

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
2006 LONG-TERM CARE FACILITY PROFILES
PREFACE**

All long term care facilities in Illinois are required to complete the annual Long-Term Care Facility Questionnaire in accordance with the Illinois Health Facilities Planning Act (20 ILCS 3960/). The questionnaire was sent by e-mail or regular mail to all long term care facilities in the Illinois Health Facilities Inventory by February 23, 2007 with a return date of April 12, 2007. Facilities that did not return their questionnaires by April 12, 2007 received a certified letter informing them that they had been put on our non-compliance list and that referrals would be made to the Health Facilities Planning Board for the issuance of fine, for those facilities who did not submit their complete questionnaires by April 30, 2007.

Differences from Previous LTC Questionnaires

Part II of the questionnaire is different from past years, in asking for the most recent fiscal year information rather than calendar year data. In addition, financial questions have been standardized between the ASTC, Long Term Care and Hospital questionnaires.

Validation and Compilation of Data

Once submitted, the questionnaires are checked for data irregularities in regards to low occupancy rates, room rates, staffing and matching of patients on the last day of the year. Facilities with irregularity in room rates, staffing and matching numbers for patients automatically received calls from staff. Low occupancy rates (anything less than 65 percent) are checked against the previous year profile to see if it is a trend. If not, the facility is then called by staff to verify the total patient days for the calendar year.

Summary reports are run to make sure data matches in the appropriate places and averages for any data are in acceptable ranges. If not, suspect data is identified and either verified or corrected by the appropriate facility.

Data for patient days is for the entire calendar year. Staffing numbers are for all full time equivalent employee positions for the first pay period of December. All patient demographic information is for residents in the facility on December 31, 2007.

At the time of this posting, the financial data collection and data validation is not complete. Results of the Part-II will be posted at the later time.

2006 ILLINOIS DEPARTMENT OF PUBLIC HEALTH
LONG-TERM CARE FACILITY PROFILES
MISSING DATA REPORT

This current version of the 2006 Long Term Care Facility Profiles does not include the following facilities:

OAK MANOR HEALTH CARE, DECATUR -- Health Service Area 004 Planning Service Area 115

PARK AVENUE HEALTH CARE HOME, HERRIN -- Health Service Area 005 Planning Service Area 199

MERIDIAN MANOR HOME, MOUNDS -- Health Service Area 005 Planning Service Area 003

SUMNER CARE AND REHAB CENTER, SUMNER -- Health Service Area 005 Planning Service Area 101

SENIOR MANOR, SPARTA -- Health Service Area 005 Planning Service Area 157

MAXWELL MANOR, CHICAGO -- Health Service Area 006 Planning Service Area 603

EMEREALD PARK HEALTHCARE CENTER, EVERGREEN PARK -- Health Service Area 007 Planning Service Area 705

KANKAKEE NURSING & REHAB CTR, KANKAKEE -- Health Service Area 009 Planning Service Area 091

RENAISSANCE AT BELLEVILLE, BELLEVILLE -- Health Service Area 011 Planning Service Area 163

HEALTH SERVICE AREA	001	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
State of Illinois		Aggressive/Anti-Social 49	DIAGNOSIS
TOTAL FACILITIES	95	Chronic Alcoholism 61	Neoplasms 119
HOSPITAL BASED UNITS	3	Developmentally Disabled 26	Endocrine/Metabolic 431
FREE STANDING FACILITIES	92	Drug Addiction 67	Blood Disorders 37
FACILITIES LICENSED FOR:		Medicaid Recipient 4	*Nervous System 354
NURSING CARE BEDS ONLY	50	Medicare Recipient 17	Alzheimer Disease 661
SHELTERED CARE BEDS ONLY	0	Mental Illness 36	Mental Illness 567
DD CARE BEDS ONLY	32	Non-Ambulatory 6	Developmental Disability 695
MULTI-LICENSED FACILITIES	13	Non-Mobile 6	Circulatory System 1098
FACILITIES REPORTED BY OWNERSHIP TYPE		Public Aid Recipient 6	Respiratory System 351
GOVERNMENTAL OWNERSHIP	5	Under 65 Years Old 4	Digestive System 147
NON-PROFIT OWNERSHIP	54	Unable to Self-Medicare 5	Genitourinary System Disorders 134
FOR PROFIT OWNERSHIP	36	Ventilator Dependent 70	Skin Disorders 32
		Infectious Disease w/ Isolation 23	Musculo-skeletal Disorders 466
		Other Restrictions 9	Injuries and Poisonings 256
		No Restrictions 10	Other Medical Conditions 362
			Non-Medical Conditions 18
			TOTALS 5728

Note: Reported restrictions denoted by 'I'

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	6038	5960	5196	5919	4591	1447	2885	5553	5862	9269
Skilled Under 22	178	177	164	84	164	14		172		
Intermediate DD	504	504	503	504	498	6		504		
Sheltered Care	669	644	496	638	475	194				9403
TOTAL BEDS	7389	7285	6359	7145	5728	1661	2885	6229		5728

