

**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

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 DeBraekeleer

Contact Person and Telephone

Stephen DeBraekeleer
815-694-2306

Registered Agent Information

DEBRAEKELEER,DAMIEN;BR.
ROUTE 1, BOX 7-A1
CLIFTON, IL 60927

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	2
Alzheimer Disease	15
Mental Illness	2
Developmental Disability	3
Circulatory System	4
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	3
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	49

Date Completed
4/11/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	99	99	56	99	49	50	0	99	56	
Skilled Under 22	0	0	0	0	0	0		0	33	
Intermediate DD	0	0	0	0	0	0		0	40	
Sheltered Care	0	0	0	0	0	0		0	49	
TOTAL BEDS	99	99	56	99	49	50	0	99		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1097	0.0%	8910	24.7%	9572	19579	54.2%		54.2%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1097	0.0%	8910	24.7%	9572	19579	54.2%		54.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	2	19	0	0	0	0	0	0	2	19	21
85+	2	22	0	0	0	0	0	0	2	22	24
TOTALS	6	43	0	0	0	0	0	0	6	43	49

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	3	22	0	0	24	0	49
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	22	0	0	24	0	49

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	133	129
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	20.00
Other Health Staff	4.00
Non-Health Staff	23.00
Totals	63.00

ABBINGTON REHAB & NURSING CTR

31 WEST CENTRAL
ROSELLE, IL. 60172

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

Administrator

Vicki Andersen

Contact Person and Telephone

Jeffrey Webster
847-679-2121

Registered Agent Information

STERN, ABRAHAM J.
10 S. WACKER DRIVE, 40TH FLOOR
CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	15
Blood Disorders	3
*Nervous System	11
Alzheimer Disease	11
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	4
Digestive System	5
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	67

Date Completed
4/5/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	82	82	76	82	67	15	19	74	62	165
Skilled Under 22	0	0	0	0	0	0		0		160
Intermediate DD	0	0	0	0	0	0		0		67
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	82	82	76	82	67	15	19	74		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2718	39.2%	19461	72.1%	2877	25056	83.7%		83.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2718	39.2%	19461	72.1%	2877	25056	83.7%		83.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	7	8	0	0	0	0	0	0	7	8	15
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	5	18	0	0	0	0	0	0	5	18	23
85+	5	10	0	0	0	0	0	0	5	10	15
TOTALS	22	45	0	0	0	0	0	0	22	45	67

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.

ABBINGTON REHAB & NURSING CTR31 WEST CENTRAL
ROSELLE, IL. 60172

Reference Numbers Facility ID 6000020

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	52	0	0	7	0	67
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	52	0	0	7	0	67

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	153
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	61	0	0	0	61
Race Unknown	0	0	0	0	0
Total	67	0	0	0	67

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	64	0	0	0	64
Ethnicity Unknown	0	0	0	0	0
Total	67	0	0	0	67

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	17.00
Other Health Staff	2.00
Non-Health Staff	16.00
Totals	46.00

ABBOTT HOUSE

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
 847-432-6080

Registered Agent Information

ROSENBAUM,EARL
 P. O. BOX 1275
 HIGHLAND PARK , IL 60035

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	103
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	103

Date Completed
 3/30/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	106	106	103	106	103	3	0	106	102	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0	0	0	28	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0	0	0	27	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0	0	0	103	
TOTAL BEDS	106	106	103	106	103	3	0	106		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	33302	86.1%	3277	36579	94.5%	94.5%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	33302	86.1%	3277	36579	94.5%	94.5%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	8	8	0	0	0	0	0	0	8	8	16
45 to 59	31	23	0	0	0	0	0	0	31	23	54
60 to 64	5	6	0	0	0	0	0	0	5	6	11
65 to 74	9	10	0	0	0	0	0	0	9	10	19
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	54	49	0	0	0	0	0	0	54	49	103

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.

ABBOTT HOUSE

405 CENTRAL AVENUE
 HIGHLAND PARK, IL. 60035

Reference Numbers Facility ID 6000038

Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	94	2	0	7	0	103
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	94	2	0	7	0	103

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	148	141
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	100	0	0	0	100
Race Unknown	0	0	0	0	0
Total	103	0	0	0	103

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	102	0	0	0	102
Ethnicity Unknown	0	0	0	0	0
Total	103	0	0	0	103

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	13.00
Other Health Staff	0.00
Non-Health Staff	31.00
Totals	53.00

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

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP
LIMITED PARTNERSHIP

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/2/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	4
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	4	4	4	4	4	0	4	4	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	4
TOTAL BEDS	4	4	4	4	4	0	0	4		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			1460	100.0%	0	1460	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	1460	100.0%	0	1460	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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

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.

