

2005 ILLINOIS DEPARTMENT OF PUBLIC HEALTH
LONG-TERM CARE FACILITY PROFILES
MISSING DATA REPORT
OCTOBER 2006

This current version of the 2005 Long Term Care Facility Profiles does not include the following facilities:

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

PARKVIEW CARE CENTER, WEST FRANKFORT -- Health Service Area 005 Planning Service Area 055

REDWOOD MANOR RESID CENTER, SESSER -- Health Service Area 005 Planning Service Area 055

WILLOW OF ELDORADO, THE, ELDORADO -- Health Service Area 005 Planning Service Area 059

PATRICIAN OF VIENNA, VIENNA -- Health Service Area 005 Planning Service Area 087

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

CARMEN MANOR, CHICAGO -- Health Service Area 006 Planning Service Area 601

LINCOLN PARK WEST CARE CENTER, CHICAGO -- Health Service Area 006 Planning Service Area 602

MORROW HEALTH CARE CENTER, CHICAGO -- Health Service Area 006 Planning Service Area 603

THE OAKS OF BURR RIDGE, BURR RIDGE -- Health Service Area 007 Planning Service Area 703

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

ANNA HENRY NURSING HOME, EDWARDSVILLE -- Health Service Area 011 Planning Service Area 119

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

2005 ILLINOIS DEPARTMENT OF PUBLIC HEALTH LONG-TERM CARE FACILITY PROFILES BY HSA SUMMARY

HEALTH SERVICE AREA	001	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
LTC PLANNING AREA		Aggressive/Anti-Social	43	DIAGNOSIS	
State of Illinois		Chronic Alcoholism	62	Neoplasms	97
TOTAL FACILITIES	98	Developmentally Disabled	32	Endocrine/Metabolic	404
HOSPITAL BASED UNITS	4	Drug Addiction	71	Blood Disorders	41
FREE STANDING FACILITIES	94	Medicaid Recipient	6	*Nervous System	349
FACILITIES LICENSED FOR:		Medicare Recipient	7	Alzheimer Disease	674
NURSING CARE BEDS ONLY	51	Mental Illness	45	Mental Illness	569
SHELTERED CARE BEDS ONLY	2	Non-Ambulatory	3	Developmental Disability	788
DD CARE BEDS ONLY	33	Non-Mobile	6	Circulatory System	1241
MULTI-LICENSED FACILITIES	12	Public Aid Recipient	6	Respiratory System	398
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	3	Digestive System	138
GOVERNMENTAL OWNERSHIP	7	Unable to Self-Medicare	4	Genitourinary System Disorders	95
NON-PROFIT OWNERSHIP	54	Other Restrictions	11	Skin Disorders	36
FOR PROFIT OWNERSHIP	37	No Restrictions	8	Musculo-skeletal Disorders	484
				Injuries and Poisonings	264
				Other Medical Conditions	408
				Non-Medical Conditions	99
				TOTALS	6085

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

	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	6067	5905	5308	5900	4862	2853	5635
Skilled Under 22	178	275	167	178	162		172
Intermediate DD	616	605	604	601	598		616
Sheltered Care	691	654	506	646	463		
TOTAL BEDS	7552	7439	6585	7325	6085	2853	6423

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2005

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	28	12	0	0	0	0	28	12	40
18 to 44	123	59	63	47	172	135	0	0	358	241	599
45 to 59	186	168	6	6	103	90	1	3	296	267	563
60 to 64	62	65	0	0	27	23	0	0	89	88	177
65 ro 74	192	276	0	0	12	19	3	8	207	303	510
75 to 84	465	1042	0	0	7	7	26	118	498	1167	1665
85 _Over	442	1782	0	0	1	2	72	232	515	2016	2531
TOTALS	1470	3392	97	65	322	276	102	361	1991	4094	6085

PATIENT DAYS OF CARE - 2005

BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE				TOTAL	License	Set Up
	Medicare	Medicaid	Other		Occ. Pct.	Occ. Pct.
Nursing Care	184416	1019825	585397	1789638	80.8	83.0
SkIUnd22	0	59022	410	59432	91.5	59.2
ICF/DD		216403	365	216768	96.4	98.2
Shelter			179695	179695	71.2	75.3
TOTALS	184416	1295250	765867	2245533	81.5	82.7

PATIENT DAYS BY PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	184416	17.7	1019825	49.6
SkIUnd22			59022	94.0
ICF/DD			216403	96.2
TOTALS	184416	17.7	1295250	55.2

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

Note: Numbers preceding each section refer to the number of the question in the survey.
 *Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 001

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	6117
B. Total Admissions 2005	10585
C. Total Discharges 2005	10617
D. Residents on December 31, 2005	6085

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	482	2782	70	66	1458	4	4862
SklUnd22	0	161	0	0	1	0	162
ICF/DD		596	0	0	2	0	598
Shelter			0	2	451	10	463
TOTALS	482	3539	70	68	1912	14	6085

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	6	2	4	0	12
Indian	2	0	0	0	2
Black	235	23	68	0	326
Hawaiin or Pacific Islander	4	0	2	0	6
White	4577	133	521	463	5694
Unknown	38	4	3	0	45
Total	4862	162	598	463	6085

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	152
Skilled Under 22	197	168
Intermediate DD	153	156
Shelter	102	83

ETHNICITY

	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	49	10	28	0	87
Not Hispanic	4245	151	540	463	5399
Unknown	568	1	30	0	599
Total	4862	162	598	463	6085

RESIDENTS BY AGE GROUP, SEX AND PAYMENT SOURCE- DECEMBER 31, 2005

AGE GROUPS	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	28	12	0	0	0	0	0	0	0	0	28	12	40
18 to 44	6	4	324	221	21	12	3	1	4	3	0	0	358	241	599
45 to 59	9	13	255	228	18	8	4	3	10	14	0	1	296	267	563
60 to 64	5	9	78	68	1	3	1	4	4	4	0	0	89	88	177
65 to 74	32	36	135	224	2	0	4	4	34	39	0	0	207	303	510
75 to 84	76	121	259	608	2	2	8	10	150	423	3	3	498	1167	1665
85 Over	47	124	180	919	0	1	4	22	281	918	3	32	515	2016	2531
TOTALS	175	307	1259	2280	44	26	24	44	483	1401	6	36	1991	4094	6085