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	199537	18.9%	939739	46.4%	572618	1711894	77.7%	78.7%	
Skilled Under 22			58159	92.6%	396	58555	90.1%	90.6%	
Intermediate DD			178970	97.3%	640	179610	97.6%	97.6%	
Sheltered Care					165351	165351	67.7%	70.3%	
TOTALS	199537	18.9%	1176868	51.8%	739005	2115410	78.4%	79.6%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										GRAND TOTAL
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	33	11	0	0	0	0	33	11	44
18 to 44	93	43	65	44	132	126	0	0	290	213	503
45 to 59	170	147	5	6	72	75	0	3	247	231	478
60 to 64	70	83	0	0	27	20	1	1	98	104	202
65 to 74	177	306	0	0	6	17	5	6	194	329	523
75 to 84	396	946	0	0	6	9	26	118	428	1073	1501
85+	437	1723	0	0	1	1	79	236	517	1960	2477
TOTALS	1343	3248	103	61	250	248	111	364	1807	3921	5728

Source: Division of Health Systems Development
 Illinois Department of Public Health
 525 West Jefferson
 Springfield, Illinois Phone: 217/782-3516

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA

001

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	476	2596	21	72	1423	3	4591
Skilled Under 22	0	163	0	0	1	0	164
ICF/DD		458	38	0	2	0	498
Sheltered Care			0	4	453	18	475
TOTALS	476	3217	59	76	1879	21	5728

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	173	152
Skilled Under 22	170	171
Intermediate DD	163	156
Shelter	104	96

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	6	1	3	0	10
Amer. Indian	1	0	0	0	1
Black	184	25	62	0	271
Hawaiian/Pac. Isl.	0	0	1	0	1
White	4397	130	429	475	5431
Race Unknown	3	8	3	0	14
Total	4591	164	498	475	5728

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	48	11	29	0	88
Non-Hispanic	4337	153	457	445	5392
Ethnicity Unknown	206	0	12	30	248
Total	4591	164	498	475	5728

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	81.25
Physicians	1.20
Director of Nursing	66.50
Registered Nurses	396.25
LPN's	599.64
Certified Aides	2401.28
Other Health Staff	286.26
Non-Health Staff	1947.62
Totals	5780.00

HEALTH SERVICE AREA

002

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	790	3543	36	168	2128	0	6665
Skilled Under 22	0	57	0	0	0	0	57
ICF/DD		620	0	0	2	0	622
Sheltered Care			0	2	138	0	140
TOTALS	790	4220	36	170	2268	0	7484

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	183	160
Skilled Under 22	189	189
Intermediate DD	130	118
Shelter	114	101

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	1	2	0	5
Amer. Indian	5	0	1	0	6
Black	206	25	51	0	282
Hawaiian/Pac. Isl.	1	0	0	0	1
White	6438	31	568	140	7177
Race Unknown	13	0	0	0	13
Total	6665	57	622	140	7484

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	30	3	4	0	37
Non-Hispanic	6213	54	603	121	6991
Ethnicity Unknown	422	0	15	19	456
Total	6665	57	622	140	7484

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	108.12
Physicians	0.03
Director of Nursing	94.00
Registered Nurses	551.02
LPN's	830.03
Certified Aides	3038.70
Other Health Staff	635.67
Non-Health Staff	2236.42
Totals	7493.99

HEALTH SERVICE AREA	003	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
State of Illinois		Aggressive/Anti-Social 62	DIAGNOSIS
TOTAL FACILITIES	102	Chronic Alcoholism 58	Neoplasms 123
HOSPITAL BASED UNITS	7	Developmentally Disabled 42	Endocrine/Metabolic 491
FREE STANDING FACILITIES	95	Drug Addiction 64	Blood Disorders 52
FACILITIES LICENSED FOR:		Medicaid Recipient 8	*Nervous System 393
NURSING CARE BEDS ONLY	66	Medicare Recipient 25	Alzheimer Disease 832
SHELTERED CARE BEDS ONLY	0	Mental Illness 28	Mental Illness 521
DD CARE BEDS ONLY	27	Non-Ambulatory 5	Developmental Disability 503
MULTI-LICENSED FACILITIES	9	Non-Mobile 7	Circulatory System 1256
FACILITIES REPORTED BY OWNERSHIP TYPE		Public Aid Recipient 4	Respiratory System 412
GOVERNMENTAL OWNERSHIP	5	Under 65 Years Old 3	Digestive System 138
NON-PROFIT OWNERSHIP	45	Unable to Self-Medicare 4	Genitourinary System Disorders 154
FOR PROFIT OWNERSHIP	52	Ventilator Dependent 81	Skin Disorders 61
		Infectious Disease w/ Isolation 27	Musculo-skeletal Disorders 462
		Other Restrictions 7	Injuries and Poisonings 222
		No Restrictions 10	Other Medical Conditions 687
			Non-Medical Conditions 127
			TOTALS 6434

Note: Reported restrictions denoted by 'I'

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	7761	7457	6395	7289	5728	2033	4007	6786	6595	
Skilled Under 22	0	0	0	0	0	0		0	8882	
Intermediate DD	479	479	477	479	465	14		479		
Sheltered Care	453	419	255	385	241	212				
TOTAL BEDS	8693	8355	7127	8153	6434	2259	4007	7265	9043	6434

