH SHORE DRIVE
CHICAGO, IL. 60649

Reference Numbers Facility ID 6009757
Health Service Area 006 Planning Service Area 603

Administrator
Howard Alter

Contact Person and Telephone
HOWARD ALTER

Registered Agent Information

Date Completed
4/10/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	10
Blood Disorders	2
*Nervous System Non Alzheimer	19
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	30
Respiratory System	10
Digestive System	5
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	100

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	118	118	118	118	100	18	118	118
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	118	118	118	118	100	18	118	118

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	102
Total Admissions 2011	352
Total Discharges 2011	354
Residents on 12/31/2011	100
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	31524	73.2%	0	0	1262	0	32786	76.1%	76.1%
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	0	0.0%	31524	73.2%	0	0	1262	0	32786	76.1%	76.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	4	0	0	0	0	0	0	0	4	4
60 to 64	20	16	0	0	0	0	0	0	20	16	36
65 to 74	5	30	0	0	0	0	0	0	5	30	35
75 to 84	7	9	0	0	0	0	0	0	7	9	16
85+	6	3	0	0	0	0	0	0	6	3	9
TOTALS	38	62	0	0	0	0	0	0	38	62	100

WATERFRONT TERRACE
7750 SOUTH SHORE DRIVE
CHICAGO, IL. 60649

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	89	0	0	0	0	100
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	89	0	0	0	0	100

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	138	138
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	90	0	0	0	90
Hawaiian/Pacific Isl.	0	0	0	0	0
White	10	0	0	0	10
Race Unknown	0	0	0	0	0
Total	100	0	0	0	100

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	98	0	0	0	98
Ethnicity Unknown	0	0	0	0	0
Total	100	0	0	0	100

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	14.00
Certified Aides	48.00
Other Health Staff	7.00
Non-Health Staff	18.00
Totals	95.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
33.7%	65.2%	0.0%	0.0%	1.1%	100.0%		0.0%
2,498,023	4,839,605	0	0	80,195	7,417,823	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WATSEKA REHAB & HEALTH CARE CTR
715 EAST RAYMOND ROAD
WATSEKA, IL. 60970

Reference Numbers Facility ID 6009765
Health Service Area 004 Planning Service Area 075

Administrator
Jeff Petersen

Contact Person and Telephone
Marikay L. Snyder
309-689-5880

Date Completed
4/8/2013

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	15
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	18
Mental Illness	8
Developmental Disability	5
Circulatory System	31
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	91
Total Residents Diagnosed as Mentally Ill	73

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	123	111	99	111	91	32	23	123
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	123	111	99	111	91	32	23	123

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	83
Total Admissions 2011	124
Total Discharges 2011	116
Residents on 12/31/2011	91
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1942	23.1%	19005	42.3%	3712	142	7204	0	32005	71.3%	79.0%
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	1942	23.1%	19005	42.3%	3712	142	7204	0	32005	71.3%	79.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	1	0	0	0	0	0	0	3	1	4
45 to 59	8	1	0	0	0	0	0	0	8	1	9
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	7	6	0	0	0	0	0	0	7	6	13
75 to 84	9	21	0	0	0	0	0	0	9	21	30
85+	7	25	0	0	0	0	0	0	7	25	32
TOTALS	34	57	0	0	0	0	0	0	34	57	91

WATSEKA REHAB & HEALTH CARE CTR
715 EAST RAYMOND ROAD
WATSEKA, IL. 60970

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 075

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	62	0	2	19	0	91
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	62	0	2	19	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	147	125
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	90	0	0	0	90
Race Unknown	0	0	0	0	0
Total	91	0	0	0	91

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	90	0	0	0	90
Ethnicity Unknown	0	0	0	0	0
Total	91	0	0	0	91

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	14.00
Certified Aides	29.00
Other Health Staff	28.00
Non-Health Staff	0.00
Totals	78.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
7.6%	66.8%	0.1%	0.0%	25.5%	100.0%		0.2%
299,645	2,618,273	4,227	384	998,714	3,921,243	9,322	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WAUCONDA HEALTHCARE & REHAB
176 THOMAS COURT
WAUCONDA, IL. 60084

Reference Numbers Facility ID 6009435
Health Service Area 008 Planning Service Area 097

Administrator
Sandra Bernett

Contact Person and Telephone
Cheryl Hahn
(847)526-5551

Registered Agent Information
Christopher Vicere
5061 N Pulaski
Chicago, IL 60631

Date Completed
5/8/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	33
Alzheimer Disease	14
Mental Illness	0
Developmental Disability	0
Circulatory System	50
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	115

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	135	135	135	135	115	20	135	79
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	135	135	135	135	115	20	135	79

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	118
Total Admissions 2011	470
Total Discharges 2011	473
Residents on 12/31/2011	115
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10463	21.2%	17739	61.5%	0	1136	12499	0	41837	84.9%	84.9%
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	10463	21.2%	17739	61.5%	0	1136	12499	0	41837	84.9%	84.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	5	6	0	0	0	0	0	0	5	6	11
75 to 84	11	25	0	0	0	0	0	0	11	25	36
85+	9	56	0	0	0	0	0	0	9	56	65
TOTALS	28	87	0	0	0	0	0	0	28	87	115

WAUCONDA HEALTHCARE & REHAB
176 THOMAS COURT
WAUCONDA, IL. 60084

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	28	45	42	0	0	0	115
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	28	45	42	0	0	0	115

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	113	0	0	0	113
Race Unknown	0	0	0	0	0
Total	115	0	0	0	115

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	112	0	0	0	112
Ethnicity Unknown	0	0	0	0	0
Total	115	0	0	0	115

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	4.00
Certified Aides	48.00
Other Health Staff	8.00
Non-Health Staff	32.00
Totals	105.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
47.8%	23.7%	0.0%	3.1%	25.3%	100.0%		0.0%
5,641,323	2,801,392	0	371,168	2,989,603	11,803,486	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WAUKEGAN TERRACE
860 SOUTH LEWIS AVENUE
WAUKEGAN, IL. 60085

Reference Numbers Facility ID 6014229
Health Service Area 008 Planning Service Area 097

Administrator
Billie Callahan

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/10/2013

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	5
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	5
Total Residents Diagnosed as Mentally Ill	4

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	6	6	6	6	5	1		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	5	1	0	6

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	6
Total Admissions 2011	0
Total Discharges 2011	1
Residents on 12/31/2011	5
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			2190	######	0	0	0	0	2190	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2190	######	0	0	0	0	2190	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	1	0	0	2	1	3
45 to 59	0	0	0	0	1	1	0	0	1	1	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	3	2	0	0	3	2	5

WAUKEGAN TERRACE
860 SOUTH LEWIS AVENUE
WAUKEGAN, IL. 60085

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		5	0	0	0	0	5
Sheltered Care			0	0	0	0	0
TOTALS	0	5	0	0	0	0	5

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	211
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	2	0	2
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	3	0	3
Race Unknown	0	0	0	0	0
Total	0	0	5	0	5

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	5	0	5
Ethnicity Unknown	0	0	0	0	0
Total	0	0	5	0	5

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.12
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.60
Certified Aides	7.00
Other Health Staff	0.33
Non-Health Staff	0.00
Totals	8.17

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	95.0%	0.6%	0.0%	4.5%	100.0%		0.0%
0	441,392	2,594	0	20,768	464,754	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WAY-FAIR NURSING AND REHAB CENTER
305 N W 11TH STREET
FAIRFIELD, IL. 62837

Reference Numbers Facility ID 6009815
Health Service Area 005 Planning Service Area 191

Administrator
TINA YOUNG

Contact Person and Telephone
TINA YOUNG
618-842-2609

Registered Agent Information

Date Completed
4/10/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	38
Mental Illness	1
Developmental Disability	0
Circulatory System	10
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	84
Total Residents Diagnosed as Mentally Ill	22

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	104	104	93	104	84	20	104	104
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	104	104	93	104	84	20	104	104

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	77
Total Admissions 2011	295
Total Discharges 2011	288
Residents on 12/31/2011	84
Identified Offenders	3

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5496	14.5%	14903	39.3%	3002	390	3699	0	27490	72.4%	72.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5496	14.5%	14903	39.3%	3002	390	3699	0	27490	72.4%	72.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	3	0	0	0	0	0	0	1	3	4
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	5	3	0	0	0	0	0	0	5	3	8
75 to 84	9	12	0	0	0	0	0	0	9	12	21
85+	9	37	0	0	0	0	0	0	9	37	46
TOTALS	26	58	0	0	0	0	0	0	26	58	84

WAY-FAIR NURSING AND REHAB CENTER
305 N W 11TH STREET
FAIRFIELD, IL. 62837

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 191

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	42	10	1	15	0	84
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	42	10	1	15	0	84

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	127
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	84	0	0	0	84
Race Unknown	0	0	0	0	0
Total	84	0	0	0	84

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	84	0	0	0	84
Ethnicity Unknown	0	0	0	0	0
Total	84	0	0	0	84

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	14.00
Certified Aides	38.00
Other Health Staff	21.00
Non-Health Staff	48.00
Totals	133.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
47.2%	42.0%	0.0%	0.9%	9.9%	100.0%		0.0%
1,847,628	1,642,654	0	36,326	389,049	3,915,657	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WESLEY PLACE
1415 WEST FOSTER AVENUE
CHICAGO, IL. 60640

Reference Numbers Facility ID 6006100
Health Service Area 006 Planning Service Area 601

Administrator
E.D. Barnett

Contact Person and Telephone
MARY R. WALKER
773-596-2233

Registered Agent Information

Date Completed
4/25/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System Non Alzheimer	1
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	8
Injuries and Poisonings	3
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	53

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	126	73	69	73	53	73	126	126
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	126	73	69	73	53	73	126	126

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	60
Total Admissions 2011	214
Total Discharges 2011	221
Residents on 12/31/2011	53
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5342	11.6%	11086	24.1%	0	692	5663	632	23415	50.9%	87.9%
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	5342	11.6%	11086	24.1%	0	692	5663	632	23415	50.9%	87.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	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	5	9	0	0	0	0	0	0	5	9	14
85+	5	32	0	0	0	0	0	0	5	32	37
TOTALS	10	43	0	0	0	0	0	0	10	43	53

WESLEY PLACE
1415 WEST FOSTER AVENUE
CHICAGO, IL. 60640

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	25	0	3	14	0	53
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	25	0	3	14	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	247	210
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	47	0	0	0	47
Race Unknown	0	0	0	0	0
Total	53	0	0	0	53

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	52	0	0	0	52
Ethnicity Unknown	0	0	0	0	0
Total	53	0	0	0	53

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	2.00
Certified Aides	32.00
Other Health Staff	1.00
Non-Health Staff	42.00
Totals	92.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
49.3%	24.3%	0.0%	4.5%	21.9%	100.0%		2.1%
3,008,241	1,483,440	0	272,267	1,339,156	6,103,104	128,738	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change 12/12/2012 Formerly Methodist Home.