STAFFING

EMPLOYMENT CATEGORY FULL-TIME EQUIVALENT

Administrators	112.50
Physicians	6.40
Director of Nursing	71.00
Registered Nurses	450.40
LPN's	587.26
Certified Aides	2468.96
Other Health Staff	329.09
Non-Health Staff	2206.00
Totals	6231.61

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

Note: Numbers preceding each section refer to the number of the question in the survey.
 *Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 002

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	7720
B. Total Admissions 2005	12478
C. Total Discharges 2005	12619
D. Residents on December 31, 2005	7579

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	734	3611	47	85	2242	0	6719
SkIUnd22	0	0	0	0	0	0	0
ICF/DD		676	0	0	1	0	677
Shelter			1	0	179	3	183
TOTALS	734	4287	48	85	2422	3	7579

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	3	0	4	0	7
Indian	8	0	1	0	9
Black	188	0	75	0	263
Hawaiin or Pacific Islander	119	0	0	0	119
White	6358	6	594	183	7141
Unknown	37	0	3	0	40
Total	6713	6	677	183	7579

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	176	153
Skilled Under 22	150	135
Intermediate DD	136	121
Shelter	105	92

ETHNICITY

	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	34	0	8	0	42
Not Hispanic	6056	0	669	183	6908
Unknown	629	0	0	0	629
Total	6719	0	677	183	7579

RESIDENTS BY AGE GROUP, SEX AND PAYMENT SOURCE- DECEMBER 31, 2005

AGE GROUPS	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	6	9	0	0	0	0	0	0	0	0	6	9	15
18 to 44	2	1	253	211	1	0	3	1	0	0	0	0	259	213	472
45 to 59	7	8	336	265	4	1	7	4	10	11	0	0	364	289	653
60 to 64	6	15	126	162	0	0	3	7	12	17	1	0	148	201	349
65 to 74	49	73	208	281	9	3	7	5	57	76	0	1	330	439	769
75 to 84	97	184	282	796	0	5	15	11	218	561	2	3	614	1560	2174
85 Over	72	220	202	1150	0	6	4	18	318	1142	4	11	600	2547	3147
TOTALS	233	501	1413	2874	14	15	39	46	615	1807	7	15	2321	5258	7579

STAFFING

EMPLOYMENT CATEGORY FULL-TIME EQUIVALENT

Administrators	113.71
Physicians	5.10
Director of Nursing	90.00
Registered Nurses	567.08
LPN's	806.87
Certified Aides	3361.27
Other Health Staff	516.27
Non-Health Staff	2532.13
Totals	7992.43

2005 ILLINOIS DEPARTMENT OF PUBLIC HEALTH LONG-TERM CARE FACILITY PROFILES BY HSA SUMMARY

HEALTH SERVICE AREA	003	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA		Aggressive/Anti-Social	41 DIAGNOSIS
State of Illinois		Chronic Alcoholism	45 Neoplasms 128
TOTAL FACILITIES	108	Developmentally Disabled	40 Endocrine/Metabolic 536
HOSPITAL BASED UNITS	8	Drug Addiction	53 Blood Disorders 83
FREE STANDING FACILITIES	100	Medicaid Recipient	10 *Nervous System 389
FACILITIES LICENSED FOR:		Medicare Recipient	15 Alzheimer Disease 969
NURSING CARE BEDS ONLY	67	Mental Illness	32 Mental Illness 586
SHELTERED CARE BEDS ONLY	4	Non-Ambulatory	12 Developmental Disability 779
DD CARE BEDS ONLY	28	Non-Mobile	12 Circulatory System 1341
MULTI-LICENSED FACILITIES	9	Public Aid Recipient	4 Respiratory System 434
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	3 Digestive System 166
GOVERNMENTAL OWNERSHIP	8	Unable to Self-Medicare	8 Genitourinary System Disorders 115
NON-PROFIT OWNERSHIP	46	Other Restrictions	12 Skin Disorders 48
FOR PROFIT OWNERSHIP	54	No Restrictions	17 Musculo-skeletal Disorders 475
			Injuries and Poisonings 186
			Other Medical Conditions 726
			Non-Medical Conditions 281
			TOTALS 7242

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	7895	7511	6618	7585	6078	3893	6863
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	805	741	736	737	725		805
Sheltered Care	689	679	496	625	439		
TOTAL BEDS	9389	8931	7850	8947	7242	3893	7668

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2005

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	12	0	0	0	0	0	0	0	12	0	12
18 to 44	73	54	0	0	183	115	11	12	267	181	448
45 to 59	179	152	0	0	216	89	25	22	420	263	683
60 to 64	94	101	0	0	52	12	6	7	152	120	272
65 ro 74	276	343	0	0	27	18	21	15	324	376	700
75 to 84	601	1166	0	0	5	4	48	69	654	1239	1893
85 _Over	664	2363	0	0	1	3	43	160	708	2526	3234
TOTALS	1899	4179	0	0	484	241	154	285	2537	4705	7242

PATIENT DAYS OF CARE - 2005

BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	221341	1134665	887754	2243760	77.9	81.8
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		261578	1468	263046	89.5	97.3
Shelter			160172	160172	63.7	64.6
TOTALS	221341	1396243	1049394	2666978	77.8	81.8

PATIENT DAYS BY PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.
Nursing	221341	15.6	1134665	45.3
SklUnd22			0	0.0
ICF/DD			261578	89.0
TOTALS	221341	15.6	1396243	49.9

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

Note: Numbers preceding each section refer to the number of the question in the survey.
 *Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 003