LEVEL OF CARE	FACILITY UTILIZATION - 2006									
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE									
	Medicare		Medicaid		Other		TOTAL	Licensed Beds		Peak Beds Set Up
Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	Occ. Pct.
Nursing Care	224885	15.4%	1100818	44.4%	758613	2084316	73.6%	76.6%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			168739	96.5%	1387	170126	97.3%	97.3%		
Sheltered Care					76100	76100	46.0%	49.8%		
TOTALS	224885	15.4%	1269557	47.9%	836100	2330542	73.5%	76.4%		

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	2	0	0	0	1	0	0	0	3	3
18 to 44	27	26	0	0	107	84	0	0	134	110	244
45 to 59	161	118	0	0	143	55	1	1	305	174	479
60 to 64	93	106	0	0	17	15	5	0	115	121	236
65 to 74	274	361	0	0	5	10	11	4	308	375	683
75 to 84	575	1148	0	0	5	4	27	50	607	1202	1809
85+	652	2175	0	0	0	1	21	131	673	2307	2980
TOTALS	1782	3936	0	0	295	170	65	186	2142	4292	6434

Source: Division of Health Systems Development
 Illinois Department of Public Health
 525 West Jefferson
 Springfield, Illinois Phone: 217/782-3516

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA

003

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	582	2966	2	52	2127	0	5729
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		461	1	0	3	0	465
Sheltered Care			0	0	240	0	240
TOTALS	582	3427	3	52	2370	0	6434

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	158	134
Skilled Under 22	0	0
Intermediate DD	142	114
Shelter	112	99

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	0	2	0	4
Amer. Indian	1	0	0	0	1
Black	158	0	29	1	188
Hawaiian/Pac. Isl.	2	0	0	0	2
White	5565	0	434	239	6238
Race Unknown	1	0	0	0	1
Total	5729	0	465	241	6434

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	7	1	13
Non-Hispanic	5525	0	458	224	6207
Ethnicity Unknown	199	0	0	15	214
Total	5729	0	465	240	6434

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	86.27
Physicians	4.20
Director of Nursing	79.00
Registered Nurses	327.21
LPN's	930.74
Certified Aides	2472.27
Other Health Staff	383.58
Non-Health Staff	2102.41
Totals	6385.67

HEALTH SERVICE AREA	004	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
State of Illinois		Aggressive/Anti-Social 50	DIAGNOSIS
TOTAL FACILITIES	112	Chronic Alcoholism 54	Neoplasms 158
HOSPITAL BASED UNITS	5	Developmentally Disabled 36	Endocrine/Metabolic 455
FREE STANDING FACILITIES	107	Drug Addiction 59	Blood Disorders 79
FACILITIES LICENSED FOR:		Medicaid Recipient 7	*Nervous System 442
NURSING CARE BEDS ONLY	79	Medicare Recipient 5	Alzheimer Disease 1026
SHELTERED CARE BEDS ONLY	0	Mental Illness 40	Mental Illness 548
DD CARE BEDS ONLY	23	Non-Ambulatory 7	Developmental Disability 515
MULTI-LICENSED FACILITIES	10	Non-Mobile 8	Circulatory System 1520
FACILITIES REPORTED BY OWNERSHIP TYPE		Public Aid Recipient 5	Respiratory System 452
GOVERNMENTAL OWNERSHIP	5	Under 65 Years Old 2	Digestive System 151
NON-PROFIT OWNERSHIP	37	Unable to Self-Medicare 8	Genitourinary System Disorders 157
FOR PROFIT OWNERSHIP	70	Ventilator Dependent 83	Skin Disorders 55
		Infectious Disease w/ Isolation 24	Musculo-skeletal Disorders 592
		Other Restrictions 6	Injuries and Poisonings 256
		No Restrictions 19	Other Medical Conditions 648
			Non-Medical Conditions 41
			TOTALS 7095

Note: Reported restrictions denoted by 'I'

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2006		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	8414	8008	7067	7941	6453	1961	5258	7405	7103	Total Admissions 2006 11080
Skilled Under 22	123	123	115	123	110	13		123		Total Discharges 2006 11088
Intermediate DD	334	334	331	334	327	7		334		Residents on 12/31/2006 7095
Sheltered Care	437	292	234	281	205	232				
TOTAL BEDS	9308	8757	7747	8679	7095	2213	5258	7862		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	282108	14.7%	1259553	46.6%	804502	2346163	76.4%	80.3%	
Skilled Under 22			40897	91.1%	730	41627	92.7%	92.7%	
Intermediate DD			117243	96.2%	601	117844	96.7%	96.7%	
Sheltered Care					76632	76632	48.0%	71.9%	
TOTALS	282108	14.7%	1417693	49.4%	882465	2582266	76.0%	80.8%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	15	12	0	0	0	0	15	12	27
18 to 44	54	34	36	33	80	66	0	0	170	133	303
45 to 59	186	164	5	4	60	54	1	1	252	223	475
60 to 64	90	128	1	2	14	16	0	1	105	147	252
65 to 74	281	400	2	0	5	14	0	23	295	437	732
75 to 84	576	1389	0	0	5	5	11	42	592	1436	2028
85+	573	2578	0	0	1	0	26	100	600	2678	3278
TOTALS	1760	4693	59	51	172	155	38	167	2029	5066	7095