WESLEY VILLAGE
1200 EAST GRANT STREET
MACOMB, IL. 61455

Reference Numbers Facility ID 6009864
Health Service Area 002 Planning Service Area 109

Administrator
SHELLY L. WARD

Contact Person and Telephone
SHELLY L. WARD
3098332123

Registered Agent Information
Louis Battin
21 Hickory Bow
Macomb, IL 61455

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	12
Mental Illness	27
Developmental Disability	1
Circulatory System	7
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	4
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	66

Total Residents Diagnosed as Mentally Ill 47

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	73	72	72	72	66	7	73	73
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	73	72	72	72	66	7	73	73

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	62
Total Admissions 2011	80
Total Discharges 2011	76
Residents on 12/31/2011	66
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2325	8.7%	8446	31.7%	0	0	13297	0	24068	90.3%	91.6%
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	2325	8.7%	8446	31.7%	0	0	13297	0	24068	90.3%	91.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	1	0	0	0	0	0	0	3	1	4
75 to 84	3	11	0	0	0	0	0	0	3	11	14
85+	6	42	0	0	0	0	0	0	6	42	48
TOTALS	12	54	0	0	0	0	0	0	12	54	66

WESLEY VILLAGE
1200 EAST GRANT STREET
MACOMB, IL. 61455

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 109

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	20	0	0	37	0	66
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	20	0	0	37	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	169	154
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	65	0	0	0	65
Race Unknown	0	0	0	0	0
Total	66	0	0	0	66

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	65	0	0	0	65
Ethnicity Unknown	0	0	0	0	0
Total	66	0	0	0	66

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	7.00
Certified Aides	26.00
Other Health Staff	6.00
Non-Health Staff	34.00
Totals	80.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
26.1%	25.7%	0.0%	0.0%	48.2%	100.0%		0.0%
1,064,620	1,048,118	0	0	1,962,393	4,075,131	106	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WEST CHICAGO TERRACE NURSING HOME
928 JOLIET ROAD
WEST CHICAGO, IL. 60185

Reference Numbers Facility ID 6009872
Health Service Area 007 Planning Service Area 703

Administrator
Margaret Ebespacher

Contact Person and Telephone
MARGARET EBERSPACHER
630-231-9292

Date Completed
4/8/2013

Registered Agent Information
Michael Weiss
1S443 Summit Avenue, Suite 204 A&B
Oakbrook Terrace, IL 60181

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	23
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	11
Mental Illness	50
Developmental Disability	6
Circulatory System	13
Respiratory System	3
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	119

Total Residents Diagnosed as Mentally Ill 76

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	120	120	120	119	1	0	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	120	120	119	1	0	120

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	116
Total Admissions 2011	91
Total Discharges 2011	95
Residents on 12/31/2011	112
Identified Offenders	6

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			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%	0	0	0	0	0	0.0%	0.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	17	11	0	0	0	0	0	0	17	11	28
45 to 59	26	28	0	0	0	0	0	0	26	28	54
60 to 64	8	7	0	0	0	0	0	0	8	7	15
65 to 74	4	7	0	0	0	0	0	0	4	7	11
75 to 84	3	6	0	0	0	0	0	0	3	6	9
85+	0	2	0	0	0	0	0	0	0	2	2
TOTALS	58	61	0	0	0	0	0	0	58	61	119

WEST CHICAGO TERRACE NURSING HOME
928 JOLIET ROAD
WEST CHICAGO, IL. 60185

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	116	0	0	3	0	119
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	116	0	0	3	0	119

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pacific Isl.	0	0	0	0	0
White	103	0	0	0	103
Race Unknown	0	0	0	0	0
Total	119	0	0	0	119

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	108	0	0	0	108
Ethnicity Unknown	0	0	0	0	0
Total	119	0	0	0	119

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	5.00
Certified Aides	28.00
Other Health Staff	4.00
Non-Health Staff	30.00
Totals	75.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	96.8%	0.0%	0.0%	3.2%	100.0%		0.0%
0	2,222,498	0	0	72,588	2,295,086	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	6/27/2012	Formerly 'West Chicago Terrace'.
CHOW	6/27/2012	Change of ownership occurred.

WEST GROVE
R.R. 1 BOX 417
LAWRENCEVILLE, IL. 62439

Reference Numbers Facility ID 6011423
Health Service Area 005 Planning Service Area 101

Administrator
Deanna Gillis

Contact Person and Telephone
WILLIAM ROBERT GILLIS
618-945-2091

Registered Agent Information
James D Stout
324 Main St
Bridgeport, IL 62417

Date Completed
3/26/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	13
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	13

Total Residents Diagnosed as Mentally Ill 6

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	13	16	13	3		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	13	16	13	3	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	12
Total Admissions 2011	2
Total Discharges 2011	1
Residents on 12/31/2011	13
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4466	76.5%	0	0	0	0	4466	76.5%	76.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4466	76.5%	0	0	0	0	4466	76.5%	76.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	5	0	0	1	5	6
45 to 59	0	0	0	0	5	2	0	0	5	2	7
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	6	7	0	0	6	7	13

WEST GROVE
R.R. 1 BOX 417
LAWRENCEVILLE, IL. 62439

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 101

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		13	0	0	0	0	13
Sheltered Care			0	0	0	0	0
TOTALS	0	13	0	0	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	13	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	13	0	13
Ethnicity Unknown	0	0	0	0	0
Total	0	0	13	0	13

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.50
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	8.00
Other Health Staff	2.00
Non-Health Staff	2.00
Totals	12.75

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	496,830	0	0	0	496,830	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WEST SUBURBAN HOSPITAL & MEDICAL CENTE
ERIE AT AUSTIN
OAK PARK, IL. 60302

Reference Numbers Facility ID 6013478
Health Service Area 007 Planning Service Area 704

Administrator
Sherry Worman

Contact Person and Telephone
Sherry Worman
708-763-6018

Registered Agent Information
National Registered Agents, Inc
200 West Adams Street
Chicago, IL 60606

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	24

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	50	50	40	50	24	26	50	26
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	50	50	40	50	24	26	50	26

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	19
Total Admissions 2011	720
Total Discharges 2011	715
Residents on 12/31/2011	24
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8447	46.3%	5	0.1%	0	2347	0	2	10801	59.2%	59.2%
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	8447	46.3%	5	0.1%	0	2347	0	2	10801	59.2%	59.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	7	5	0	0	0	0	0	0	7	5	12
85+	4	2	0	0	0	0	0	0	4	2	6
TOTALS	13	11	0	0	0	0	0	0	13	11	24

WEST SUBURBAN HOSPITAL & MEDICAL CENTE
ERIE AT AUSTIN
OAK PARK, IL. 60302

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	0	0	8	0	0	24
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	0	0	8	0	0	24

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	994	994
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pacific Isl.	0	0	0	0	0
White	12	0	0	0	12
Race Unknown	0	0	0	0	0
Total	24	0	0	0	24

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	24	0	0	0	24
Ethnicity Unknown	0	0	0	0	0
Total	24	0	0	0	24

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	30.00
LPN's	1.00
Certified Aides	15.00
Other Health Staff	2.00
Non-Health Staff	6.00
Totals	56.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
32.8%	19.5%	0.0%	38.4%	9.3%	100.0%		0.0%
53,707,903	31,813,433	0	62,813,880	15,214,759	163,549,975	6,259	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WEST SUBURBAN NURSING & REHAB CENTER
311 EDGEWATER DRIVE
BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID 6001002
Health Service Area 007 Planning Service Area 703

Administrator
Christopher Correll

Contact Person and Telephone
CHRISTOPHER CORRELL
630-894-7400

Registered Agent Information

Date Completed
4/30/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	12
*Nervous System Non Alzheimer	20
Alzheimer Disease	22
Mental Illness	0
Developmental Disability	0
Circulatory System	35
Respiratory System	37
Digestive System	10
Genitourinary System Disorders	24
Skin Disorders	6
Musculo-skeletal Disorders	10
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	185

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	259	259	197	259	185	74	30	259
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	259	259	197	259	185	74	30	259

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	192
Total Admissions 2011	432
Total Discharges 2011	439
Residents on 12/31/2011	185
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6841	62.5%	57146	60.4%	0	1179	3451	0	68617	72.6%	72.6%
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	6841	62.5%	57146	60.4%	0	1179	3451	0	68617	72.6%	72.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	2	0	0	0	0	0	0	3	2	5
60 to 64	5	23	0	0	0	0	0	0	5	23	28
65 to 74	5	27	0	0	0	0	0	0	5	27	32
75 to 84	24	38	0	0	0	0	0	0	24	38	62
85+	23	35	0	0	0	0	0	0	23	35	58
TOTALS	60	125	0	0	0	0	0	0	60	125	185

WEST SUBURBAN NURSING & REHAB CENTER
311 EDGEWATER DRIVE
BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	154	0	3	9	0	185
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	154	0	3	9	0	185

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	215
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	25	0	0	0	25
American Indian	0	0	0	0	0
Black	18	0	0	0	18
Hawaiian/Pacific Isl.	10	0	0	0	10
White	132	0	0	0	132
Race Unknown	0	0	0	0	0
Total	185	0	0	0	185