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	7450
B. Total Admissions 2005	10232
C. Total Discharges 2005	10440
D. Residents on December 31, 2005	7242

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	629	3056	55	50	2288	0	6078
SkIUnd22	0	0	0	0	0	0	0
ICF/DD		720	0	0	5	0	725
Shelter			31	0	408	0	439
TOTALS	629	3776	86	50	2701	0	7242

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	37	0	5	0	42
Indian	2	0	0	0	2
Black	207	0	52	5	264
Hawaiin or Pacific Islander	1	0	0	1	2
White	5684	0	668	433	6785
Unknown	147	0	0	0	147
Total	6078	0	725	439	7242

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	153	134
Skilled Under 22	0	0
Intermediate DD	128	124
Shelter	87	74

ETHNICITY

	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	12	0	10	1	23
Not Hispanic	5466	0	715	425	6606
Unknown	600	0	0	13	613
Total	6078	0	725	439	7242

RESIDENTS BY AGE GROUP, SEX AND PAYMENT SOURCE- DECEMBER 31, 2005

AGE GROUPS	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	10	0	2	0	0	0	0	0	0	0	12	0	12
18 to 44	19	9	214	143	23	13	0	0	11	16	0	0	267	181	448
45 to 59	17	14	332	205	9	15	2	2	60	27	0	0	420	263	683
60 to 64	5	6	105	95	1	3	4	5	37	11	0	0	152	120	272
65 to 74	40	55	191	253	0	1	12	2	81	65	0	0	324	376	700
75 to 84	65	130	227	653	5	8	3	4	354	444	0	0	654	1239	1893
85 Over	72	197	192	1156	2	4	2	14	440	1155	0	0	708	2526	3234
TOTALS	218	411	1271	2505	42	44	23	27	983	1718	0	0	2537	4705	7242

STAFFING

EMPLOYMENT CATEGORY FULL-TIME EQUIVALENT

Administrators	147.05
Physicians	11.90
Director of Nursing	83.00
Registered Nurses	397.92
LPN's	943.74
Certified Aides	2830.80
Other Health Staff	411.53
Non-Health Staff	2298.40
Totals	7124.34

2005 ILLINOIS DEPARTMENT OF PUBLIC HEALTH LONG-TERM CARE FACILITY PROFILES BY HSA SUMMARY

HEALTH SERVICE AREA	004	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA		Aggressive/Anti-Social	DIAGNOSIS
State of Illinois		Chronic Alcoholism	Neoplasms 133
TOTAL FACILITIES	116	Developmentally Disabled	Endocrine/Metabolic 417
HOSPITAL BASED UNITS	5	Drug Addiction	Blood Disorders 97
FREE STANDING FACILITIES	111	Medicaid Recipient	*Nervous System 459
FACILITIES LICENSED FOR:		Medicare Recipient	Alzheimer Disease 1030
NURSING CARE BEDS ONLY	79	Mental Illness	Mental Illness 612
SHELTERED CARE BEDS ONLY	2	Non-Ambulatory	Developmental Disability 654
DD CARE BEDS ONLY	25	Non-Mobile	Circulatory System 1665
MULTI-LICENSED FACILITIES	10	Public Aid Recipient	Respiratory System 453
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	Digestive System 166
GOVERNMENTAL OWNERSHIP	6	Unable to Self-Medicare	Genitourinary System Disorders 133
NON-PROFIT OWNERSHIP	40	Other Restrictions	Skin Disorders 54
FOR PROFIT OWNERSHIP	70	No Restrictions	Musculo-skeletal Disorders 502
			Injuries and Poisonings 280
			Other Medical Conditions 580
			Non-Medical Conditions 72
			TOTALS 7307

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	8356	8047	7244	7915	6478	4938	7288
Skilled Under 22	123	123	123	123	113		123
Intermediate DD	560	535	497	496	480		501
Sheltered Care	477	320	260	326	236		
TOTAL BEDS	9516	9025	8124	8860	7307	4938	7912

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2005

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	15	16	0	0	0	0	15	16	31
18 to 44	65	37	39	28	132	114	0	0	236	179	415
45 to 59	172	163	6	4	84	80	2	1	264	248	512
60 to 64	85	116	1	3	18	16	1	1	105	136	241
65 ro 74	240	414	3	4	15	12	1	3	259	433	692
75 to 84	572	1443	7	23	6	2	14	84	599	1552	2151
85 _Over	595	2508	3	29	1	0	23	106	622	2643	3265
TOTALS	1729	4681	74	107	256	224	41	195	2100	5207	7307

PATIENT DAYS OF CARE - 2005

BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	266877	1278230	850624	2395731	78.6	81.6
SkIUnd22	41550	0	730	42280	94.2	94.2
ICF/DD		175407	365	175772	86.0	90.0
Shelter			85612	85612	49.2	73.3
TOTALS	308427	1453637	937331	2699395	77.7	81.9

PATIENT DAYS BY PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.
Nursing	266877	14.8	1278230	48.1
SkIUnd22			0	0.0
ICF/DD			175407	95.9
TOTALS	266877	14.8	1453637	50.3

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

Note: Numbers preceding each section refer to the number of the question in the survey.
 *Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 004

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	7301
B. Total Admissions 2005	10518
C. Total Discharges 2005	10512
D. Residents on December 31, 2005	7307

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	706	3525	13	54	2138	42	6478
SkUnd22	0	111	0	0	2	0	113
ICF/DD		479	0	0	1	0	480
Shelter			2	0	220	14	236
TOTALS	706	4115	15	54	2361	56	7307

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	5	1	2	1	9
Indian	2	0	0	0	2
Black	304	22	45	0	371
Hawaii or Pacific Islander	3	0	0	0	3
White	6161	90	419	231	6901
Unknown	4	0	14	3	21
Total	6479	113	480	235	7307

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	151	130
Skilled Under 22	0	159
Intermediate DD	182	143
Shelter	112	98