Source: Division of Health Systems Development
 Illinois Department of Public Health
 525 West Jefferson
 Springfield, Illinois Phone: 217/782-3516

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 004

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	754	3434	49	108	2077	31	6453
Skilled Under 22	0	108	0	0	2	0	110
ICF/DD		326	0	0	1	0	327
Sheltered Care			7	0	185	13	205
TOTALS	754	3868	56	108	2265	44	7095

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	153	134
Skilled Under 22	200	0
Intermediate DD	154	135
Shelter	117	105

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	8	1	2	0	11
Amer. Indian	3	0	0	0	3
Black	291	23	25	1	340
Hawaiian/Pac. Isl.	3	0	0	0	3
White	6143	86	300	204	6733
Race Unknown	5	0	0	0	5
Total	6453	110	327	205	7095

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	15	3	2	0	20
Non-Hispanic	6092	107	325	205	6729
Ethnicity Unknown	346	0	0	0	346
Total	6453	110	327	205	7095

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	99.06
Physicians	4.05
Director of Nursing	88.75
Registered Nurses	436.68
LPN's	762.74
Certified Aides	2721.67
Other Health Staff	285.74
Non-Health Staff	2557.91
Totals	6956.60

HEALTH SERVICE AREA

005

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	679	3397	55	36	1517	0	5684
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		936	0	0	2	0	938
Sheltered Care			0	0	0	0	0
TOTALS	679	4333	55	36	1519	0	6622

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	118	100
Skilled Under 22	0	0
Intermediate DD	131	115
Shelter	170	90

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	4	0	1	0	5
Amer. Indian	1	0	0	0	1
Black	162	0	138	0	300
Hawaiian/Pac. Isl.	0	0	0	0	0
White	5516	0	799	0	6315
Race Unknown	1	0	0	0	1
Total	5684	0	938	0	6622

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	13	0	16
Non-Hispanic	5374	0	910	0	6284
Ethnicity Unknown	307	0	15	0	322
Total	5684	0	938	0	6622

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	118.20
Physicians	1.25
Director of Nursing	95.50
Registered Nurses	389.63
LPN's	730.73
Certified Aides	2794.70
Other Health Staff	391.80
Non-Health Staff	1938.13
Totals	6459.94

HEALTH SERVICE AREA	006	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
State of Illinois		Aggressive/Anti-Social 58	DIAGNOSIS
		Chronic Alcoholism 48	Neoplasms 454
TOTAL FACILITIES	121	Developmentally Disabled 58	Endocrine/Metabolic 1499
HOSPITAL BASED UNITS	7	Drug Addiction 66	Blood Disorders 365
FREE STANDING FACILITIES	114	Medicaid Recipient 10	*Nervous System 721
FACILITIES LICENSED FOR:		Medicare Recipient 5	Alzheimer Disease 1031
NURSING CARE BEDS ONLY	91	Mental Illness 44	Mental Illness 4239
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory 26	Developmental Disability 935
DD CARE BEDS ONLY	20	Non-Mobile 28	Circulatory System 2094
MULTI-LICENSED FACILITIES	10	Public Aid Recipient 7	Respiratory System 1025
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old 8	Digestive System 417
GOVERNMENTAL OWNERSHIP	2	Unable to Self-Medicare 15	Genitourinary System Disorders 318
NON-PROFIT OWNERSHIP	39	Ventilator Dependent 89	Skin Disorders 245
FOR PROFIT OWNERSHIP	80	Infectious Disease w/ Isolation 30	Musculo-skeletal Disorders 619
		Other Restrictions 17	Injuries and Poisonings 204
		No Restrictions 3	Other Medical Conditions 762
			Non-Medical Conditions 27
			TOTALS 14955

Note: Reported restrictions denoted by 'I'

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	17034	16706	15067	16548	13969	3065	9136	16068	15046	
Skilled Under 22	303	263	251	263	243	60		249	24216	
Intermediate DD	589	589	566	589	534	55		613	24307	
Sheltered Care	399	333	220	324	209	190			14955	
TOTAL BEDS	18325	17891	16104	17724	14955	3370	9136	16930		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	474961	14.2%	4158351	70.9%	407682	5040994	81.1%	82.7%	
Skilled Under 22			67128	73.9%	17094	84222	76.2%	87.7%	
Intermediate DD			197213	88.1%	730	197943	92.1%	92.1%	
Sheltered Care					74509	74509	51.2%	61.3%	
TOTALS	474961	14.2%	4422692	71.6%	500015	5397668	80.7%	82.7%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	61	51	0	0	0	0	61	51	112
18 to 44	1055	560	70	51	165	203	0	0	1290	814	2104
45 to 59	2425	1187	4	5	65	78	0	0	2494	1270	3764
60 to 64	688	490	0	0	7	4	0	1	695	495	1190
65 to 74	1110	1036	1	0	0	1	3	2	1124	1039	2163
75 to 84	1120	1687	0	0	0	0	17	46	1137	1733	2870
85+	641	1970	0	0	1	0	17	123	659	2093	2752
TOTALS	7039	6930	136	107	248	286	37	172	7460	7495	14955

Source: Division of Health Systems Development
 Illinois Department of Public Health
 525 West Jefferson
 Springfield, Illinois Phone: 217/782-3516