ABERDEEN TERRACE

4029 ABERDEEN
ALTON, IL. 62002

Reference Numbers Facility ID 6013932

Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	206	206
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	5.25
Other Health Staff	0.10
Non-Health Staff	0.50
Totals	6.10

ABINGTON OF GLENVIEW

3901 GLENVIEW ROAD
GLENVIEW, IL. 60025

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

Administrator

Philip DeLeon

Contact Person and Telephone

Marilyn Novak
847-729-0000

Registered Agent Information

GOSLIN,GREGG;MR.
3901 GLENVIEW ROAD
GLENVIEW, IL 60025

FACILITY OWNERSHIP

LIMITED PARTNERSHIP

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	23
Blood Disorders	0
*Nervous System	1
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	12
Digestive System	6
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	61
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	123

Date Completed
3/28/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK	PEAK	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2006	
Nursing Care	196	175	139	175	123	73	100	0	107
Skilled Under 22	0	0	0	0	0	0	0	0	1256
Intermediate DD	0	0	0	0	0	0	0	0	1240
Sheltered Care	0	0	0	0	0	0	0	0	123
TOTAL BEDS	196	175	139	175	123	73	100	0	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	21041	57.6%	0	0.0%	23347	44388	62.0%	69.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	21041	57.6%	0	0.0%	23347	44388	62.0%	69.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	5	8	0	0	0	0	0	0	5	8	13
65 to 74	20	20	0	0	0	0	0	0	20	20	40
75 to 84	12	32	0	0	0	0	0	0	12	32	44
85+	9	8	0	0	0	0	0	0	9	8	17
TOTALS	49	74	0	0	0	0	0	0	49	74	123

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.

ABINGTON OF GLENVIEW3901 GLENVIEW ROAD
GLENVIEW, IL. 60025

Reference Numbers Facility ID 6012595

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	59	0	0	5	59	0	123
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	59	0	0	5	59	0	123

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	167
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	10	0	0	0	10
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	108	0	0	0	108
Race Unknown	0	0	0	0	0
Total	123	0	0	0	123

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	121	0	0	0	121
Ethnicity Unknown	0	0	0	0	0
Total	123	0	0	0	123

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	5.00
Certified Aides	25.00
Other Health Staff	9.00
Non-Health Staff	55.00
Totals	107.00

ADDOLORATA VILLA

555 MCHENRY ROAD
WHEELING, IL. 60090

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

Administrator

Dawn C. Cohn

Contact Person and Telephone

Dawn Cohn
847-808-3320

Registered Agent Information

C T CORPORATION SYSTEM
208 SOUTH LASALLE STREET
CHICAGO , IL 60604

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	10
Blood Disorders	3
*Nervous System	0
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	38
Respiratory System	13
Digestive System	8
Genitourinary System Disorders	7
Skin Disorders	1
Musculo-skeletal Disorders	11
Injuries and Poisonings	18
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	118

Date Completed
4/10/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	98	98	98	98	93	5	88	30	118
Skilled Under 22	0	0	0	0	0	0	0	0	141
Intermediate DD	0	0	0	0	0	0	0	0	141
Sheltered Care	43	31	30	31	25	18			118
TOTAL BEDS	141	129	128	129	118	23	88	30	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	4812	15.0%	8382	76.5%	19835	33029	92.3%	92.3%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					9945	9945	63.4%	87.9%	
TOTALS	4812	15.0%	8382	76.5%	29780	42974	83.5%	91.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	2	1	3	4
75 to 84	0	9	0	0	0	0	1	3	1	12	13
85+	12	70	0	0	0	0	1	18	13	88	101
TOTALS	13	80	0	0	0	0	2	23	15	103	118

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.