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	20	0	0	0	20
Non-Hispanic	160	0	0	0	160
Ethnicity Unknown	5	0	0	0	5
Total	185	0	0	0	185

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	18.00
Certified Aides	55.00
Other Health Staff	20.00
Non-Health Staff	20.00
Totals	135.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
27.1%	66.8%	0.0%	0.4%	5.7%	100.0%		0.0%
3,420,500	8,432,170	0	47,160	724,710	12,624,540	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WESTBURY CARE CENTER
1800 ROBIN LANE
LISLE, IL. 60532

Reference Numbers Facility ID 6014955
Health Service Area 007 Planning Service Area 703

Administrator
Renee Bogard

Contact Person and Telephone
Renee Bogard
630-353-5525

Registered Agent Information

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	22
Respiratory System	7
Digestive System	6
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	9
Other Medical Conditions	0
Non-Medical Conditions	8
TOTALS	75

Total Residents Diagnosed as Mentally Ill 6

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	55	55	55	55	49	6	55	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	27	27	27	27	26	1		
TOTAL BEDS	82	82	82	82	75	7	55	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	64
Total Admissions 2011	322
Total Discharges 2011	311
Residents on 12/31/2011	75
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6609	32.9%	0	0.0%	0	510	8382	0	15501	77.2%	77.2%
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	9523	0	9523	96.6%	96.6%
TOTALS	6609	32.9%	0	0.0%	0	510	17905	0	25024	83.6%	83.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	1	0	0	0	0	0	0	0	1	0	1
75 to 84	4	7	0	0	0	0	0	8	4	15	19
85+	9	27	0	0	0	0	2	16	11	43	54
TOTALS	15	34	0	0	0	0	2	24	17	58	75

WESTBURY CARE CENTER
1800 ROBIN LANE
LISLE, IL. 60532

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	0	0	4	22	0	49
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	26	0	26
TOTALS	23	0	0	4	48	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	271	246
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	211	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	49	0	0	26	75
Race Unknown	0	0	0	0	0
Total	49	0	0	26	75

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	49	0	0	26	75
Ethnicity Unknown	0	0	0	0	0
Total	49	0	0	26	75

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	10.00
Certified Aides	32.00
Other Health Staff	18.00
Non-Health Staff	21.00
Totals	91.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
43.4%	0.0%	0.0%	3.0%	53.6%	100.0%		0.0%
3,364,296	0	0	233,743	4,157,992	7,756,031	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WESTCHESTER HEALTH & REHAB.
2901 WOLF ROAD
WESTCHESTER, IL. 60154

Reference Numbers Facility ID 6012173
Health Service Area 007 Planning Service Area 704

Administrator
Martin Lee

Contact Person and Telephone
Martin Lee
708-531-1441

Date Completed
5/3/2013

Registered Agent Information
C T CORPORATION SYSTEM
208 S. LASALLE ST, , SUITE 814
Chicago, IL 60604

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	5
Blood Disorders	2
*Nervous System Non Alzheimer	10
Alzheimer Disease	11
Mental Illness	0
Developmental Disability	0
Circulatory System	23
Respiratory System	3
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	3
Musculo-skeletal Disorders	6
Injuries and Poisonings	3
Other Medical Conditions	30
Non-Medical Conditions	9
TOTALS	116

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	120	118	120	116	4	120	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	118	120	116	4	120	120

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	111
Total Admissions 2011	160
Total Discharges 2011	155
Residents on 12/31/2011	116
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5089	11.6%	31926	72.9%	0	524	2909	0	40448	92.3%	92.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5089	11.6%	31926	72.9%	0	524	2909	0	40448	92.3%	92.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	5	3	0	0	0	0	0	0	5	3	8
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	7	10	0	0	0	0	0	0	7	10	17
75 to 84	14	16	0	0	0	0	0	0	14	16	30
85+	9	46	0	0	0	0	0	0	9	46	55
TOTALS	38	78	0	0	0	0	0	0	38	78	116

WESTCHESTER HEALTH & REHAB.
2901 WOLF ROAD
WESTCHESTER, IL. 60154

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	85	0	4	9	0	116
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	85	0	4	9	0	116

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	351	264
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	44	0	0	0	44
Hawaiian/Pacific Isl.	0	0	0	0	0
White	72	0	0	0	72
Race Unknown	0	0	0	0	0
Total	116	0	0	0	116

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	109	0	0	0	109
Ethnicity Unknown	0	0	0	0	0
Total	116	0	0	0	116

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	15.00
Certified Aides	34.00
Other Health Staff	11.00
Non-Health Staff	21.00
Totals	88.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
31.6%	50.0%	6.7%	2.5%	9.2%	100.0%		0.0%
2,617,223	4,136,195	554,929	207,827	760,195	8,276,369	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WESTLAKE HOME
2090 WEST LAKE DRIVE
CARLYLE, IL. 62231

Reference Numbers Facility ID 6012652
Health Service Area 011 Planning Service Area 027

Administrator
Sherry Newton

Contact Person and Telephone
Sherry Newton
217 398 0754 ext 13

Date Completed
4/18/2013

Registered Agent Information
Dave Krchak
30 E Main St
Champaign, IL 61821

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	12
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	12
Total Residents Diagnosed as Mentally Ill	12

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	13	16	12	4		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	13	16	12	4	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	12
Total Admissions 2011	3
Total Discharges 2011	3
Residents on 12/31/2011	12
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4419	75.7%	0	0	0	0	4419	75.7%	75.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4419	75.7%	0	0	0	0	4419	75.7%	75.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	2	0	0	3	2	5
45 to 59	0	0	0	0	1	3	0	0	1	3	4
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	1	0	0	0	1	0	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	1	0	0	0	1	1
TOTALS	0	0	0	0	5	7	0	0	5	7	12

WESTLAKE HOME
2090 WEST LAKE DRIVE
CARLYLE, IL. 62231

Reference Numbers Facility ID **Health Service Area** 011 **Planning Service Area** 027

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		12	0	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	0	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	138	138
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	9	0	9
Race Unknown	0	0	0	0	0
Total	0	0	12	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	9.75
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	10.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	80.8%	19.2%	0.0%	0.0%	100.0%		0.0%
0	407,325	96,684	0	0	504,010	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WESTMINSTER PLACE
3200 GRANT STREET
EVANSTON, IL. 60201

Reference Numbers Facility ID 6007603
Health Service Area 007 Planning Service Area 702

Administrator
LINDA DOTSON

Contact Person and Telephone
LINDA DOTSON
1 847 866 1650

Date Completed
4/9/2013

Registered Agent Information
John Burns
3200 Grant
Evanston, IL 60201

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	9
Blood Disorders	2
*Nervous System Non Alzheimer	45
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	0
Circulatory System	36
Respiratory System	16
Digestive System	8
Genitourinary System Disorders	11
Skin Disorders	3
Musculo-skeletal Disorders	10
Injuries and Poisonings	8
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	176

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	204	197	186	195	169	35	105	15
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	51	51	7	51	7	44		
TOTAL BEDS	255	248	193	246	176	79	105	15

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	178
Total Admissions 2011	607
Total Discharges 2011	609
Residents on 12/31/2011	176
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8690	22.7%	0	0.0%	0	129	52312	1825	62956	84.6%	87.6%
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	2555	0	2555	13.7%	13.7%
TOTALS	8690	22.7%	0	0.0%	0	129	54867	1825	65511	70.4%	72.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	1	0	0	0	0	0	0	3	1	4
75 to 84	13	19	0	0	0	0	0	0	13	19	32
85+	41	92	0	0	0	0	2	5	43	97	140
TOTALS	57	112	0	0	0	0	2	5	59	117	176

WESTMINSTER PLACE
3200 GRANT STREET
EVANSTON, IL. 60201

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	27	0	0	0	137	5	169
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	7	0	7
TOTALS	27	0	0	0	144	5	176

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	390	285
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	250	220

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	0	5
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	164	0	0	7	171
Race Unknown	0	0	0	0	0
Total	169	0	0	7	176

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	169	0	0	7	176
Ethnicity Unknown	0	0	0	0	0
Total	169	0	0	7	176

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	2.00
Director of Nursing	1.00
Registered Nurses	38.90
LPN's	3.60
Certified Aides	84.90
Other Health Staff	31.00
Non-Health Staff	7.40
Totals	169.80

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
17.2%	0.0%	0.0%	0.0%	82.8%	100.0%		2.6%
3,028,415	0	0	0	14,568,585	17,597,000	450,456	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WESTMINSTER VILLAGE
2025 EAST LINCOLN STREET
BLOOMINGTON, IL. 61701

Reference Numbers Facility ID 6009922
Health Service Area 004 Planning Service Area 113

Administrator
Barbara Nathan

Contact Person and Telephone
S|USAN E. POST
309-663-6474

Date Completed
4/12/2013

Registered Agent Information
Barbara Nathan
2025 E. Lincoln St.
Bloomington, IL 61701

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	21
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	56

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	78	78	65	78	56	22	8	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	78	78	65	78	56	22	8	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	51
Total Admissions 2011	156
Total Discharges 2011	151
Residents on 12/31/2011	56
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2119	72.6%	0	0.0%	0	0	18514	0	20633	72.5%	72.5%
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	2119	72.6%	0	0.0%	0	0	18514	0	20633	72.5%	72.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	2	8	0	0	0	0	0	0	2	8	10
85+	8	38	0	0	0	0	0	0	8	38	46
TOTALS	10	46	0	0	0	0	0	0	10	46	56

WESTMINSTER VILLAGE
2025 EAST LINCOLN STREET
BLOOMINGTON, IL. 61701

Reference Numbers Facility ID **Health Service Area** 004 **Planning Service Area** 113

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	0	0	0	50	0	56
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	0	0	0	50	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	258	198
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	56	0	0	0	56
Race Unknown	0	0	0	0	0
Total	56	0	0	0	56

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	56	0	0	0	56
Ethnicity Unknown	0	0	0	0	0
Total	56	0	0	0	56