ETHNICITY

	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	7	3	9	0	19
Not Hispanic	5897	110	471	233	6711
Unknown	574	0	0	3	577
Total	6478	113	480	236	7307

RESIDENTS BY AGE GROUP, SEX AND PAYMENT SOURCE- DECEMBER 31, 2005

AGE GROUPS	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	15	16	0	0	0	0	0	0	0	0	15	16	31
18 to 44	3	0	227	178	0	0	1	0	5	1	0	0	236	179	415
45 to 59	15	7	227	226	5	0	3	4	13	10	1	1	264	248	512
60 to 64	2	4	93	115	0	0	3	3	7	14	0	0	105	136	241
65 to 74	37	69	169	289	4	0	3	6	45	67	1	2	259	433	692
75 to 84	92	186	321	821	2	0	5	11	175	524	4	10	599	1552	2151
85 Over	77	214	248	1170	2	2	3	12	287	1213	5	32	622	2643	3265
TOTALS	226	480	1300	2815	13	2	18	36	532	1829	11	45	2100	5207	7307

STAFFING

EMPLOYMENT CATEGORY FULL-TIME EQUIVALENT

Administrators	228.08
Physicians	2.05
Director of Nursing	94.50
Registered Nurses	431.31
LPN's	738.27
Certified Aides	2695.37
Other Health Staff	612.90
Non-Health Staff	2360.04
Totals	7162.52

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

Note: Numbers preceding each section refer to the number of the question in the survey.
 *Does not include Alzheimer diagnoses.

2005 ILLINOIS DEPARTMENT OF PUBLIC HEALTH LONG-TERM CARE FACILITY PROFILES BY HSA SUMMARY

HEALTH SERVICE AREA	005	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA		Aggressive/Anti-Social	DIAGNOSIS
State of Illinois		Chronic Alcoholism	Neoplasms 110
TOTAL FACILITIES	149	Developmentally Disabled	Endocrine/Metabolic 449
HOSPITAL BASED UNITS	11	Drug Addiction	Blood Disorders 111
FREE STANDING FACILITIES	138	Medicaid Recipient	*Nervous System 287
FACILITIES LICENSED FOR:		Medicare Recipient	Alzheimer Disease 1053
NURSING CARE BEDS ONLY	88	Mental Illness	Mental Illness 779
SHELTERED CARE BEDS ONLY	11	Non-Ambulatory	Developmental Disability 1029
DD CARE BEDS ONLY	50	Non-Mobile	Circulatory System 1308
MULTI-LICENSED FACILITIES	0	Public Aid Recipient	Respiratory System 414
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	Digestive System 133
GOVERNMENTAL OWNERSHIP	13	Unable to Self-Medicare	Genitourinary System Disorders 143
NON-PROFIT OWNERSHIP	30	Other Restrictions	Skin Disorders 62
FOR PROFIT OWNERSHIP	106	No Restrictions	Musculo-skeletal Disorders 389
			Injuries and Poisonings 224
			Other Medical Conditions 566
			Non-Medical Conditions 339
			TOTALS 7396

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	8124	7841	6612	7555	6083	3366	7312
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	1035	1035	1012	1033	974		1082
Sheltered Care	556	549	374	549	339		
TOTAL BEDS	9715	9425	7998	9137	7396	3366	8394

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2005

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	2	0	0	0	0	0	0	0	2	2
18 to 44	228	38	0	0	194	142	42	13	464	193	657
45 to 59	224	123	0	0	210	168	90	31	524	322	846
60 to 64	93	99	0	0	51	42	24	5	168	146	314
65 ro 74	252	404	0	0	65	47	37	13	354	464	818
75 to 84	544	1230	0	0	20	29	17	32	581	1291	1872
85 _Over	536	2310	0	0	3	3	13	22	552	2335	2887
TOTALS	1877	4206	0	0	543	431	223	116	2643	4753	7396

PATIENT DAYS OF CARE - 2005

BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	231249	1241816	726351	2199416	74.2	76.8
SkIUnd22	0	0	0	0	0.0	0.0
ICF/DD		343433	9877	353310	93.5	93.5
Shelter			126755	126755	62.5	63.3
TOTALS	231249	1585249	862983	2679481	75.6	77.9

PATIENT DAYS BY PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.
Nursing	231249	18.8	1241816	46.5
SkIUnd22			0	0.0
ICF/DD			343433	87.0
TOTALS	231249	18.8	1585249	51.7

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

Note: Numbers preceding each section refer to the number of the question in the survey.
 *Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 005

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	7491
B. Total Admissions 2005	10063
C. Total Discharges 2005	10158
D. Residents on December 31, 2005	7396

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	750	3426	250	18	1639	0	6083
SkIUnd22	0	0	0	0	0	0	0
ICF/DD		971	0	0	3	0	974
Shelter			51	0	288	0	339
TOTALS	750	4397	301	18	1930	0	7396

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	8	0	1	0	9
Indian	1	0	0	1	2
Black	289	0	129	31	449
Hawaii or Pacific Islander	0	0	0	0	0
White	5743	0	843	306	6892
Unknown	42	0	1	1	44
Total	6083	0	974	339	7396

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	104
Skilled Under 22	0	0
Intermediate DD	126	112
Shelter	55	46

ETHNICITY

	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	15	0	11	1	27
Not Hispanic	5559	0	963	338	6860
Unknown	509	0	0	0	509
Total	6083	0	974	339	7396

RESIDENTS BY AGE GROUP, SEX AND PAYMENT SOURCE- DECEMBER 31, 2005

AGE GROUPS	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Under 18	0	0	0	2	0	0	0	0	0	0	0	0	0	0	2	2
18 to 44	63	5	236	164	108	13	1	0	56	11	0	0	464	193	657	
45 to 59	52	9	300	269	58	15	0	0	114	29	0	0	524	322	846	
60 to 64	8	7	115	124	19	4	1	1	25	10	0	0	168	146	314	
65 to 74	43	43	226	345	12	5	0	0	73	71	0	0	354	464	818	
75 to 84	66	171	327	772	27	7	1	3	160	338	0	0	581	1291	1872	
85 Over	88	195	215	1302	24	9	1	10	224	819	0	0	552	2335	2887	
TOTALS	320	430	1419	2978	248	53	4	14	652	1278	0	0	2643	4753	7396	