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 006

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1163	11664	176	60	884	22	13969
Skilled Under 22	0	195	41	0	7	0	243
ICF/DD		532	0	0	2	0	534
Sheltered Care			0	0	199	10	209
TOTALS	1163	12391	217	60	1092	32	14955

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	176	163
Skilled Under 22	267	267
Intermediate DD	172	167
Shelter	119	77

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	407	8	5	1	421
Amer. Indian	137	0	0	0	137
Black	7034	112	152	2	7300
Hawaiian/Pac. Isl.	22	0	4	0	26
White	6233	123	359	206	6921
Race Unknown	136	0	14	0	150
Total	13969	243	534	209	14955

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1027	34	25	0	1086
Non-Hispanic	12725	209	505	209	13648
Ethnicity Unknown	217	0	4	0	221
Total	13969	243	534	209	14955

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	143.25
Physicians	24.58
Director of Nursing	110.50
Registered Nurses	1041.94
LPN's	1158.06
Certified Aides	4526.53
Other Health Staff	893.56
Non-Health Staff	4264.24
Totals	12162.64

HEALTH SERVICE AREA	007	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
State of Illinois		Aggressive/Anti-Social 138	DIAGNOSIS
		Chronic Alcoholism 129	Neoplasms 535
TOTAL FACILITIES	215	Developmentally Disabled 113	Endocrine/Metabolic 1676
HOSPITAL BASED UNITS	7	Drug Addiction 150	Blood Disorders 312
FREE STANDING FACILITIES	208	Medicaid Recipient 24	*Nervous System 1430
FACILITIES LICENSED FOR:		Medicare Recipient 26	Alzheimer Disease 2870
NURSING CARE BEDS ONLY	148	Mental Illness 107	Mental Illness 3507
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory 5	Developmental Disability 1441
DD CARE BEDS ONLY	37	Non-Mobile 10	Circulatory System 4064
MULTI-LICENSED FACILITIES	30	Public Aid Recipient 25	Respiratory System 1796
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old 17	Digestive System 799
GOVERNMENTAL OWNERSHIP	3	Unable to Self-Medicare 3	Genitourinary System Disorders 769
NON-PROFIT OWNERSHIP	76	Ventilator Dependent 178	Skin Disorders 324
FOR PROFIT OWNERSHIP	136	Infectious Disease w/ Isolation 44	Musculo-skeletal Disorders 1625
		Other Restrictions 15	Injuries and Poisonings 960
		No Restrictions 5	Other Medical Conditions 2405
			Non-Medical Conditions 201
			TOTALS 24714

Note: Reported restrictions denoted by 'I'

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	28884	27602	24845	27083	22598	6286	18623	23969	25019	65739
Skilled Under 22	305	302	293	156	249	56		303		
Intermediate DD	1004	1001	984	1000	959	45		972		
Sheltered Care	1369	1204	1012	1164	908	461				66044
TOTAL BEDS	31562	30109	27134	29403	24714	6848	18623	25244		24714

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	1325501	19.5%	4998562	57.1%	2062647	8386710	79.6%	83.2%	
Skilled Under 22			97217	87.9%	1428	98645	88.6%	89.5%	
Intermediate DD			345068	97.3%	2074	347142	94.7%	95.0%	
Sheltered Care					330017	330017	66.0%	75.1%	
TOTALS	1325501	19.5%	5440847	59.0%	2396166	9162514	79.5%	83.4%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	1	2	66	46	0	0	0	0	67	48	115
18 to 44	867	456	73	54	204	172	1	0	1145	682	1827
45 to 59	1845	1205	4	6	219	199	0	1	2068	1411	3479
60 to 64	565	661	0	0	33	35	1	3	599	699	1298
65 to 74	1171	1566	0	0	9	36	10	14	1221	1616	2837
75 to 84	1920	4079	0	0	9	9	69	155	1998	4243	6241
85+	1477	6750	0	0	2	1	138	549	1617	7300	8917
TOTALS	7846	14719	143	106	507	452	219	722	8715	15999	24714

Source: Division of Health Systems Development
 Illinois Department of Public Health
 525 West Jefferson
 Springfield, Illinois Phone: 217/782-3516

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA

007

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3455	13556	224	585	4660	105	22585
Skilled Under 22	0	246	0	0	3	0	249
ICF/DD		920	35	0	4	0	959
Sheltered Care			4	1	841	75	921
TOTALS	3455	14722	263	586	5508	180	24714

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	219	186
Skilled Under 22	220	232
Intermediate DD	156	162
Shelter	140	111

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	472	4	12	9	497
Amer. Indian	26	0	8	0	34
Black	4029	96	132	3	4260
Hawaiian/Pac. Isl.	18	1	10	1	30
White	17826	125	790	907	19648
Race Unknown	211	23	7	4	245
Total	22582	249	959	926	24714

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	634	32	34	3	703
Non-Hispanic	21227	199	925	866	23217
Ethnicity Unknown	724	18	0	52	794
Total	22585	249	959	921	24714

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	242.40
Physicians	75.10
Director of Nursing	194.10
Registered Nurses	2560.92
LPN's	1861.80
Certified Aides	8561.46
Other Health Staff	2324.18
Non-Health Staff	7739.29
Totals	23559.25