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	6.00
Certified Aides	20.00
Other Health Staff	0.00
Non-Health Staff	4.00
Totals	37.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
16.4%	0.0%	0.0%	0.0%	83.6%	100.0%		0.0%
737,411	0	0	0	3,760,678	4,498,089	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WESTMONT NURSING AND REHABILITATION CT
6501 SOUTH CASS AVE.
WESTMONT, IL. 60559

Reference Numbers Facility ID 6009930
Health Service Area 007 Planning Service Area 703

Administrator
BENJAMIN FRIEDMAN

Contact Person and Telephone
SHANNON RUNGE
6309602026

Registered Agent Information

Date Completed
4/12/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	30
Blood Disorders	0
*Nervous System Non Alzheimer	31
Alzheimer Disease	61
Mental Illness	13
Developmental Disability	2
Circulatory System	13
Respiratory System	13
Digestive System	7
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	198

Total Residents Diagnosed as Mentally Ill 13

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	215	215	206	215	198	17	124	166
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	215	215	206	215	198	17	124	166

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	193
Total Admissions 2011	430
Total Discharges 2011	425
Residents on 12/31/2011	198
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9702	21.4%	49842	82.3%	954	685	9978	0	71161	90.7%	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	9702	21.4%	49842	82.3%	954	685	9978	0	71161	90.7%	90.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	10	9	0	0	0	0	0	0	10	9	19
60 to 64	6	10	0	0	0	0	0	0	6	10	16
65 to 74	18	17	0	0	0	0	0	0	18	17	35
75 to 84	17	41	0	0	0	0	0	0	17	41	58
85+	11	57	0	0	0	0	0	0	11	57	68
TOTALS	63	135	0	0	0	0	0	0	63	135	198

WESTMONT NURSING AND REHABILITATION CT
6501 SOUTH CASS AVE.
WESTMONT, IL. 60559

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	141	2	3	29	0	198
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	23	141	2	3	29	0	198

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	230	195
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	7	0	0	0	7
American Indian	0	0	0	0	0
Black	20	0	0	0	20
Hawaiian/Pacific Isl.	0	0	0	0	0
White	171	0	0	0	171
Race Unknown	0	0	0	0	0
Total	198	0	0	0	198

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	194	0	0	0	194
Ethnicity Unknown	0	0	0	0	0
Total	198	0	0	0	198

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.00
LPN's	23.00
Certified Aides	93.00
Other Health Staff	0.00
Non-Health Staff	73.00
Totals	212.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
39.0%	45.0%	1.1%	2.0%	12.9%	100.0%		0.0%
5,479,611	6,332,845	157,596	282,819	1,814,168	14,067,039	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WESTSIDE REHAB & CARE CENTER
601 NORTH COLUMBIA
WEST FRANKFORT, IL. 62896

Reference Numbers Facility ID 6000194
Health Service Area 005 Planning Service Area 055

Administrator
Chris Ely

Contact Person and Telephone
Marikay L. Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	20
Mental Illness	1
Developmental Disability	0
Circulatory System	6
Respiratory System	0
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	49

Total Residents Diagnosed as Mentally Ill 6

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	96	65	53	65	49	47	96	96
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	96	65	53	65	49	47	96	96

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	42
Total Admissions 2011	56
Total Discharges 2011	49
Residents on 12/31/2011	49
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1266	3.6%	9138	26.1%	160	98	5205	0	15867	45.3%	66.9%
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	1266	3.6%	9138	26.1%	160	98	5205	0	15867	45.3%	66.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	4	3	0	0	0	0	0	0	4	3	7
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	3	4	0	0	0	0	0	0	3	4	7
75 to 84	6	9	0	0	0	0	0	0	6	9	15
85+	1	14	0	0	0	0	0	0	1	14	15
TOTALS	16	33	0	0	0	0	0	0	16	33	49

WESTSIDE REHAB & CARE CENTER
601 NORTH COLUMBIA
WEST FRANKFORT, IL. 62896

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 055

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	30	1	0	14	0	49
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	30	1	0	14	0	49

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	100	89
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	48	0	0	0	48
Race Unknown	0	0	0	0	0
Total	49	0	0	0	49

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	49	0	0	0	49
Ethnicity Unknown	0	0	0	0	0
Total	49	0	0	0	49

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	8.00
Certified Aides	19.00
Other Health Staff	2.00
Non-Health Staff	14.00
Totals	48.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
15.2%	54.5%	0.0%	0.0%	30.2%	100.0%		0.7%
239,083	857,043	0	0	475,132	1,571,258	10,516	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WESTWOOD MANOR
2444 WEST TOUHY AVENUE
CHICAGO, IL. 60645

Reference Numbers Facility ID 6009955
Health Service Area 006 Planning Service Area 601

Administrator
DR. JOSEPH LIBERMAN PH.D.

Contact Person and Telephone
DR. JOSEPH LIBERMAN PH.D.
(773)274-7705

Registered Agent Information

Date Completed
4/22/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	5
Mental Illness	97
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 97

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	115	115	115	115	102	13	0	115
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	115	115	115	115	102	13	0	115

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	111
Total Admissions 2011	19
Total Discharges 2011	28
Residents on 12/31/2011	102
Identified Offenders	14

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	331	0.0%	38084	90.7%	0	0	438	0	38853	92.6%	92.6%
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	331	0.0%	38084	90.7%	0	0	438	0	38853	92.6%	92.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	8	8	0	0	0	0	0	0	8	8	16
45 to 59	25	19	0	0	0	0	0	0	25	19	44
60 to 64	11	5	0	0	0	0	0	0	11	5	16
65 to 74	8	8	0	0	0	0	0	0	8	8	16
75 to 84	4	4	0	0	0	0	0	0	4	4	8
85+	0	2	0	0	0	0	0	0	0	2	2
TOTALS	56	46	0	0	0	0	0	0	56	46	102

WESTWOOD MANOR
2444 WEST TOUHY AVENUE
CHICAGO, IL. 60645

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	101	0	0	0	0	102
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	101	0	0	0	0	102

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	120
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	25	0	0	0	25
Hawaiian/Pacific Isl.	3	0	0	0	3
White	73	0	0	0	73
Race Unknown	0	0	0	0	0
Total	102	0	0	0	102

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	95	0	0	0	95
Ethnicity Unknown	0	0	0	0	0
Total	102	0	0	0	102

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	5.00
Certified Aides	22.00
Other Health Staff	5.00
Non-Health Staff	17.00
Totals	55.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
4.3%	94.5%	0.0%	0.0%	1.2%	100.0%		0.0%
189,317	4,166,331	0	0	54,750	4,410,398	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WETHERELL PLACE
1026 NORTH MERCHANT STREET
EFFINGHAM, IL. 62401

Reference Numbers Facility ID 6011431
Health Service Area 005 Planning Service Area 049

Administrator
Kathryn Bruce

Contact Person and Telephone
Theresa Adkisson
217-735-2950

Date Completed
4/9/2013

Registered Agent Information
J Michael Bibo
285 S Farnham
Galesburg, IL 61401

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	14
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	14

Total Residents Diagnosed as Mentally Ill 8

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	14	2	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	0
Total Discharges 2011	2
Residents on 12/31/2011	14
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4219	72.2%	0	0	153	0	4372	74.9%	74.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4219	72.2%	0	0	153	0	4372	74.9%	74.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	1	0	0	6	1	7
45 to 59	0	0	0	0	2	1	0	0	2	1	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	2	0	0	0	2	2
75 to 84	0	0	0	0	1	0	0	0	1	0	1
85+	0	0	0	0	1	0	0	0	1	0	1
TOTALS	0	0	0	0	10	4	0	0	10	4	14

WETHERELL PLACE
1026 NORTH MERCHANT STREET
EFFINGHAM, IL. 62401

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 049

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		14	0	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	105
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	13	0	13
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	14	0	14
Ethnicity Unknown	0	0	0	0	0
Total	0	0	14	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	10.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	71.6%	1.6%	0.0%	26.8%	100.0%		0.0%
0	432,463	9,913	0	162,038	604,415	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WHEATON CARE CENTER
1325 MANCHESTER ROAD
WHEATON, IL. 60187

Reference Numbers Facility ID 6009963
Health Service Area 007 Planning Service Area 703

Administrator
Stephanie Rucker

Contact Person and Telephone
Ron Cournaya
847.905.3000

Registered Agent Information
Holly Turner
2201 Main St.
Evanston, IL 60202

Date Completed
4/5/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	3
Mental Illness	89
Developmental Disability	6
Circulatory System	10
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	121
Total Residents Diagnosed as Mentally Ill	109

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	123	123	123	123	121	2	81	123
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	123	123	123	123	121	2	81	123

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	122
Total Admissions 2011	53
Total Discharges 2011	54
Residents on 12/31/2011	121
Identified Offenders	17

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2478	8.4%	38169	85.0%	0	9	1557	0	42213	94.0%	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	2478	8.4%	38169	85.0%	0	9	1557	0	42213	94.0%	94.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	7	4	0	0	0	0	0	0	7	4	11
45 to 59	33	18	0	0	0	0	0	0	33	18	51
60 to 64	9	3	0	0	0	0	0	0	9	3	12
65 to 74	15	19	0	0	0	0	0	0	15	19	34
75 to 84	1	5	0	0	0	0	0	0	1	5	6
85+	1	6	0	0	0	0	0	0	1	6	7
TOTALS	66	55	0	0	0	0	0	0	66	55	121

WHEATON CARE CENTER
1325 MANCHESTER ROAD
WHEATON, IL. 60187

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	105	0	0	6	0	121
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	105	0	0	6	0	121

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	115	0	0	0	115
Race Unknown	0	0	0	0	0
Total	121	0	0	0	121

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	115	0	0	0	115
Ethnicity Unknown	0	0	0	0	0
Total	121	0	0	0	121

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	10.00
Certified Aides	27.00
Other Health Staff	6.00
Non-Health Staff	31.00
Totals	82.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
13.3%	82.4%	0.0%	0.1%	4.2%	100.0%		0.0%
805,325	4,998,117	0	6,023	253,592	6,063,057	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WHISPERING OAKS
201 SPRING STREET
ROSICLARE, IL. 62982