ADDOLORATA VILLA

555 MCHENRY ROAD
WHEELING, IL. 60090

Reference Numbers Facility ID 6000046

Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	15	23	0	0	55	0	93
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	24	1	25
TOTALS	15	23	0	0	79	1	118

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	240	220
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	124	107

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	93	0	0	25	118
Race Unknown	0	0	0	0	0
Total	93	0	0	25	118

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	93	0	0	25	118
Ethnicity Unknown	0	0	0	0	0
Total	93	0	0	25	118

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	0.20
Director of Nursing	1.00
Registered Nurses	19.40
LPN's	8.20
Certified Aides	44.70
Other Health Staff	21.80
Non-Health Staff	96.30
Totals	194.60

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

Jessica Hubrich
217-529-9632

Registered Agent Information

C T CORPORATION SYSTEM
208 SOUTH LASALLE ST,SUITE 814
CHICAGO , IL 60604

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/29/2006

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK	PEAK	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	2
Intermediate DD	16	16	16	16	14	2	16	Total Discharges 2006	3
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	14
TOTAL BEDS	16	16	16	16	14	2	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5384	92.2%	0	5384	92.2%	92.2%	92.2%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5384	92.2%	0	5384	92.2%	92.2%	92.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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

Adloff Place

50 Adloff Lane
Springfield, IL. 62703

Reference Numbers Facility ID 6013445

Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	145
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	13.50
Other Health Staff	0.00
Non-Health Staff	3.50
Totals	20.00

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
Dr Ann Errichetti

Contact Person and Telephone

Kelly O'Hara
708-213-3356

Registered Agent Information

Date Completed
4/13/2007

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

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	2
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	16
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	34

Note: Reported restrictions denoted by 'I'

FACILITY OWNERSHIP
OTHER NON-PROFIT

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	46	42	42	39	34	12	31	0	35
Skilled Under 22	0	0	0	0	0	0	0	0	1085
Intermediate DD	0	0	0	0	0	0	0	0	1086
Sheltered Care	0	0	0	0	0	0	0	0	34
TOTAL BEDS	46	42	42	39	34	12	31	0	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	9551	84.4%	0	0.0%	2918	12469	74.3%	81.3%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	9551	84.4%	0	0.0%	2918	12469	74.3%	81.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	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	0	0	0	0	0	0	0	1	0	1
65 to 74	4	3	0	0	0	0	0	0	4	3	7
75 to 84	6	6	0	0	0	0	0	0	6	6	12
85+	5	6	0	0	0	0	0	0	5	6	11
TOTALS	18	16	0	0	0	0	0	0	18	16	34

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	18	0	0	16	0	0	34
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	0	0	16	0	0	34

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	591	410
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawaiian/Pac. Isl.	0	0	0	0	0
White	16	0	0	0	16
Race Unknown	1	0	0	0	1
Total	34	0	0	0	34

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	30.20
LPN's	5.70
Certified Aides	22.40
Other Health Staff	0.00
Non-Health Staff	5.80
Totals	66.10

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

ROTHNER,ERIC A
2201 MAIN STREET
EVANSTON , IL 60202

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	394
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	394

Date Completed

4/3/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	417	417	417	394	23	0	417	389	
Skilled Under 22	0	0	0	0	0		0	93	
Intermediate DD	0	0	0	0	0		0	88	
Sheltered Care	0	0	0	0	0		0	394	
TOTAL BEDS	417	417	417	394	23	0	417		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	137475	90.3%	908	138383	90.9%	90.9%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	137475	90.3%	908	138383	90.9%	90.9%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	59	35	0	0	0	0	0	0	59	35	94
45 to 59	139	92	0	0	0	0	0	0	139	92	231
60 to 64	23	21	0	0	0	0	0	0	23	21	44
65 to 74	7	10	0	0	0	0	0	0	7	10	17
75 to 84	1	7	0	0	0	0	0	0	1	7	8
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	229	165	0	0	0	0	0	0	229	165	394

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.

ALBANY CARE

901 MAPLE AVENUE
EVANSTON, IL. 60202

Reference Numbers Facility ID 6007959

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	390	2	0	2	0	394
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	390	2	0	2	0	394

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	11	0	0	0	11
Amer. Indian	1	0	0	0	1
Black	77	0	0	0	77
Hawaiian/Pac. Isl.	0	0	0	0	0
White	305	0	0	0	305
Race Unknown	0	0	0	0	0
Total	394	0	0	0	394

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	15	0	0	0	15
Non-Hispanic	379	0	0	0	379
Ethnicity Unknown	0	0	0	0	0
Total	394	0	0	0	394

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	22.00
Certified Aides	55.00
Other Health Staff	43.00
Non-Health Staff	47.00
Totals	172.00