HEALTH SERVICE AREA	008	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
State of Illinois		Aggressive/Anti-Social 47	DIAGNOSIS
TOTAL FACILITIES	78	Chronic Alcoholism 38	Neoplasms 118
HOSPITAL BASED UNITS	4	Developmentally Disabled 39	Endocrine/Metabolic 446
FREE STANDING FACILITIES	74	Drug Addiction 46	Blood Disorders 61
FACILITIES LICENSED FOR:		Medicaid Recipient 8	*Nervous System 396
NURSING CARE BEDS ONLY	56	Medicare Recipient 9	Alzheimer Disease 862
SHELTERED CARE BEDS ONLY	0	Mental Illness 37	Mental Illness 1138
DD CARE BEDS ONLY	16	Non-Ambulatory 5	Developmental Disability 547
MULTI-LICENSED FACILITIES	6	Non-Mobile 6	Circulatory System 1203
FACILITIES REPORTED BY OWNERSHIP TYPE		Public Aid Recipient 9	Respiratory System 460
GOVERNMENTAL OWNERSHIP	3	Under 65 Years Old 0	Digestive System 169
NON-PROFIT OWNERSHIP	31	Unable to Self-Medicare 0	Genitourinary System Disorders 220
FOR PROFIT OWNERSHIP	44	Ventilator Dependent 66	Skin Disorders 75
		Infectious Disease w/ Isolation 12	Musculo-skeletal Disorders 592
		Other Restrictions 8	Injuries and Poisonings 193
		No Restrictions 7	Other Medical Conditions 512
			Non-Medical Conditions 22
			TOTALS 7014

Note: Reported restrictions denoted by 'I'

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	8349	8006	6927	7813	6356	1993	4987	6215	6949	Total Admissions 2006 16299
Skilled Under 22	0	0	0	0	0	0		0		Total Discharges 2006 16234
Intermediate DD	530	530	521	530	516	14		527		Residents on 12/31/2006 7014
Sheltered Care	319	232	156	232	142	177				
TOTAL BEDS	9198	8768	7604	8575	7014	2184	4987	6742		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	351485	19.3%	1369161	60.4%	606144	2326790	76.4%	79.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			177166	92.1%	3159	180325	93.2%	93.2%	
Sheltered Care					53640	53640	46.1%	63.3%	
TOTALS	351485	19.3%	1546327	62.8%	662943	2560755	76.3%	80.0%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	179	119	0	0	80	141	0	0	259	260	519
45 to 59	420	298	0	0	77	109	0	0	497	407	904
60 to 64	140	174	0	0	11	32	2	1	153	207	360
65 to 74	359	431	0	0	4	31	1	7	375	469	844
75 to 84	514	1204	0	0	4	14	13	30	531	1248	1779
85+	453	2058	0	0	0	2	22	73	475	2133	2608
TOTALS	2065	4284	0	0	187	329	38	111	2290	4724	7014

Source: Division of Health Systems Development
 Illinois Department of Public Health
 525 West Jefferson
 Springfield, Illinois Phone: 217/782-3516

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA

008

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	886	3752	26	105	1575	12	6356
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		507	0	0	9	0	516
Sheltered Care			3	0	136	3	142
TOTALS	886	4259	29	105	1720	15	7014

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	213	168
Skilled Under 22	0	0
Intermediate DD	160	171
Shelter	120	106

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	75	0	10	1	86
Amer. Indian	11	0	3	0	14
Black	386	0	35	1	422
Hawaiian/Pac. Isl.	5	0	3	0	8
White	5812	0	450	140	6402
Race Unknown	67	0	15	0	82
Total	6356	0	516	143	7014

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	198	0	16	1	215
Non-Hispanic	6150	0	404	141	6695
Ethnicity Unknown	8	0	96	0	104
Total	6356	0	516	142	7014

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	75.00
Physicians	1.45
Director of Nursing	71.00
Registered Nurses	808.73
LPN's	366.45
Certified Aides	2346.77
Other Health Staff	460.07
Non-Health Staff	2311.95
Totals	6441.41

HEALTH SERVICE AREA	009	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
State of Illinois		Aggressive/Anti-Social 39	DIAGNOSIS
TOTAL FACILITIES	54	Chronic Alcoholism 38	Neoplasms 90
HOSPITAL BASED UNITS	1	Developmentally Disabled 17	Endocrine/Metabolic 238
FREE STANDING FACILITIES	53	Drug Addiction 44	Blood Disorders 34
FACILITIES LICENSED FOR:		Medicaid Recipient 1	*Nervous System 199
NURSING CARE BEDS ONLY	26	Medicare Recipient 10	Alzheimer Disease 416
SHELTERED CARE BEDS ONLY	0	Mental Illness 14	Mental Illness 750
DD CARE BEDS ONLY	24	Non-Ambulatory 7	Developmental Disability 279
MULTI-LICENSED FACILITIES	4	Non-Mobile 5	Circulatory System 839
FACILITIES REPORTED BY OWNERSHIP TYPE		Public Aid Recipient 4	Respiratory System 239
GOVERNMENTAL OWNERSHIP	2	Under 65 Years Old 1	Digestive System 106
NON-PROFIT OWNERSHIP	29	Unable to Self-Medicare 0	Genitourinary System Disorders 123
FOR PROFIT OWNERSHIP	23	Ventilator Dependent 48	Skin Disorders 42
		Infectious Disease w/ Isolation 23	Musculo-skeletal Disorders 233
		Other Restrictions 6	Injuries and Poisonings 126
		No Restrictions 1	Other Medical Conditions 280
			Non-Medical Conditions 3
			TOTALS 3997