Reference Numbers Facility ID 6012538
Health Service Area 005 Planning Service Area 069

Administrator
Jessica Hershey

Contact Person and Telephone
Marikay L. Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	11
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	11
Total Residents Diagnosed as Mentally Ill	9

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	12	16	11	5		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	12	16	11	5	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	12
Total Admissions 2011	0
Total Discharges 2011	1
Residents on 12/31/2011	11
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			4255	72.9%	0	0	0	0	4255	72.9%	72.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4255	72.9%	0	0	0	0	4255	72.9%	72.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	1	0	0	1	1	2
45 to 59	0	0	0	0	1	3	0	0	1	3	4
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	3	1	0	0	3	1	4
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	5	6	0	0	5	6	11

WHISPERING OAKS
201 SPRING STREET
ROSICLARE, IL. 62982

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 069

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		11	0	0	0	0	11
Sheltered Care			0	0	0	0	0
TOTALS	0	11	0	0	0	0	11

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	104
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	10	0	10
Race Unknown	0	0	0	0	0
Total	0	0	11	0	11

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	11	0	11
Ethnicity Unknown	0	0	0	0	0
Total	0	0	11	0	11

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	7.00
Non-Health Staff	1.00
Totals	9.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	441,797	0	0	0	441,797	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WHITE HALL NURSING & REHAB CENTER
620 WEST BRIDGEPORT
WHITE HALL, IL. 62092

Reference Numbers Facility ID 6006597
Health Service Area 003 Planning Service Area 061

Administrator
Peggy S. Cole

Contact Person and Telephone
GARY F. EYE
716-972-2392

Registered Agent Information
UNITED CORPORATE SERVICES, INC
901 S 2ND ST STE 201
Springfield, IL 62704

Date Completed
3/20/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	18
Blood Disorders	2
*Nervous System Non Alzheimer	6
Alzheimer Disease	24
Mental Illness	16
Developmental Disability	1
Circulatory System	8
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	88

Total Residents Diagnosed as Mentally Ill 59

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	119	119	95	119	88	31	119	119
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	119	119	95	119	88	31	119	119

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	83
Total Admissions 2011	111
Total Discharges 2011	106
Residents on 12/31/2011	88
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4172	9.6%	22991	52.9%	703	286	4086	0	32238	74.2%	74.2%
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	4172	9.6%	22991	52.9%	703	286	4086	0	32238	74.2%	74.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	6	0	0	0	0	0	0	0	6	0	6
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	6	8	0	0	0	0	0	0	6	8	14
75 to 84	7	14	0	0	0	0	0	0	7	14	21
85+	11	30	0	0	0	0	0	0	11	30	41
TOTALS	32	56	0	0	0	0	0	0	32	56	88

WHITE HALL NURSING & REHAB CENTER
620 WEST BRIDGEPORT
WHITE HALL, IL. 62092

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 061

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	64	1	1	11	0	88
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	64	1	1	11	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	137	124
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	87	0	0	0	87
Race Unknown	0	0	0	0	0
Total	88	0	0	0	88

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	88	0	0	0	88
Ethnicity Unknown	0	0	0	0	0
Total	88	0	0	0	88

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.16
LPN's	13.41
Certified Aides	35.81
Other Health Staff	11.67
Non-Health Staff	19.85
Totals	86.90

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
39.1%	47.7%	1.4%	0.9%	10.9%	100.0%		0.0%
1,833,094	2,239,229	67,196	40,797	513,840	4,694,156	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WHITE OAK REHAB & HEALTH CARE
1700 WEST WHITE STREET
MOUNT VERNON, IL. 62864

Reference Numbers Facility ID 6004881
Health Service Area 005 Planning Service Area 081

Administrator
Kathleen Carter

Contact Person and Telephone
Marikay L. Snyder
309-689-5880

Date Completed
4/2/2013

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	10
Blood Disorders	4
*Nervous System Non Alzheimer	2
Alzheimer Disease	2
Mental Illness	2
Developmental Disability	0
Circulatory System	17
Respiratory System	5
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	53

Total Residents Diagnosed as Mentally Ill 2

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	65	65	59	60	53	12	65	65
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	65	65	59	60	53	12	65	65

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	54
Total Admissions 2011	107
Total Discharges 2011	108
Residents on 12/31/2011	53
Identified Offenders	5

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5141	21.7%	10242	43.2%	875	145	2780	0	19183	80.9%	80.9%
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	5141	21.7%	10242	43.2%	875	145	2780	0	19183	80.9%	80.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	4	2	0	0	0	0	0	0	4	2	6
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	6	3	0	0	0	0	0	0	6	3	9
75 to 84	2	13	0	0	0	0	0	0	2	13	15
85+	3	18	0	0	0	0	0	0	3	18	21
TOTALS	17	36	0	0	0	0	0	0	17	36	53

WHITE OAK REHAB & HEALTH CARE
1700 WEST WHITE STREET
MOUNT VERNON, IL. 62864

Reference Numbers Facility ID **Health Service Area** 005 **Planning Service Area** 081

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	24	0	1	7	0	53
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	24	0	1	7	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	120
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	51	0	0	0	51
Race Unknown	0	0	0	0	0
Total	53	0	0	0	53

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	53	0	0	0	53
Ethnicity Unknown	0	0	0	0	0
Total	53	0	0	0	53

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	9.00
Certified Aides	29.00
Other Health Staff	0.00
Non-Health Staff	6.00
Totals	51.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
35.4%	51.3%	0.0%	0.0%	13.3%	100.0%		0.2%
922,346	1,333,894	0	0	345,750	2,601,990	5,272	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WHITEHALL- NORTH
300 WAUKEGAN ROAD
DEERFIELD, IL. 60015

Reference Numbers Facility ID 6010003
Health Service Area 008 Planning Service Area 097

Administrator
Jeremy Kanter

Contact Person and Telephone
Cindy Cohen
(847)580-8293

Registered Agent Information
Mark Hollander
300 Waukegan Road
Deerfield, IL 60015

Date Completed
4/16/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System Non Alzheimer	16
Alzheimer Disease	34
Mental Illness	0
Developmental Disability	0
Circulatory System	39
Respiratory System	12
Digestive System	3
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	33
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	148

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	190	190	175	190	148	42	190	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	190	190	175	190	148	42	190	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	148
Total Admissions 2011	1,643
Total Discharges 2011	1,641
Residents on 12/31/2011	150
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	31117	44.9%	0	0.0%	0	23295	3949	0	58361	84.2%	84.2%
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	31117	44.9%	0	0.0%	0	23295	3949	0	58361	84.2%	84.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	4	0	0	0	0	0	0	0	4	0	4
60 to 64	10	2	0	0	0	0	0	0	10	2	12
65 to 74	4	16	0	0	0	0	0	0	4	16	20
75 to 84	10	29	0	0	0	0	0	0	10	29	39
85+	20	53	0	0	0	0	0	0	20	53	73
TOTALS	48	100	0	0	0	0	0	0	48	100	148

WHITEHALL- NORTH
300 WAUKEGAN ROAD
DEERFIELD, IL. 60015

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	70	0	0	14	64	0	148
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	70	0	0	14	64	0	148

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	350	275
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	148	0	0	0	148
Race Unknown	0	0	0	0	0
Total	148	0	0	0	148

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	148	0	0	0	148
Total	148	0	0	0	148

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	37.00
LPN's	8.00
Certified Aides	75.00
Other Health Staff	35.00
Non-Health Staff	182.00
Totals	339.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
62.1%	0.0%	0.0%	7.3%	30.6%	100.0%		0.0%
15,766,635	0	0	1,857,982	7,761,071	25,385,688	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WILLOW CREST NURSING PAVILION
515 NORTH MAIN
SANDWICH, IL. 60548

Reference Numbers Facility ID 6008379
Health Service Area 001 Planning Service Area 037

Administrator
Pam Ingold

Contact Person and Telephone
PAM INGOLD
Pam Ingold

Registered Agent Information

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	12
Blood Disorders	4
*Nervous System Non Alzheimer	10
Alzheimer Disease	8
Mental Illness	2
Developmental Disability	4
Circulatory System	24
Respiratory System	4
Digestive System	18
Genitourinary System Disorders	10
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	105

Total Residents Diagnosed as Mentally Ill 5

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	116	116	106	116	105	11	58	116
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	116	116	106	116	105	11	58	116

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	101
Total Admissions 2011	283
Total Discharges 2011	279
Residents on 12/31/2011	105
Identified Offenders	3

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5398	25.5%	21464	50.7%	0	0	9527	0	36389	85.9%	85.9%
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	5398	25.5%	21464	50.7%	0	0	9527	0	36389	85.9%	85.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	5	4	0	0	0	0	0	0	5	4	9
60 to 64	5	1	0	0	0	0	0	0	5	1	6
65 to 74	10	6	0	0	0	0	0	0	10	6	16
75 to 84	10	9	0	0	0	0	0	0	10	9	19
85+	7	46	0	0	0	0	0	0	7	46	53
TOTALS	38	67	0	0	0	0	0	0	38	67	105

WILLOW CREST NURSING PAVILION
515 NORTH MAIN
SANDWICH, IL. 60548

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 037

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	63	0	2	26	0	105
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	63	0	2	26	0	105

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	103	0	0	0	103
Race Unknown	0	0	0	0	0
Total	105	0	0	0	105

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	103	0	0	0	103
Ethnicity Unknown	0	0	0	0	0
Total	105	0	0	0	105

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	7.00
Certified Aides	56.00
Other Health Staff	7.00
Non-Health Staff	10.00
Totals	86.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
16.6%	61.6%	0.0%	0.0%	21.8%	100.0%		0.0%
981,490	3,650,346	0	0	1,289,826	5,921,662	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WILLOW HOUSE
555 BURNHAM
UNIVERSITY PARK, IL. 60466

Reference Numbers Facility ID 6014559
Health Service Area 009 Planning Service Area 197