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

Margo Martinez

Contact Person and Telephone

Chris Reinhofer
773-286-3883

Registered Agent Information

FISCH,KENNETH
4200 WEST PETERSON AVENUE
CHICAGO , IL 60646

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System	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	1
Other Medical Conditions	58
Non-Medical Conditions	0
TOTALS	60

Date Completed
4/10/2006

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	110	95	93	95	60	50	110	10	Total Admissions 2006	72
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2006	694
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2006	706
Sheltered Care	0	0	0	0	0	0		0		60
TOTAL BEDS	110	95	93	95	60	50	110	10		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	18953	47.2%	735	20.1%	6504	26192	65.2%	75.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	18953	47.2%	735	20.1%	6504	26192	65.2%	75.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	3	0	0	0	0	0	0	0	3	0	3
65 to 74	0	6	0	0	0	0	0	0	0	6	6
75 to 84	8	12	0	0	0	0	0	0	8	12	20
85+	10	20	0	0	0	0	0	0	10	20	30
TOTALS	21	39	0	0	0	0	0	0	21	39	60

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	45	2	0	5	8	0	60
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	45	2	0	5	8	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	259	233
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	58	0	0	0	58
Race Unknown	1	0	0	0	1
Total	60	0	0	0	60

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	58	0	0	0	58
Ethnicity Unknown	1	0	0	0	1
Total	60	0	0	0	60

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.86
LPN's	3.06
Certified Aides	18.32
Other Health Staff	4.78
Non-Health Staff	30.56
Totals	69.58

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
Patricia Cornelius

Contact Person and Telephone

Chris Reinhofer
773-286-3883

Registered Agent Information

FISCH,KENNETH J
4200 WEST PETERSON AVE,STE 140
CHICAGO , IL 60646

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	9
Alzheimer Disease	4
Mental Illness	1
Developmental Disability	0
Circulatory System	13
Respiratory System	20
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	6
Other Medical Conditions	29
Non-Medical Conditions	0
TOTALS	102

Date Completed
4/11/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	97
Nursing Care	150	150	108	150	102	48	75	59	Total Admissions 2006	257
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2006	252
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2006	102
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	150	150	108	150	102	48	75	59		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	7115	26.0%	20464	95.0%	7457	35036	64.0%		64.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	7115	26.0%	20464	95.0%	7457	35036	64.0%		64.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	1	0	0	0	0	0	0	0	1	0	1
18 to 44	4	1	0	0	0	0	0	0	4	1	5
45 to 59	4	6	0	0	0	0	0	0	4	6	10
60 to 64	3	7	0	0	0	0	0	0	3	7	10
65 to 74	6	6	0	0	0	0	0	0	6	6	12
75 to 84	11	16	0	0	0	0	0	0	11	16	27
85+	8	29	0	0	0	0	0	0	8	29	37
TOTALS	37	65	0	0	0	0	0	0	37	65	102

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.

Alden Estates of Barrington1420 South Barrington Road
Barrington, IL. 60010**Reference Numbers** Facility ID 6003735

Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	20	54	0	6	22	0	102
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	54	0	6	22	0	102

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	204	194
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	1	0	0	0	1
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	97	0	0	0	97
Race Unknown	0	0	0	0	0
Total	102	0	0	0	102

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.16
LPN's	4.37
Certified Aides	20.05
Other Health Staff	2.95
Non-Health Staff	30.49
Totals	72.02

FACILITY NOTES

Name Change 8/7/2006 Name changed from Governor's Park at Barrington.

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

Janine Ciemny

Contact Person and Telephone

Chris Reinhofer
773-286-3883

Registered Agent Information

FISCH,KENNETH J.
4200 WEST PETERSON, SUITE 140
CHICAGO , IL 60646

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System	1
Alzheimer Disease	0
Mental Illness	1
Developmental Disability	2
Circulatory System	12
Respiratory System	8
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	0
Injuries and Poisonings	7
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	59

Date Completed
4/11/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	42	42	34	42	28	14	42	42	59
Skilled Under 22	0	0	0	0	0	0	0	0	370
Intermediate DD	0	0	0	0	0	0	0	0	370
Sheltered Care	57	57	38	57	31	26			59
TOTAL BEDS	99	99	72	99	59	40	42	42	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	9084	59.3%	1621	10.6%	1417	12122	79.1%	79.1%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					10661	10661	51.2%	51.2%	
TOTALS	9084	59.3%	1621	10.6%	12078	22783	63.0%	63.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	1	0	1	0	1
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	1	0	1	1	2
65 to 74	2	0	0	0	0	0	1	0	3	0	3
75 to 84	3	9	0	0	0	0	3	7	6	16	22
85+	3	6	0	0	0	0	4	18	7	24	31
TOTALS	8	16	0	0	0	0	10	25	18	41	59

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.