Note: Reported restrictions denoted by 'I'

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	4338	4224	3934	4208	3652	686	2276	3375	3938	5723
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	272	272	265	256	256	16		272		
Sheltered Care	155	155	90	112	89	66				
TOTAL BEDS	4765	4651	4289	4576	3997	768	2276	3647		5664

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	153780	18.5%	779277	63.3%	375464	1308521	82.6%	84.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			84457	85.1%	849	85306	85.9%	85.9%	
Sheltered Care					31277	31277	55.3%	55.3%	
TOTALS	153780	18.5%	863734	64.9%	407590	1425104	81.9%	83.9%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	145	82	0	0	56	41	0	0	201	123	324
45 to 59	314	185	0	0	79	40	0	0	393	225	618
60 to 64	107	92	0	0	16	12	0	1	123	105	228
65 to 74	213	245	0	0	2	4	1	5	218	254	472
75 to 84	337	597	0	0	2	1	8	23	347	621	968
85+	305	1030	0	0	0	1	11	40	316	1071	1387
TOTALS	1421	2231	0	0	157	99	20	69	1598	2399	3997

Source: Division of Health Systems Development
 Illinois Department of Public Health
 525 West Jefferson
 Springfield, Illinois Phone: 217/782-3516

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA

009

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	436	2118	20	24	1054	0	3652
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		256	0	0	0	0	256
Sheltered Care			0	0	89	0	89
TOTALS	436	2374	20	24	1143	0	3997

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	164	144
Skilled Under 22	0	0
Intermediate DD	172	164
Shelter	98	85

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	11	0	0	0	11
Amer. Indian	2	0	1	0	3
Black	505	0	44	1	550
Hawaiian/Pac. Isl.	4	0	0	0	4
White	3113	0	210	88	3411
Race Unknown	17	0	1	0	18
Total	3652	0	256	90	3997

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	65	0	8	1	74
Non-Hispanic	3167	0	248	65	3480
Ethnicity Unknown	420	0	0	23	443
Total	3652	0	256	89	3997

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	47.00
Physicians	4.00
Director of Nursing	29.40
Registered Nurses	308.80
LPN's	367.18
Certified Aides	1385.37
Other Health Staff	218.31
Non-Health Staff	1433.09
Totals	3793.15

HEALTH SERVICE AREA	010	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
State of Illinois		Aggressive/Anti-Social 13	DIAGNOSIS
		Chronic Alcoholism 11	Neoplasms 47
TOTAL FACILITIES	24	Developmentally Disabled 7	Endocrine/Metabolic 166
HOSPITAL BASED UNITS	3	Drug Addiction 12	Blood Disorders 26
FREE STANDING FACILITIES	21	Medicaid Recipient 2	*Nervous System 149
FACILITIES LICENSED FOR:		Medicare Recipient 2	Alzheimer Disease 267
NURSING CARE BEDS ONLY	17	Mental Illness 8	Mental Illness 115
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory 0	Developmental Disability 113
DD CARE BEDS ONLY	5	Non-Mobile 0	Circulatory System 345
MULTI-LICENSED FACILITIES	2	Public Aid Recipient 2	Respiratory System 111
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old 1	Digestive System 35
GOVERNMENTAL OWNERSHIP	5	Unable to Self-Medicare 0	Genitourinary System Disorders 42
NON-PROFIT OWNERSHIP	9	Ventilator Dependent 15	Skin Disorders 14
FOR PROFIT OWNERSHIP	10	Infectious Disease w/ Isolation 4	Musculo-skeletal Disorders 120
		Other Restrictions 2	Injuries and Poisonings 50
		No Restrictions 7	Other Medical Conditions 144
			Non-Medical Conditions 4
			TOTALS 1748

Note: Reported restrictions denoted by 'I'

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2006	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	2006	1975	1754	1975	1571	435	1175	1773	1741	4583
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	104	104	104	104	101	3		120		
Sheltered Care	79	79	78	79	76	3				4576
TOTAL BEDS	2189	2158	1936	2158	1748	441	1175	1893		1748

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	60957	14.2%	307067	47.4%	165841	533865	72.9%	74.1%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			30951	70.7%	5840	36791	96.9%	96.9%	
Sheltered Care					26174	26174	90.8%	90.8%	
TOTALS	60957	14.2%	338018	48.9%	197855	596830	74.7%	75.8%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	20	18	0	0	23	19	0	0	43	37	80
45 to 59	49	50	0	0	21	20	0	0	70	70	140
60 to 64	25	38	0	0	6	6	0	0	31	44	75
65 to 74	74	109	0	0	2	2	1	2	76	113	189
75 to 84	125	290	0	0	2	1	7	13	134	304	438
85+	164	609	0	0	0	0	9	44	173	653	826
TOTALS	457	1114	0	0	53	48	17	59	527	1221	1748