Administrator
Sherry Newton

Contact Person and Telephone
Sherry Newton
217 398 0754 ext 13

Registered Agent Information
Dave Krchak
30 E main St
Champaign, IL 61821

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 4

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5801	99.3%	0	0	0	0	5801	99.3%	99.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5801	99.3%	0	0	0	0	5801	99.3%	99.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	3	0	0	2	3	5
45 to 59	0	0	0	0	5	4	0	0	5	4	9
60 to 64	0	0	0	0	1	0	0	0	1	0	1
65 to 74	0	0	0	0	0	1	0	0	0	1	1
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

WILLOW HOUSE
555 BURNHAM
UNIVERSITY PARK, IL. 60466

Reference Numbers Facility ID **Health Service Area** 009 **Planning Service Area** 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	220	220
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	7	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	9	0	9
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	14.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	14.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	88.6%	11.4%	0.0%	0.0%	100.0%		0.0%
0	940,231	121,441	0	0	1,061,673	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WILLOW ROSE REHAB & HEALTH CARE
410 FLETCHER
JERSEYVILLE, IL. 62052

Reference Numbers Facility ID 6003842
Health Service Area 003 Planning Service Area 083

Administrator
Suzanne Boston

Contact Person and Telephone
Marikay Snyder
309-689-5880

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Completed
3/28/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	1
Mental Illness	16
Developmental Disability	1
Circulatory System	14
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	49
Total Residents Diagnosed as Mentally Ill	16

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	98	98	59	98	49	49	98	98
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	98	98	59	98	49	49	98	98

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	55
Total Admissions 2011	37
Total Discharges 2011	43
Residents on 12/31/2011	49
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	909	2.5%	15137	42.3%	0	73	4714	0	20833	58.2%	58.2%
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	909	2.5%	15137	42.3%	0	73	4714	0	20833	58.2%	58.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	5	7	0	0	0	0	0	0	5	7	12
75 to 84	3	12	0	0	0	0	0	0	3	12	15
85+	3	13	0	0	0	0	0	0	3	13	16
TOTALS	13	36	0	0	0	0	0	0	13	36	49

WILLOW ROSE REHAB & HEALTH CARE
410 FLETCHER
JERSEYVILLE, IL. 62052

Reference Numbers Facility ID **Health Service Area** 003 **Planning Service Area** 083

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	38	0	0	10	0	49
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	38	0	0	10	0	49

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	130
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	49	0	0	0	49
Race Unknown	0	0	0	0	0
Total	49	0	0	0	49

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	49	0	0	0	49
Ethnicity Unknown	0	0	0	0	0
Total	49	0	0	0	49

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	7.00
Certified Aides	25.00
Other Health Staff	0.00
Non-Health Staff	18.00
Totals	57.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
6.2%	72.3%	0.0%	0.0%	21.5%	100.0%		0.1%
167,299	1,954,461	0	0	582,642	2,704,402	3,697	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WILLOWS HEALTH CARE
4054 ALBRIGHT LANE
ROCKFORD, IL. 61103

Reference Numbers Facility ID 6010037
Health Service Area 001 Planning Service Area 201

Administrator
Debra Ford Adkins

Contact Person and Telephone
DEBRA ADKINS
815 316 1500

Date Completed
4/15/2013

Registered Agent Information
William T Pratt
4141 N Rockton Ave
Rockford, IL 61103

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	15
Blood Disorders	2
*Nervous System Non Alzheimer	14
Alzheimer Disease	20
Mental Illness	37
Developmental Disability	0
Circulatory System	75
Respiratory System	24
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	28
Injuries and Poisonings	7
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	234

Total Residents Diagnosed as Mentally Ill 81

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	91	91	85	91	82	9	0	91
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	202	202	173	202	152	50		
TOTAL BEDS	293	293	258	293	234	59	0	91

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	236
Total Admissions 2011	320
Total Discharges 2011	322
Residents on 12/31/2011	234
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4090	0.0%	5058	15.2%	0	627	18798	0	28573	86.0%	86.0%
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	58475	0	58475	79.3%	79.3%
TOTALS	4090	0.0%	5058	15.2%	0	627	77273	0	87048	81.4%	81.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	1	0	1	1
60 to 64	0	0	0	0	0	0	0	1	0	1	1
65 to 74	1	5	0	0	0	0	0	3	1	8	9
75 to 84	7	12	0	0	0	0	8	24	15	36	51
85+	13	44	0	0	0	0	41	74	54	118	172
TOTALS	21	61	0	0	0	0	49	103	70	164	234

WILLOWS HEALTH CARE
4054 ALBRIGHT LANE
ROCKFORD, IL. 61103

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	10	0	0	59	0	82
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	152	0	152
TOTALS	13	10	0	0	211	0	234

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	236
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	123	72

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	79	0	0	152	231
Race Unknown	1	0	0	0	1
Total	82	0	0	152	234

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	81	0	0	152	233
Ethnicity Unknown	1	0	0	0	1
Total	82	0	0	152	234

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.00
LPN's	22.00
Certified Aides	97.00
Other Health Staff	8.00
Non-Health Staff	126.00
Totals	276.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
15.8%	3.5%	0.0%	1.7%	79.1%	100.0%		0.0%
2,291,065	503,347	0	247,901	11,486,554	14,528,867	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WILSON CARE
4544 NORTH HAZEL STREET
CHICAGO, IL. 60640

Reference Numbers Facility ID 6010045
Health Service Area 006 Planning Service Area 601

Administrator
AUGIE S. BELEY

Contact Person and Telephone
AUGIE S. BELEY
(773) 561-7241

Registered Agent Information
THOMAS WINTER
6840 NORTH LINCOLN AVENUE
SKOKIE, IL 60712

Date Completed
4/9/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	173
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	173
Total Residents Diagnosed as Mentally Ill	173

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	198	198	191	198	173	25	0	198
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	198	198	191	198	173	25	0	198

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	184
Total Admissions 2011	144
Total Discharges 2011	155
Residents on 12/31/2011	173
Identified Offenders	43

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	64533	89.3%	1447	0	683	0	66663	92.2%	92.2%
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%	64533	89.3%	1447	0	683	0	66663	92.2%	92.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	29	9	0	0	0	0	0	0	29	9	38
45 to 59	81	27	0	0	0	0	0	0	81	27	108
60 to 64	15	2	0	0	0	0	0	0	15	2	17
65 to 74	7	2	0	0	0	0	0	0	7	2	9
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	133	40	0	0	0	0	0	0	133	40	173

WILSON CARE
4544 NORTH HAZEL STREET
CHICAGO, IL. 60640

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	172	0	0	1	0	173
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	172	0	0	1	0	173

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	128	128
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	0	5
American Indian	0	0	0	0	0
Black	98	0	0	0	98
Hawaiian/Pacific Isl.	0	0	0	0	0
White	70	0	0	0	70
Race Unknown	0	0	0	0	0
Total	173	0	0	0	173

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	17	0	0	0	17
Non-Hispanic	156	0	0	0	156
Ethnicity Unknown	0	0	0	0	0
Total	173	0	0	0	173

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	7.00
Certified Aides	32.00
Other Health Staff	4.00
Non-Health Staff	49.00
Totals	97.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	78.5%	0.5%	0.0%	21.0%	100.0%		0.0%
0	5,892,930	35,774	0	1,575,049	7,503,753	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WINCHESTER HOUSE NURSING HOME
1125 NORTH MILWAUKEE AVENUE
LIBERTYVILLE, IL. 60048

Reference Numbers Facility ID 6010052
Health Service Area 008 Planning Service Area 097

Administrator
Noreen Zaio

Contact Person and Telephone
Noreen Zaio
847-377-7341

Date Completed
4/19/2013

Registered Agent Information
County Of Lake
18 N County Street
Waukegan, IL 60058

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	65
Mental Illness	0
Developmental Disability	2
Circulatory System	45
Respiratory System	19
Digestive System	5
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	157

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	224	224	181	224	157	67	360	360
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	224	224	181	224	157	67	360	360

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	160
Total Admissions 2011	238
Total Discharges 2011	241
Residents on 12/31/2011	157
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6909	5.3%	42921	32.7%	13010	0	0	0	62840	76.9%	76.9%
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	6909	5.3%	42921	32.7%	13010	0	0	0	62840	76.9%	76.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	1	3	0	0	0	0	0	0	1	3	4
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	6	10	0	0	0	0	0	0	6	10	16
75 to 84	13	30	0	0	0	0	0	0	13	30	43
85+	12	76	0	0	0	0	0	0	12	76	88
TOTALS	35	122	0	0	0	0	0	0	35	122	157

WINCHESTER HOUSE NURSING HOME
1125 NORTH MILWAUKEE AVENUE
LIBERTYVILLE, IL. 60048

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	107	0	0	35	0	157
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	107	0	0	35	0	157

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	195
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	148	0	0	0	148
Race Unknown	0	0	0	0	0
Total	157	0	0	0	157

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	152	0	0	0	152
Ethnicity Unknown	0	0	0	0	0
Total	157	0	0	0	157

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	10.00
Certified Aides	63.00
Other Health Staff	1.00
Non-Health Staff	30.00
Totals	125.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
25.9%	52.4%	15.6%	0.0%	6.1%	100.0%		0.0%
3,424,852	6,916,302	2,056,269	0	812,282	13,209,707	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WINDMILL NURSING PAVILION
16000 SOUTH WABASH
SOUTH HOLLAND, IL. 60473

Reference Numbers Facility ID 6010078
Health Service Area 007 Planning Service Area 705

Administrator
Annmarie Harrington

Contact Person and Telephone
ANNMARIE HARRINGTON
708-339-0600

Registered Agent Information
MS Services
191 N. Wacker Drive, Suite 1800

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	2
Circulatory System	43
Respiratory System	19
Digestive System	0
Genitourinary System Disorders	16
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	9
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	116

Total Residents Diagnosed as Mentally Ill 20

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	150	150	150	150	116	34	150	150
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	150	150	150	150	116	34	150	150

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	136
Total Admissions 2011	94
Total Discharges 2011	114
Residents on 12/31/2011	116
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3183	5.8%	36027	65.8%	2762	2732	1506	0	46210	84.4%	84.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3183	5.8%	36027	65.8%	2762	2732	1506	0	46210	84.4%	84.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	3	4	0	0	0	0	0	0	3	4	7
65 to 74	7	14	0	0	0	0	0	0	7	14	21
75 to 84	10	26	0	0	0	0	0	0	10	26	36
85+	7	43	0	0	0	0	0	0	7	43	50
TOTALS	29	87	0	0	0	0	0	0	29	87	116