ALDEN ESTATES OF EVANSTON

2520 GROSS POINTE ROAD
 EVANSTON, IL. 60201

Reference Numbers Facility ID 6013429

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	20	4	0	2	1	0	27
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	1	31	0	32
TOTALS	20	4	0	3	32	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	446	237
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	170	100

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	3	3
Amer. Indian	0	0	0	0	0
Black	1	0	0	1	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	23	0	0	30	53
Race Unknown	0	0	0	1	1
Total	24	0	0	35	59

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	27	0	0	31	58
Ethnicity Unknown	0	0	0	1	1
Total	27	0	0	32	59

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.89
LPN's	3.75
Certified Aides	10.21
Other Health Staff	4.82
Non-Health Staff	20.23
Totals	45.90

ALDEN LINCOLN REHAB & HC CTR

504 WEST WELLINGTON AVENUE
CHICAGO, IL. 60657

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

Administrator

Betsy Sejud

Contact Person and Telephone

Chris Reinhofer
773-286-3883

Registered Agent Information

FISCH,KENNETH J.
4200 W. PETERSON AVE, STE 140
CHICAGO, IL 60646

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	1
Mental Illness	6
Developmental Disability	0
Circulatory System	13
Respiratory System	3
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	3
Injuries and Poisonings	10
Other Medical Conditions	26
Non-Medical Conditions	0
TOTALS	73

Date Completed
4/10/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	96	96	80	96	73	23	33	96	72	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		0		
TOTAL BEDS	96	96	80	96	73	23	33	96		103
										Residents on 12/31/2006 73

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	4196	34.8%	17028	48.6%	5070	26294	75.0%		75.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	4196	34.8%	17028	48.6%	5070	26294	75.0%		75.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	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	2	0	0	0	0	0	0	0	2	2
65 to 74	5	3	0	0	0	0	0	0	5	3	8
75 to 84	11	12	0	0	0	0	0	0	11	12	23
85+	6	29	0	0	0	0	0	0	6	29	35
TOTALS	24	49	0	0	0	0	0	0	24	49	73

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.

ALDEN LINCOLN REHAB & HC CTR

504 WEST WELLINGTON AVENUE

CHICAGO, IL. 60657

Reference Numbers Facility ID 6009849

Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	11	47	2	0	13	0	73
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	47	2	0	13	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	165
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	6	0	0	0	6
Amer. Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	57	0	0	0	57
Race Unknown	4	0	0	0	4
Total	73	0	0	0	73

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	66	0	0	0	66
Ethnicity Unknown	4	0	0	0	4
Total	73	0	0	0	73

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.09
LPN's	2.21
Certified Aides	14.05
Other Health Staff	4.22
Non-Health Staff	13.81
Totals	42.38

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 Reinhofer
773-286-3883

Registered Agent Information

FISCH,KENNETH
4200 W. PETERSON AVE, STE 140
CHICAGO, IL 60646

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System	1
Alzheimer Disease	0
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	1
Injuries and Poisonings	0
Other Medical Conditions	57
Non-Medical Conditions	0
TOTALS	62

Date Completed
4/10/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	93	80	80	80	62	31	93	10	69	824
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	93	80	80	80	62	31	93	10		831
										Residents on 12/31/2006
										62

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	17719	52.2%	680	18.6%	7464	25863	76.2%		88.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	17719	52.2%	680	18.6%	7464	25863	76.2%		88.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	3	4	0	0	0	0	0	0	3	4	7
75 to 84	6	13	0	0	0	0	0	0	6	13	19
85+	7	25	0	0	0	0	0	0	7	25	32
TOTALS	16	46	0	0	0	0	0	0	16	46	62

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.