Source: Division of Health Systems Development
 Illinois Department of Public Health
 525 West Jefferson
 Springfield, Illinois Phone: 217/782-3516

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA

010

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	208	812	2	8	523	18	1571
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		101	0	0	0	0	101
Sheltered Care			0	0	76	0	76
TOTALS	208	913	2	8	599	18	1748

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	169	128
Skilled Under 22	0	0
Intermediate DD	0	130
Shelter	152	142

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	5	0	0	0	5
Amer. Indian	4	0	1	0	5
Black	90	0	7	0	97
Hawaiian/Pac. Isl.	0	0	0	0	0
White	1460	0	93	76	1629
Race Unknown	12	0	0	0	12
Total	1571	0	101	76	1748

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	31	0	3	0	34
Non-Hispanic	1537	0	98	76	1711
Ethnicity Unknown	3	0	0	0	3
Total	1571	0	101	76	1748

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	22.50
Physicians	0.00
Director of Nursing	23.00
Registered Nurses	96.65
LPN's	214.81
Certified Aides	600.48
Other Health Staff	154.08
Non-Health Staff	545.14
Totals	1656.66

HEALTH SERVICE AREA	011	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
State of Illinois		Aggressive/Anti-Social 43	DIAGNOSIS
TOTAL FACILITIES	84	Chronic Alcoholism 42	Neoplasms 115
HOSPITAL BASED UNITS	4	Developmentally Disabled 17	Endocrine/Metabolic 352
FREE STANDING FACILITIES	80	Drug Addiction 47	Blood Disorders 69
FACILITIES LICENSED FOR:		Medicaid Recipient 2	*Nervous System 238
NURSING CARE BEDS ONLY	50	Medicare Recipient 12	Alzheimer Disease 761
SHELTERED CARE BEDS ONLY	0	Mental Illness 14	Mental Illness 401
DD CARE BEDS ONLY	31	Non-Ambulatory 8	Developmental Disability 827
MULTI-LICENSED FACILITIES	3	Non-Mobile 12	Circulatory System 747
FACILITIES REPORTED BY OWNERSHIP TYPE		Public Aid Recipient 6	Respiratory System 350
GOVERNMENTAL OWNERSHIP	1	Under 65 Years Old 2	Digestive System 126
NON-PROFIT OWNERSHIP	40	Unable to Self-Medicare 7	Genitourinary System Disorders 122
FOR PROFIT OWNERSHIP	43	Ventilator Dependent 72	Skin Disorders 41
		Infectious Disease w/ Isolation 29	Musculo-skeletal Disorders 303
		Other Restrictions 7	Injuries and Poisonings 235
		No Restrictions 9	Other Medical Conditions 248
			Non-Medical Conditions 6
			TOTALS 4941

Note: Reported restrictions denoted by 'I'

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2006		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2006	
Nursing Care	5369	5349	4674	5155	4100	1269	2102	4641	4995	
Skilled Under 22	0	0	0	0	0	0		0		8364
Intermediate DD	842	830	802	829	787	55		771		8418
Sheltered Care	114	80	66	72	54	60				4941
TOTAL BEDS	6325	6259	5542	6056	4941	1384	2102	5412		

LEVEL OF CARE	FACILITY UTILIZATION - 2006						TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other				
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days			
Nursing Care	165553	21.6%	908411	53.6%	447770	1521734	77.7%	77.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			272606	96.9%	5931	278537	90.6%	91.9%	
Sheltered Care					21369	21369	51.4%	73.2%	
TOTALS	165553	21.6%	1181017	59.8%	475070	1821640	78.9%	79.7%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	44	36	0	0	170	135	0	0	214	171	385
45 to 59	152	119	0	0	178	161	0	0	330	280	610
60 to 64	75	85	0	0	35	27	0	0	110	112	222
65 to 74	201	278	0	0	11	21	1	1	235	300	535
75 to 84	393	973	0	0	11	10	3	12	407	995	1402
85+	291	1453	0	0	2	4	3	34	296	1491	1787
TOTALS	1156	2944	0	0	429	358	7	47	1592	3349	4941

Source: Division of Health Systems Development
 Illinois Department of Public Health
 525 West Jefferson
 Springfield, Illinois Phone: 217/782-3516

*Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA

011

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	473	2454	14	79	1077	3	4100
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		769	0	0	18	0	787
Sheltered Care			2	0	51	1	54
TOTALS	473	3223	16	79	1146	4	4941

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	152
Skilled Under 22	0	0
Intermediate DD	154	135
Shelter	131	118

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	5	0	5	0	10
Amer. Indian	2	0	0	0	2
Black	604	0	89	1	694
Hawaiian/Pac. Isl.	3	0	2	0	5
White	3484	0	691	53	4228
Race Unknown	2	0	0	0	2
Total	4100	0	787	54	4941

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	14	0	8	0	22
Non-Hispanic	3861	0	675	54	4590
Ethnicity Unknown	225	0	104	0	329
Total	4100	0	787	54	4941

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	78.00
Physicians	17.20
Director of Nursing	59.30
Registered Nurses	239.05
LPN's	603.16
Certified Aides	2016.62
Other Health Staff	410.59
Non-Health Staff	1473.50
Totals	4897.42