WINDMILL NURSING PAVILION
16000 SOUTH WABASH
SOUTH HOLLAND, IL. 60473

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	108	1	0	3	0	116
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	108	1	0	3	0	116

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	88	0	0	0	88
Hawaiian/Pacific Isl.	0	0	0	0	0
White	28	0	0	0	28
Race Unknown	0	0	0	0	0
Total	116	0	0	0	116

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	116	0	0	0	116
Ethnicity Unknown	0	0	0	0	0
Total	116	0	0	0	116

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	24.00
Certified Aides	48.00
Other Health Staff	6.00
Non-Health Staff	17.00
Totals	103.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
19.8%	77.5%	0.0%	0.0%	2.8%	100.0%		0.0%
1,509,393	5,918,354	0	0	210,395	7,638,142	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WINDSOR PARK MANOR
110 WINDSOR PARK DRIVE
CAROL STREAM, IL. 60188

Reference Numbers Facility ID 6011753
Health Service Area 007 Planning Service Area 703

Administrator
Karen Larson

Contact Person and Telephone
Janet Bland
630.510.5551

Registered Agent Information

Date Completed
5/29/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	3
*Nervous System Non Alzheimer	2
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	21
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	62
Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	80	80	74	80	62	18	32	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	80	80	74	80	62	18	32	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	71
Total Admissions 2011	163
Total Discharges 2011	172
Residents on 12/31/2011	62
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3451	29.5%	0	0.0%	0	401	17301	1375	22528	77.2%	77.2%
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	3451	29.5%	0	0.0%	0	401	17301	1375	22528	77.2%	77.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	1	0	0	0	0	0	0	1	1	2
75 to 84	2	9	0	0	0	0	0	0	2	9	11
85+	9	40	0	0	0	0	0	0	9	40	49
TOTALS	12	50	0	0	0	0	0	0	12	50	62

WINDSOR PARK MANOR
110 WINDSOR PARK DRIVE
CAROL STREAM, IL. 60188

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	0	0	1	45	0	62
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	0	0	1	45	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	352	282
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	62	0	0	0	62
Race Unknown	0	0	0	0	0
Total	62	0	0	0	62

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	62	0	0	0	62
Ethnicity Unknown	0	0	0	0	0
Total	62	0	0	0	62

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	2.32
Certified Aides	23.30
Other Health Staff	2.00
Non-Health Staff	25.10
Totals	64.72

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
18.6%	0.0%	0.0%	0.0%	81.4%	100.0%		8.6%
1,168,486	0	0	0	5,120,637	6,289,123	542,988	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WINFIELD WOODS HEALTHCARE CENTER
28 WEST 141 LIBERTY ROAD
WINFIELD, IL. 60190

Reference Numbers Facility ID 6005334
Health Service Area 007 Planning Service Area 703

Administrator
Deanna Dang

Contact Person and Telephone
DEANNA DANG
Deanna Dang

Date Completed
4/19/2013

Registered Agent Information
Stephen N. Sher, Esq.
5750 Old Orchard Road, Suite 420
SKOKIE, IL 60077

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	2
Mental Illness	87
Developmental Disability	0
Circulatory System	3
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	7
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	125
Total Residents Diagnosed as Mentally Ill	118

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	138	138	138	138	125	13	0	138
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	138	138	138	138	125	13	0	138

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	125
Total Admissions 2011	16
Total Discharges 2011	16
Residents on 12/31/2011	125
Identified Offenders	1

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	42146	83.7%	2146	0	3958	0	48250	95.8%	95.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	42146	83.7%	2146	0	3958	0	48250	95.8%	95.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	28	24	0	0	0	0	0	0	28	24	52
60 to 64	8	13	0	0	0	0	0	0	8	13	21
65 to 74	15	19	0	0	0	0	0	0	15	19	34
75 to 84	2	11	0	0	0	0	0	0	2	11	13
85+	1	4	0	0	0	0	0	0	1	4	5
TOTALS	54	71	0	0	0	0	0	0	54	71	125

WINFIELD WOODS HEALTHCARE CENTER
28 WEST 141 LIBERTY ROAD
WINFIELD, IL. 60190

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	114	0	0	11	0	125
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	114	0	0	11	0	125

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	130
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	119	0	0	0	119
Race Unknown	0	0	0	0	0
Total	125	0	0	0	125

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	123	0	0	0	123
Ethnicity Unknown	0	0	0	0	0
Total	125	0	0	0	125

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	6.00
Certified Aides	25.00
Other Health Staff	1.00
Non-Health Staff	34.00
Totals	75.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	66.1%	0.0%	0.0%	33.9%	100.0%		0.0%
0	3,405,890	0	0	1,747,366	5,153,257	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Name Change	11/30/2012	Formerly Winfield Woods.

WINNING WHEELS
701 EAST 3RD STREET
PROPHETSTOWN, IL. 61277

Reference Numbers Facility ID 6010094
Health Service Area 001 Planning Service Area 195

Administrator
Steve Territo

Contact Person and Telephone
STEVE TERRITO
815-537-5168

Date Completed
4/19/2013

Registered Agent Information
John Guzzardo
701 East Third Street
Prophetstown, IL 61277

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	1
Circulatory System	6
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	52
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	72
Total Residents Diagnosed as Mentally Ill	8

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	80	80	80	76	72	8	80	80
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	80	80	80	76	72	8	80	80

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	79
Total Admissions 2011	25
Total Discharges 2011	32
Residents on 12/31/2011	72
Identified Offenders	7

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	964	3.3%	26025	89.1%	366	0	1053	0	28408	97.3%	97.3%
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	964	3.3%	26025	89.1%	366	0	1053	0	28408	97.3%	97.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	24	3	0	0	0	0	0	0	24	3	27
45 to 59	26	10	0	0	0	0	0	0	26	10	36
60 to 64	3	3	0	0	0	0	0	0	3	3	6
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	56	16	0	0	0	0	0	0	56	16	72

WINNING WHEELS
701 EAST 3RD STREET
PROPHETSTOWN, IL. 61277

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	68	1	0	3	0	72
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	68	1	0	3	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	195
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	64	0	0	0	64
Race Unknown	0	0	0	0	0
Total	72	0	0	0	72

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	71	0	0	0	71
Ethnicity Unknown	0	0	0	0	0
Total	72	0	0	0	72

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	9.00
Certified Aides	39.00
Other Health Staff	7.00
Non-Health Staff	38.00
Totals	99.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
7.3%	85.7%	2.6%	0.0%	4.3%	100.0%		0.0%
366,202	4,272,749	131,073	0	213,530	4,983,554	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WINSTON MANOR CONVALESCENT
2155 WEST PIERCE
CHICAGO, IL. 60622

Reference Numbers Facility ID 6010102
Health Service Area 006 Planning Service Area 602

Administrator
Arleen Batorek

Contact Person and Telephone
ARLEEN BATOREK
773/252-2066

Date Completed
4/18/2013

Registered Agent Information
Marvin Mermelstein
6500 N. Hamlin
Lincolnwood, IL 60712

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	42
Blood Disorders	11
*Nervous System Non Alzheimer	22
Alzheimer Disease	0
Mental Illness	12
Developmental Disability	0
Circulatory System	22
Respiratory System	25
Digestive System	6
Genitourinary System Disorders	6
Skin Disorders	2
Musculo-skeletal Disorders	16
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	169

Total Residents Diagnosed as Mentally Ill 95

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	180	180	172	180	169	11	0	180
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	180	180	172	180	169	11	0	180

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	158
Total Admissions 2011	175
Total Discharges 2011	164
Residents on 12/31/2011	169
Identified Offenders	22

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	61623	93.8%	0	0	62	0	61685	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	0	0.0%	61623	93.8%	0	0	62	0	61685	93.9%	93.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	10	5	0	0	0	0	0	0	10	5	15
45 to 59	42	26	0	0	0	0	0	0	42	26	68
60 to 64	25	24	0	0	0	0	0	0	25	24	49
65 to 74	19	7	0	0	0	0	0	0	19	7	26
75 to 84	5	4	0	0	0	0	0	0	5	4	9
85+	0	2	0	0	0	0	0	0	0	2	2
TOTALS	101	68	0	0	0	0	0	0	101	68	169

WINSTON MANOR CONVALESCENT
2155 WEST PIERCE
CHICAGO, IL. 60622

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	167	0	0	2	0	169
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	167	0	0	2	0	169

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	61	0	0	0	61
Hawaiian/Pacific Isl.	0	0	0	0	0
White	105	0	0	0	105
Race Unknown	0	0	0	0	0
Total	169	0	0	0	169

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	29	0	0	0	29
Non-Hispanic	140	0	0	0	140
Ethnicity Unknown	0	0	0	0	0
Total	169	0	0	0	169

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	1.00
Certified Aides	27.00
Other Health Staff	0.00
Non-Health Staff	37.00
Totals	82.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	99.8%	0.0%	0.0%	0.2%	100.0%		0.0%
0	6,418,771	0	0	13,075	6,431,846	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WOOD GLEN NURSING & REHAB CENTER
30 WEST 300 NORTH AVENUE
WEST CHICAGO, IL. 60185

Reference Numbers Facility ID 6001713
Health Service Area 007 Planning Service Area 703

Administrator
Jeffrey White

Contact Person and Telephone
TRISHA GOODNOUGH
630-876-8100 ext 16

Registered Agent Information

Date Completed
5/29/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	15
Blood Disorders	4
*Nervous System Non Alzheimer	10
Alzheimer Disease	9
Mental Illness	101
Developmental Disability	2
Circulatory System	13
Respiratory System	14
Digestive System	9
Genitourinary System Disorders	2
Skin Disorders	8
Musculo-skeletal Disorders	2
Injuries and Poisonings	3
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	204