STAFFING

EMPLOYMENT CATEGORY FULL-TIME EQUIVALENT

Administrators	167.75
Physicians	22.17
Director of Nursing	101.75
Registered Nurses	463.55
LPN's	751.56
Certified Aides	2866.32
Other Health Staff	862.82
Non-Health Staff	2165.41
Totals	7401.33

HEALTH SERVICE AREA 006

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	15751
B. Total Admissions 2005	27764
C. Total Discharges 2005	27984
D. Residents on December 31, 2005	15531

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1159	11814	233	60	949	13	14228
SkIUnd22	0	178	44	0	6	0	228
ICF/DD		562	0	0	4	0	566
Shelter			25	0	466	18	509
TOTALS	1159	12554	302	60	1425	31	15531

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	397	8	9	11	425
Indian	23	0	0	1	24
Black	7080	178	165	28	7451
Hawaiin or Pacific Islander	21	0	0	0	21
White	6306	87	375	469	7237
Unknown	329	25	19	0	373
Total	14156	298	568	509	15531

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	173	157
Skilled Under 22	418	335
Intermediate DD	161	158
Shelter	111	78

ETHNICITY

	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1083	29	32	6	1150
Not Hispanic	11991	196	533	503	13223
Unknown	1154	3	1	0	1158
Total	14228	228	566	509	15531

RESIDENTS BY AGE GROUP, SEX AND PAYMENT SOURCE- DECEMBER 31, 2005

AGE GROUPS	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	51	40	16	12	0	0	1	0	0	0	68	52	120
18 to 44	24	8	1277	738	71	28	2	2	30	4	0	0	1404	780	2184
45 to 59	54	16	2301	1213	37	19	12	6	51	14	0	0	2455	1268	3723
60 to 64	43	24	699	449	6	9	6	1	22	9	0	0	776	492	1268
65 to 74	116	130	995	873	12	12	5	3	39	47	0	0	1167	1065	2232
75 to 84	169	254	829	1352	11	14	8	6	130	252	0	5	1147	1883	3030
85 Over	111	210	399	1338	8	47	1	8	153	673	1	25	673	2301	2974
TOTALS	517	642	6551	6003	161	141	34	26	426	999	1	30	7690	7841	15531

STAFFING

EMPLOYMENT CATEGORY FULL-TIME EQUIVALENT

Administrators	201.85
Physicians	22.55
Director of Nursing	110.10
Registered Nurses	1068.49
LPN's	1177.88
Certified Aides	4517.17
Other Health Staff	995.54
Non-Health Staff	3935.77
Totals	12029.35

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

Note: Numbers preceding each section refer to the number of the question in the survey.
 *Does not include Alzheimer diagnoses.

2005 ILLINOIS DEPARTMENT OF PUBLIC HEALTH LONG-TERM CARE FACILITY PROFILES BY HSA SUMMARY

HEALTH SERVICE AREA	007	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
LTC PLANNING AREA		Aggressive/Anti-Social	DIAGNOSIS
State of Illinois		Chronic Alcoholism	Neoplasms 528
TOTAL FACILITIES	234	Developmentally Disabled	Endocrine/Metabolic 1802
HOSPITAL BASED UNITS	9	Drug Addiction	Blood Disorders 321
FREE STANDING FACILITIES	225	Medicaid Recipient	*Nervous System 1384
FACILITIES LICENSED FOR:		Medicare Recipient	Alzheimer Disease 2983
NURSING CARE BEDS ONLY	152	Mental Illness	Mental Illness 3447
SHELTERED CARE BEDS ONLY	16	Non-Ambulatory	Developmental Disability 2230
DD CARE BEDS ONLY	37	Non-Mobile	Circulatory System 4314
MULTI-LICENSED FACILITIES	29	Public Aid Recipient	Respiratory System 1826
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	Digestive System 817
GOVERNMENTAL OWNERSHIP	7	Unable to Self-Medicare	Genitourinary System Disorders 666
NON-PROFIT OWNERSHIP	79	Other Restrictions	Skin Disorders 357
FOR PROFIT OWNERSHIP	148	No Restrictions	Musculo-skeletal Disorders 1870
			Injuries and Poisonings 1152
			Other Medical Conditions 2370
			Non-Medical Conditions 1240
			TOTALS 27307

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	29360	27941	25120	27526	23296	18398	24160
Skilled Under 22	312	301	297	301	286		303
Intermediate DD	1982	1836	1834	1809	1775		1982
Sheltered Care	2770	2617	2131	2530	1950		
TOTAL BEDS	34424	32695	29382	32166	27307	18398	26445

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2005

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	72	56	2	0	0	0	74	56	130
18 to 44	1026	518	80	70	519	295	2	4	1627	887	2514
45 to 59	1731	1218	8	5	405	326	16	11	2160	1560	3720
60 to 64	603	643	3	2	50	50	2	13	658	708	1366
65 ro 74	1219	1676	7	27	46	43	44	60	1316	1806	3122
75 to 84	1838	4388	12	27	28	8	160	458	2038	4881	6919
85 _Over	1532	6792	25	9	1	2	238	937	1796	7740	9536
TOTALS	7949	15235	207	196	1051	724	462	1483	9669	17638	27307

PATIENT DAYS OF CARE - 2005

BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	1310326	5001903	2212024	8524253	79.5	83.6
SkIUnd22	0	102157	2728	104885	92.1	95.5
ICF/DD		637761	11647	649408	89.8	96.9
Shelter			690105	690105	68.3	72.2
TOTALS	1310326	5741821	2916504	9968651	79.3	83.5