ALDEN NORTH SHORE REHAB & HC

5050 WEST TOUHY
SKOKIE, IL. 60077

Reference Numbers Facility ID 6014765

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	47	2	0	3	10	0	62
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	47	2	0	3	10	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	350	300
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.90
LPN's	1.33
Certified Aides	19.88
Other Health Staff	3.15
Non-Health Staff	30.76
Totals	67.02

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

Melissa Allison

Contact Person and Telephone

Chris Reinhofer
773-286-3883

Registered Agent Information

FISCH,KENNETH J.
4200 W. PETERSON AVE., STE 140
CHICAGO , IL 60646

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/12/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	14
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	13	3		16	Total Discharges 2006	2
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2006	13
TOTAL BEDS	16	16	16	16	13	3	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5116	87.6%	342	5458	93.5%	93.5%	93.5%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5116	87.6%	342	5458	93.5%	93.5%	93.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	5	0	0	4	5	9
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	4	9	0	0	4	9	13

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		12	0	0	1	0	13
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	1	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	194
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.66
LPN's	0.00
Certified Aides	9.24
Other Health Staff	0.71
Non-Health Staff	1.43
Totals	13.04

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

Melissa Allison

Contact Person and Telephone

Chris Reinhofer
773-286-3883

Registered Agent Information

FISCH,KENNETH J
4200 W. PETERSON AVE, STE 140
CHICAGO , IL 60646

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/12/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	14	2	16	Total Discharges 2006	2
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	14
TOTAL BEDS	16	16	16	16	14	2	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5718	97.9%	0	5718	97.9%	97.9%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	5718	97.9%	0	5718	97.9%	97.9%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	5	0	0	5	5	10
45 to 59	0	0	0	0	1	1	0	0	1	1	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	6	8	0	0	6	8	14

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	224
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	2.30
LPN's	0.00
Certified Aides	8.02
Other Health Staff	1.00
Non-Health Staff	2.21
Totals	14.53

ALDEN OF WATERFORD

2021 RANDI DRIVE
AURORA, IL. 60504

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

Administrator

Jerry Mertes

Contact Person and Telephone

Chris Reinhofer
773-286-3883

Registered Agent Information

FISCH,KENNETH J
4200 WEST PETERSON, SUITE 140
CHICAGO, IL 60646

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	36
Injuries and Poisonings	0
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	57

Date Completed
4/11/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	99	99	86	99	57	42	99	26	49	603
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	99	99	86	99	57	42	99	26	595	57

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	12021	33.3%	2322	24.5%	10105	24448	67.7%		67.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	12021	33.3%	2322	24.5%	10105	24448	67.7%		67.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	7	0	0	0	0	0	0	2	7	9
75 to 84	7	9	0	0	0	0	0	0	7	9	16
85+	4	24	0	0	0	0	0	0	4	24	28
TOTALS	14	43	0	0	0	0	0	0	14	43	57

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.

ALDEN OF WATERFORD2021 RANDI DRIVE
AURORA, IL. 60504

Reference Numbers Facility ID 6014773

Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	24	5	0	10	18	0	57
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	5	0	10	18	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	273	261
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	54	0	0	0	54
Race Unknown	1	0	0	0	1
Total	57	0	0	0	57

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	55	0	0	0	55
Ethnicity Unknown	1	0	0	0	1
Total	57	0	0	0	57

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.50
LPN's	2.25
Certified Aides	15.42
Other Health Staff	4.79
Non-Health Staff	25.48
Totals	57.44

ALDEN SPRINGS

207 EAST ARMY TRAIL ROAD
BLOOMINGDALE, IL. 60108

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

Administrator

Melissa Allison

Contact Person and Telephone

Chris Reinhofer
773-286-3883

Registered Agent Information

FISCH,KENNETH J
4200 W. PETERSON AVE, STE 140
CHICAGO, IL 60646

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
6/18/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	0
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	3
Intermediate DD	16	16	3	16	3	13	0	0	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	3
TOTAL BEDS	16	16	3	16	3	13	0	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			237	#Div/0!	0	237	4.1%	4.1%	4.1%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	237	0.0%	0	237	4.1%	4.1%	4.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	1	2	0	0	1	2	3

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.

ALDEN SPRINGS

207 EAST ARMY TRAIL ROAD
BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID 6016224

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	210	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	2.55
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	4.55

FACILITY NOTES

P-04-062

9/25/2006 Facility licensed on 9-25-2006.