Total Residents Diagnosed as Mentally Ill 165

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	207	207	207	207	204	3	207	207
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	207	207	207	207	204	3	207	207

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	197
Total Admissions 2011	68
Total Discharges 2011	61
Residents on 12/31/2011	204
Identified Offenders	8

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1688	2.2%	65014	86.0%	0	170	7000	0	73872	97.8%	97.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1688	2.2%	65014	86.0%	0	170	7000	0	73872	97.8%	97.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	31	16	0	0	0	0	0	0	31	16	47
45 to 59	49	20	0	0	0	0	0	0	49	20	69
60 to 64	16	16	0	0	0	0	0	0	16	16	32
65 to 74	12	20	0	0	0	0	0	0	12	20	32
75 to 84	6	11	0	0	0	0	0	0	6	11	17
85+	3	4	0	0	0	0	0	0	3	4	7
TOTALS	117	87	0	0	0	0	0	0	117	87	204

WOOD GLEN NURSING & REHAB CENTER
30 WEST 300 NORTH AVENUE
WEST CHICAGO, IL. 60185

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	0	165	0	35	0	204
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	0	165	0	35	0	204

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	7	0	0	0	7
American Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pacific Isl.	0	0	0	0	0
White	185	0	0	0	185
Race Unknown	0	0	0	0	0
Total	204	0	0	0	204

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	195	0	0	0	195
Ethnicity Unknown	0	0	0	0	0
Total	204	0	0	0	204

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	5.00
Certified Aides	26.00
Other Health Staff	8.00
Non-Health Staff	33.00
Totals	83.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
6.6%	87.6%	0.0%	0.2%	5.6%	100.0%		0.0%
659,032	8,777,276	0	22,674	564,703	10,023,685	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WOODBRIDGE NURSING PAVILION
2242 NORTH KEDZIE BLVD.
CHICAGO, IL. 60647

Reference Numbers Facility ID 6007074
Health Service Area 006 Planning Service Area 602

Administrator
Philip Birn

Contact Person and Telephone
Philip Birn
773-486-7700

Date Completed
4/9/2013

Registered Agent Information
MS Services
191 N. Wacker Suite 1800
Chicago, IL 60606

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	10
Endocrine/Metabolic	33
Blood Disorders	7
*Nervous System Non Alzheimer	13
Alzheimer Disease	2
Mental Illness	32
Developmental Disability	0
Circulatory System	56
Respiratory System	16
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	3
Musculo-skeletal Disorders	7
Injuries and Poisonings	4
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	202

Total Residents Diagnosed as Mentally Ill 81

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	222	220	212	220	202	20	222	222
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	222	220	212	220	202	20	222	222

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	199
Total Admissions 2011	111
Total Discharges 2011	108
Residents on 12/31/2011	202
Identified Offenders	10

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7765	9.6%	63082	77.9%	855	0	1437	0	73139	90.3%	91.1%
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	7765	9.6%	63082	77.9%	855	0	1437	0	73139	90.3%	91.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	5	4	0	0	0	0	0	0	5	4	9
45 to 59	18	14	0	0	0	0	0	0	18	14	32
60 to 64	19	13	0	0	0	0	0	0	19	13	32
65 to 74	29	21	0	0	0	0	0	0	29	21	50
75 to 84	34	19	0	0	0	0	0	0	34	19	53
85+	11	15	0	0	0	0	0	0	11	15	26
TOTALS	116	86	0	0	0	0	0	0	116	86	202

WOODBRIDGE NURSING PAVILION
2242 NORTH KEDZIE BLVD.
CHICAGO, IL. 60647

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	178	3	0	2	0	202
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	178	3	0	2	0	202

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	32	0	0	0	32
Hawaiian/Pacific Isl.	0	0	0	0	0
White	169	0	0	0	169
Race Unknown	0	0	0	0	0
Total	202	0	0	0	202

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	158	0	0	0	158
Non-Hispanic	44	0	0	0	44
Ethnicity Unknown	0	0	0	0	0
Total	202	0	0	0	202

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	17.00
Certified Aides	72.00
Other Health Staff	14.00
Non-Health Staff	38.00
Totals	156.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
11.0%	86.5%	0.0%	0.0%	2.5%	100.0%		0.0%
1,092,744	8,586,007	0	0	250,702	9,929,453	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WOODSIDE MANOR
120 WEST 26TH STREET
SOUTH CHICAGO HEIGHTS, IL. 60411

Reference Numbers Facility ID 6007991
Health Service Area 007 Planning Service Area 705

Administrator
Marcita Carter

Contact Person and Telephone
MARCITA CARTER
7087565200

Registered Agent Information

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	28
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	18
Mental Illness	22
Developmental Disability	0
Circulatory System	20
Respiratory System	18
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	106

Total Residents Diagnosed as Mentally Ill 35

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	112	112	112	112	106	6	64	112
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	112	112	112	112	106	6	64	112

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	112
Total Admissions 2011	65
Total Discharges 2011	71
Residents on 12/31/2011	106
Identified Offenders	12

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4443	19.0%	34680	84.8%	0	0	944	0	40067	98.0%	98.0%
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	4443	19.0%	34680	84.8%	0	0	944	0	40067	98.0%	98.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	6	4	0	0	0	0	0	0	6	4	10
45 to 59	20	12	0	0	0	0	0	0	20	12	32
60 to 64	15	8	0	0	0	0	0	0	15	8	23
65 to 74	12	8	0	0	0	0	0	0	12	8	20
75 to 84	6	9	0	0	0	0	0	0	6	9	15
85+	3	3	0	0	0	0	0	0	3	3	6
TOTALS	62	44	0	0	0	0	0	0	62	44	106

WOODSIDE MANOR
120 WEST 26TH STREET
SOUTH CHICAGO HEIGHTS, IL. 60411

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	94	0	0	1	0	106
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	94	0	0	1	0	106

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	142	142
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	60	0	0	0	60
Hawaiian/Pacific Isl.	0	0	0	0	0
White	42	0	0	0	42
Race Unknown	3	0	0	0	3
Total	106	0	0	0	106

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	102	0	0	0	102
Ethnicity Unknown	0	0	0	0	0
Total	106	0	0	0	106

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	12.00
Certified Aides	40.00
Other Health Staff	0.00
Non-Health Staff	37.00
Totals	97.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
31.1%	66.4%	0.0%	1.2%	1.4%	100.0%		0.0%
2,165,039	4,628,227	0	82,902	94,381	6,970,549	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

WYNSCAPE
2180 MANCHESTER ROAD
WHEATON, IL. 60187

Reference Numbers Facility ID 6008361
Health Service Area 007 Planning Service Area 703

Administrator
AIMEE MUSIAL

Contact Person and Telephone
AIMEE MUSIAL
630-665-4330

Date Completed
4/29/2013

Registered Agent Information
National Corporate Research LT
520 S. 2nd Street 403
Des Moines, IA 50309

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	4
*Nervous System Non Alzheimer	2
Alzheimer Disease	1
Mental Illness	1
Developmental Disability	0
Circulatory System	23
Respiratory System	12
Digestive System	6
Genitourinary System Disorders	5
Skin Disorders	3
Musculo-skeletal Disorders	11
Injuries and Poisonings	10
Other Medical Conditions	15
Non-Medical Conditions	16
TOTALS	113

Total Residents Diagnosed as Mentally Ill 1

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	209	209	132	209	113	96	199	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	209	209	132	209	113	96	199	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	105
Total Admissions 2011	649
Total Discharges 2011	641
Residents on 12/31/2011	113
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	18194	25.0%	2687	0.0%	0	1687	18817	0	41385	54.3%	54.3%
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	18194	25.0%	2687	0.0%	0	1687	18817	0	41385	54.3%	54.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	2	0	0	0	0	0	0	0	2	2
45 to 59	1	2	0	0	0	0	0	0	1	2	3
60 to 64	3	4	0	0	0	0	0	0	3	4	7
65 to 74	6	13	0	0	0	0	0	0	6	13	19
75 to 84	14	28	0	0	0	0	0	0	14	28	42
85+	20	20	0	0	0	0	0	0	20	20	40
TOTALS	44	69	0	0	0	0	0	0	44	69	113

WYNSCAPE
2180 MANCHESTER ROAD
WHEATON, IL. 60187

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	44	6	0	6	57	0	113
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	44	6	0	6	57	0	113

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	275	260
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	110	0	0	0	110
Race Unknown	0	0	0	0	0
Total	113	0	0	0	113

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	113	0	0	0	113
Ethnicity Unknown	0	0	0	0	0
Total	113	0	0	0	113

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	41.30
LPN's	11.00
Certified Aides	61.00
Other Health Staff	16.00
Non-Health Staff	54.00
Totals	186.30

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
66.1%	2.7%	0.0%	4.4%	26.8%	100.0%		0.0%
9,357,849	379,795	0	626,313	3,794,352	14,158,310	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.

ZACHARY HOUSE
1102 EAST AVENUE
STREAMWOOD, IL. 60107

Reference Numbers Facility ID 6015002
Health Service Area 007 Planning Service Area 701

Administrator
Donita A. Link

Contact Person and Telephone
ROBIN WITT
847-397-0055

Date Completed
3/30/2013

Registered Agent Information
Byrn T. Witt
747 S. Arlington Heights Road
Arlington Heights, IL 60005

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	16	16	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	16
Total Admissions 2011	1
Total Discharges 2011	1
Residents on 12/31/2011	16
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds 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			5643	96.6%	0	0	0	0	5643	96.6%	96.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5643	96.6%	0	0	0	0	5643	96.6%	96.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	2	0	0	6	2	8
45 to 59	0	0	0	0	4	3	0	0	4	3	7
60 to 64	0	0	0	0	0	1	0	0	0	1	1
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	10	6	0	0	10	6	16

ZACHARY HOUSE
1102 EAST AVENUE
STREAMWOOD, IL. 60107

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		16	0	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	177	138
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	15	0	15
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	15	0	15
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	6.00
Other Health Staff	0.50
Non-Health Staff	1.50
Totals	9.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	773	0	0	0	773	0	

*Charity Care Expense does not include expenses which may be considered a community benefit.