PATIENT DAYS BY PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.
Nursing	1310326	19.5	5001903	56.7
SkIUnd22			102157	92.4
ICF/DD			637761	88.2
TOTALS	1310326	19.5	5741821	59.5

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

Note: Numbers preceding each section refer to the number of the question in the survey.
 *Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 007

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	27274
B. Total Admissions 2005	71199
C. Total Discharges 2005	71166
D. Residents on December 31, 2005	27307

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3437	13819	464	351	5197	28	23296
SkIUnd22	0	281	0	1	4	0	286
ICF/DD		1760	0	9	5	1	1775
Shelter			25	5	1886	34	1950
TOTALS	3437	15860	489	366	7092	63	27307

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	408	9	18	7	442
Indian	30	1	2	0	33
Black	4211	118	403	48	4780
Hawaiin or Pacific Islander	27	1	2	0	30
White	18331	157	1338	1871	21697
Unknown	306	0	12	7	325
Total	23313	286	1775	1933	27307

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	202
Skilled Under 22	213	188
Intermediate DD	167	182
Shelter	130	115

ETHNICITY

	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	615	37	74	9	735
Not Hispanic	21486	249	1699	1877	25311
Unknown	1195	0	2	64	1261
Total	23296	286	1775	1950	27307

RESIDENTS BY AGE GROUP, SEX AND PAYMENT SOURCE- DECEMBER 31, 2005

AGE GROUPS	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	73	55	0	0	0	1	1	0	0	0	74	56	130
18 to 44	30	18	1462	781	104	58	9	19	21	10	1	1	1627	887	2514
45 to 59	57	48	1897	1372	91	32	42	55	70	51	3	2	2160	1560	3720
60 to 64	48	83	526	497	14	17	25	25	45	86	0	0	658	708	1366
65 to 74	284	371	791	1075	35	17	30	39	175	304	1	0	1316	1806	3122
75 to 84	463	848	932	2372	15	43	27	57	587	1551	14	10	2038	4881	6919
85 Over	321	866	626	3401	11	52	15	22	815	3376	8	23	1796	7740	9536
TOTALS	1203	2234	6307	9553	270	219	148	218	1714	5378	27	36	9669	17638	27307

STAFFING

EMPLOYMENT CATEGORY FULL-TIME EQUIVALENT

Administrators	380.80
Physicians	143.75
Director of Nursing	211.35
Registered Nurses	2803.10
LPN's	1929.31
Certified Aides	9611.98
Other Health Staff	2465.08
Non-Health Staff	8914.34
Totals	26459.71

HEALTH SERVICE AREA 008

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	7908
B. Total Admissions 2005	16279
C. Total Discharges 2005	16360
D. Residents on December 31, 2005	7827

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	873	3707	437	78	1554	8	6657
SkIUnd22	0	0	0	0	0	0	0
ICF/DD		762	0	0	10	1	773
Shelter			3	1	388	5	397
TOTALS	873	4469	440	79	1952	14	7827

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	62	0	12	3	77
Indian	8	0	2	0	10
Black	568	0	66	0	634
Hawaiin or Pacific Islander	7	0	3	0	10
White	5879	0	681	393	6953
Unknown	133	0	9	1	143
Total	6657	0	773	397	7827

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	201	164
Skilled Under 22	0	0
Intermediate DD	162	180
Shelter	114	109

ETHNICITY

	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	184	0	35	2	221
Not Hispanic	6088	0	738	359	7185
Unknown	385	0	0	36	421
Total	6657	0	773	397	7827

RESIDENTS BY AGE GROUP, SEX AND PAYMENT SOURCE- DECEMBER 31, 2005

AGE GROUPS	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	3	340	281	155	46	2	1	5	7	1	0	507	338	845
45 to 59	16	15	472	438	105	40	7	16	22	22	0	2	622	533	1155
60 to 64	16	12	142	165	21	16	3	11	16	24	1	0	199	228	427
65 to 74	68	95	209	318	17	7	5	5	47	104	1	1	347	530	877
75 to 84	115	214	267	643	5	11	9	7	150	429	10	10	556	1314	1870
85 Over	92	223	182	1012	2	15	4	9	222	851	8	33	510	2143	2653
TOTALS	311	562	1612	2857	305	135	30	49	462	1437	21	46	2741	5086	7827

STAFFING

EMPLOYMENT CATEGORY FULL-TIME EQUIVALENT

Administrators	136.10
Physicians	34.02
Director of Nursing	81.00
Registered Nurses	937.39
LPN's	376.13
Certified Aides	2647.29
Other Health Staff	771.74
Non-Health Staff	2718.53
Totals	7702.20

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

Note: Numbers preceding each section refer to the number of the question in the survey.
 *Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 009

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	4588
B. Total Admissions 2005	5224
C. Total Discharges 2005	5242
D. Residents on December 31, 2005	4570

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	374	2093	17	24	1088	0	3596
SkIUnd22	0	0	0	0	0	0	0
ICF/DD		880	0	0	2	0	882
Shelter			0	0	92	0	92
TOTALS	374	2973	17	24	1182	0	4570

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	11	0	3	0	14
Indian	9	0	1	0	10
Black	513	0	170	0	683
Hawaiin or Pacific Islander	2	0	0	1	3
White	2944	0	680	91	3715
Unknown	117	0	28	0	145
Total	3596	0	882	92	4570

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	166	147
Skilled Under 22	0	0
Intermediate DD	162	172
Shelter	78	64

ETHNICITY

	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	61	0	34	1	96
Not Hispanic	2857	0	848	91	3796
Unknown	678	0	0	0	678
Total	3596	0	882	92	4570

RESIDENTS BY AGE GROUP, SEX AND PAYMENT SOURCE- DECEMBER 31, 2005

AGE GROUPS	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	316	151	0	0	0	0	2	0	0	0	318	151	469
45 to 59	5	6	535	319	5	0	5	3	34	13	0	0	584	341	925
60 to 64	5	4	129	105	1	0	2	3	13	11	0	0	150	123	273
65 to 74	34	33	164	177	0	2	1	4	42	40	0	0	241	256	497
75 to 84	52	101	135	366	0	4	2	2	197	168	0	0	386	641	1027
85 Over	43	91	90	486	1	4	0	2	176	486	0	0	310	1069	1379
TOTALS	139	235	1369	1604	7	10	10	14	464	718	0	0	1989	2581	4570

STAFFING

EMPLOYMENT CATEGORY FULL-TIME EQUIVALENT

Administrators	107.25
Physicians	12.50
Director of Nursing	32.00
Registered Nurses	322.22
LPN's	352.14
Certified Aides	2093.51
Other Health Staff	266.13
Non-Health Staff	1509.38
Totals	4695.13

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

Note: Numbers preceding each section refer to the number of the question in the survey.
 *Does not include Alzheimer diagnoses.

2005 ILLINOIS DEPARTMENT OF PUBLIC HEALTH LONG-TERM CARE FACILITY PROFILES BY HSA SUMMARY

HEALTH SERVICE AREA	010	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
LTC PLANNING AREA		Aggressive/Anti-Social	13	DIAGNOSIS	
State of Illinois		Chronic Alcoholism	11	Neoplasms	34
TOTAL FACILITIES	25	Developmentally Disabled	7	Endocrine/Metabolic	103
HOSPITAL BASED UNITS	3	Drug Addiction	11	Blood Disorders	14
FREE STANDING FACILITIES	22	Medicaid Recipient	1	*Nervous System	90
FACILITIES LICENSED FOR:		Medicare Recipient	0	Alzheimer Disease	243
NURSING CARE BEDS ONLY	17	Mental Illness	9	Mental Illness	125
SHELTERED CARE BEDS ONLY	1	Non-Ambulatory	0	Developmental Disability	121
DD CARE BEDS ONLY	5	Non-Mobile	0	Circulatory System	400
MULTI-LICENSED FACILITIES	2	Public Aid Recipient	3	Respiratory System	110
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	1	Digestive System	36
GOVERNMENTAL OWNERSHIP	5	Unable to Self-Medicare	1	Genitourinary System Disorders	44
NON-PROFIT OWNERSHIP	9	Other Restrictions	2	Skin Disorders	6
FOR PROFIT OWNERSHIP	11	No Restrictions	7	Musculo-skeletal Disorders	153
				Injuries and Poisonings	100
				Other Medical Conditions	152
				Non-Medical Conditions	30
				TOTALS	1761

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

	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	1996	2005	1731	1892	1570	1102	1692
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	120	112	112	104	102		120
Sheltered Care	102	102	100	102	89		
TOTAL BEDS	2218	2219	1943	2098	1761	1102	1812

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2005

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. D		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	22	21	0	0	24	21	0	0	46	42	88
45 to 59	39	46	0	0	22	15	3	3	64	64	128
60 to 64	31	38	0	0	6	8	0	0	37	46	83
65 ro 74	79	117	0	0	1	3	3	2	83	122	205
75 to 84	138	282	0	0	2	0	10	12	150	294	444
85 _Over	159	598	0	0	0	0	11	45	170	643	813
TOTALS	468	1102	0	0	55	47	27	62	550	1211	1761

PATIENT DAYS OF CARE - 2005

BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	PATIENT TYPE			TOTAL	License		Set Up
	Medicare	Medicaid	Other		Occ. Pct.	Occ. Pct.	
Nursing Care	67049	304667	206625	578341	79.4	79.0	
SklUnd22	0	0	0	0	0.0	0.0	
ICF/DD		37713	0	37713	86.1	92.3	
Shelter			28168	28168	75.7	75.7	
TOTALS	67049	342380	234793	644222	79.6	79.5	

PATIENT DAYS BY PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing	67049	16.7	304667	49.3
SklUnd22			0	0.0
ICF/DD			37713	86.1
TOTALS	67049	16.7	342380	51.8

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

Note: Numbers preceding each section refer to the number of the question in the survey.
 *Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 010

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	1779
B. Total Admissions 2005	3787
C. Total Discharges 2005	3805
D. Residents on December 31, 2005	1761

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	189	851	11	5	513	1	1570
SkIUnd22	0	0	0	0	0	0	0
ICF/DD		102	0	0	0	0	102
Shelter			16	0	73	0	89
TOTALS	189	953	27	5	586	1	1761

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	7	0	1	0	8
Indian	1	0	1	0	2
Black	75	0	7	2	84
Hawaiin or Pacific Islander	1	0	0	0	1
White	1334	0	93	87	1514
Unknown	152	0	0	0	152
Total	1570	0	102	89	1761

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	167	120
Skilled Under 22	0	0
Intermediate DD	118	125
Shelter	129	108

ETHNICITY

	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	25	0	3	1	29
Not Hispanic	1403	0	99	88	1590
Unknown	142	0	0	0	142
Total	1570	0	102	89	1761

RESIDENTS BY AGE GROUP, SEX AND PAYMENT SOURCE- DECEMBER 31, 2005

AGE GROUPS	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
18 to 44	0	0	44	41	1	0	0	0	0	0	1	1	0	46	42	88
45 to 59	6	2	53	56	2	3	0	1	3	2	0	0	64	64	128	
60 to 64	3	2	32	40	0	1	0	0	2	3	0	0	37	46	83	
65 to 74	9	20	58	81	5	3	0	1	11	17	0	0	83	122	205	
75 to 84	26	33	76	140	5	5	1	1	42	115	0	0	150	294	444	
85 Over	15	73	65	267	0	2	1	0	89	301	0	0	170	643	813	
TOTALS	59	130	328	625	13	14	2	3	147	439	1	0	550	1211	1761	

STAFFING

EMPLOYMENT CATEGORY FULL-TIME EQUIVALENT

Administrators	26.00
Physicians	0.00
Director of Nursing	25.00
Registered Nurses	99.84
LPN's	221.21
Certified Aides	613.41
Other Health Staff	161.42
Non-Health Staff	558.34
Totals	1705.22

2005 ILLINOIS DEPARTMENT OF PUBLIC HEALTH LONG-TERM CARE FACILITY PROFILES BY HSA SUMMARY

HEALTH SERVICE AREA	011	ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
LTC PLANNING AREA		Aggressive/Anti-Social	35	DIAGNOSIS	
State of Illinois		Chronic Alcoholism	33	Neoplasms	97
TOTAL FACILITIES	88	Developmentally Disabled	22	Endocrine/Metabolic	353
HOSPITAL BASED UNITS	5	Drug Addiction	37	Blood Disorders	78
FREE STANDING FACILITIES	83	Medicaid Recipient	3	*Nervous System	224
FACILITIES LICENSED FOR:		Medicare Recipient	5	Alzheimer Disease	621
NURSING CARE BEDS ONLY	50	Mental Illness	16	Mental Illness	485
SHELTERED CARE BEDS ONLY	3	Non-Ambulatory	8	Developmental Disability	1150
DD CARE BEDS ONLY	32	Non-Mobile	15	Circulatory System	931
MULTI-LICENSED FACILITIES	3	Public Aid Recipient	2	Respiratory System	371
FACILITIES REPORTED BY OWNERSHIP TYPE		Under 65 Years Old	3	Digestive System	148
GOVERNMENTAL OWNERSHIP	4	Unable to Self-Medicare	9	Genitourinary System Disorders	115
NON-PROFIT OWNERSHIP	39	Other Restrictions	9	Skin Disorders	63
FOR PROFIT OWNERSHIP	45	No Restrictions	20	Musculo-skeletal Disorders	330
				Injuries and Poisonings	255
				Other Medical Conditions	260
				Non-Medical Conditions	85
				TOTALS	5566

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

	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	5546	5468	4838	5416	4303	2051	4665
Skilled Under 22	0	0	0	0	0		0
Intermediate DD	1214	1171	1133	1171	1116		1143
Sheltered Care	230	220	163	219	147		
TOTAL BEDS	6990	6859	6134	6806	5566	2051	5808

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2005

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. D		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	5	0	0	0	5	0	5
18 to 44	112	51	0	0	283	199	4	1	399	251	650
45 to 59	166	124	0	0	261	211	15	14	442	349	791
60 to 64	81	92	0	0	40	34	3	5	124	131	255
65 ro 74	198	285	0	0	29	23	9	12	236	320	556
75 to 84	369	975	0	0	15	14	7	27	391	1016	1407
85 _Over	290	1558	0	2	1	1	6	44	297	1605	1902
TOTALS	1216	3085	0	2	634	482	44	103	1894	3672	5566

PATIENT DAYS OF CARE - 2005

BY LEVEL OF CARE AND PATIENT TYPE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	License Occ. Pct.	Set Up Occ. Pct.
Nursing Care	166752	937993	493499	1598244	79.0	80.1
SklUnd22	0	0	0	0	0.0	0.0
ICF/DD		395141	6725	401866	90.7	94.0
Shelter			53479	53479	63.7	66.6
TOTALS	166752	1333134	553703	2053589	80.5	82.0

PATIENT DAYS BY PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.
Nursing	166752	22.3	937993	55.1
SklUnd22			0	0.0
ICF/DD			395141	94.7
TOTALS	166752	22.3	1333134	62.9

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

Note: Numbers preceding each section refer to the number of the question in the survey.
 *Does not include Alzheimer diagnoses.

HEALTH SERVICE AREA 011

ADMISSIONS AND DISCHARGES - 2005

A. Residents on January 1, 2005	5699
B. Total Admissions 2005	8470
C. Total Discharges 2005	8603
D. Residents on December 31, 2005	5566

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	450	2538	143	37	1132	3	4303
SkIUnd22	0	0	0	0	0	0	0
ICF/DD		1098	0	0	18	0	1116
Shelter			8	3	136	0	147
TOTALS	450	3636	151	40	1286	3	5566

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	5	0	4	0	9
Indian	3	0	0	0	3
Black	575	0	129	10	714
Hawaiin or Pacific Islander	4	0	3	0	7
White	3692	0	980	137	4809
Unknown	24	0	0	0	24
Total	4303	0	1116	147	5566

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	171	147
Skilled Under 22	0	0
Intermediate DD	141	133
Shelter	94	79

ETHNICITY

	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	9	0	7	0	16
Not Hispanic	3798	0	1062	147	5007
Unknown	496	0	47	0	543
Total	4303	0	1116	147	5566

RESIDENTS BY AGE GROUP, SEX AND PAYMENT SOURCE- DECEMBER 31, 2005

AGE GROUPS	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	4	0	0	0	0	0	1	0	0	0	5	0	5
18 to 44	3	3	326	228	61	15	0	0	9	5	0	0	399	251	650
45 to 59	12	12	374	303	24	10	4	0	28	24	0	0	442	349	791
60 to 64	5	7	100	108	4	1	3	4	12	11	0	0	124	131	255
65 to 74	29	48	170	207	3	4	0	6	34	55	0	0	236	320	556
75 to 84	56	111	223	602	2	12	7	8	103	283	0	0	391	1016	1407
85 Over	34	130	125	866	3	12	2	6	133	588	0	3	297	1605	1902
TOTALS	139	311	1322	2314	97	54	16	24	320	966	0	3	1894	3672	5566

STAFFING

EMPLOYMENT CATEGORY FULL-TIME EQUIVALENT

Administrators	102.50
Physicians	15.60
Director of Nursing	66.30
Registered Nurses	317.04
LPN's	619.84
Certified Aides	2256.98
Other Health Staff	518.41
Non-Health Staff	1660.26
Totals	5556.93