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
Kathy Copeland

Contact Person and Telephone

Chris Reinhofer
773-286-3883

Registered Agent Information

FISCH,KENNETH J.
4200 W. PETERSON AVE, STE 140
CHICAGO , IL 60646

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	15
Blood Disorders	2
*Nervous System	5
Alzheimer Disease	20
Mental Illness	0
Developmental Disability	1
Circulatory System	20
Respiratory System	45
Digestive System	6
Genitourinary System Disorders	10
Skin Disorders	1
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	26
Non-Medical Conditions	0
TOTALS	165

Date Completed
4/10/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	316	316	187	316	165	151	316	316	166
Skilled Under 22	0	0	0	0	0	0	0	0	233
Intermediate DD	0	0	0	0	0	0	0	0	234
Sheltered Care	0	0	0	0	0	0	0	0	165
TOTAL BEDS	316	316	187	316	165	151	316	316	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	6875	6.0%	48174	41.8%	7664	62713	54.4%	54.4%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	6875	6.0%	48174	41.8%	7664	62713	54.4%	54.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	2	0	0	0	0	0	0	1	2	3
45 to 59	5	3	0	0	0	0	0	0	5	3	8
60 to 64	1	8	0	0	0	0	0	0	1	8	9
65 to 74	8	12	0	0	0	0	0	0	8	12	20
75 to 84	21	34	0	0	0	0	0	0	21	34	55
85+	17	53	0	0	0	0	0	0	17	53	70
TOTALS	53	112	0	0	0	0	0	0	53	112	165

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.

ALDEN TERRACE OF MCHENRY REHAB

803 ROYAL DRIVE
MCHENRY, IL. 60050

Reference Numbers Facility ID 6008304

Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	23	119	1	1	21	0	165
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	23	119	1	1	21	0	165

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	170
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	163	0	0	0	163
Race Unknown	0	0	0	0	0
Total	165	0	0	0	165

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	160	0	0	0	160
Ethnicity Unknown	0	0	0	0	0
Total	165	0	0	0	165

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	10.94
LPN's	6.39
Certified Aides	27.01
Other Health Staff	8.14
Non-Health Staff	26.62
Totals	80.10

ALDEN TRAILS

273 EAST ARMY TRAIL ROAD
BLOOMINGDALE, IL. 60108

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

Administrator

Melissa Allison

Contact Person and Telephone

Chris Reinhofer
773-286-3883

Registered Agent Information

FISCH,KENNETH J.
4200 W. PETERSON AVE, STE 140
CHICAGO , IL 60646

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/12/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	11
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	4
Intermediate DD	16	16	16	16	10	6	16	Total Discharges 2006	5
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	10
TOTAL BEDS	16	16	16	16	10	6	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5363	91.8%	0	5363	91.8%	91.8%	91.8%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5363	91.8%	0	5363	91.8%	91.8%	91.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	5	5	0	0	5	5	10

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.

ALDEN TRAILS

273 EAST ARMY TRAIL ROAD
BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID 6014799

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	202
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	8	0	8
Race Unknown	0	0	0	0	0
Total	0	0	10	0	10

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	1.77
Certified Aides	5.99
Other Health Staff	2.00
Non-Health Staff	3.49
Totals	14.25

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
 Steven Walski

Contact Person and Telephone

Chris Reinhofer
 773-286-3883

Registered Agent Information

FISCH,KENNETH J;MR
 4200 W. PETERSON AVE.,STE. 140
 CHICAGO , IL 60646

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	104
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	104

Date Completed
 4/11/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	99
Skilled Under 22	109	109	105	5	104	5		109	Total Admissions 2006	15
Intermediate DD	0	0	0	0	0	0		0	Total Discharges 2006	10
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2006	104
TOTAL BEDS	109	109	105	5	104	5	0	109		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			37608	94.5%	133	37741	94.9%	94.9%	94.9%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	37608	94.5%	133	37741	94.9%	94.9%	94.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	22	7	0	0	0	0	22	7	29
18 to 44	0	0	39	27	0	0	0	0	39	27	66
45 to 59	0	0	3	6	0	0	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	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	64	40	0	0	0	0	64	40	104

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.

ALDEN VILLAGE HEALTH FACILITY

267 EAST LAKE STREET

BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID 6002760

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	104	0	0	0	0	104
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	104	0	0	0	0	104

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	1	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	32	0	0	32
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	53	0	0	53
Race Unknown	0	18	0	0	18
Total	0	104	0	0	104

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	10	0	0	10
Non-Hispanic	0	76	0	0	76
Ethnicity Unknown	0	18	0	0	18
Total	0	104	0	0	104

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	2.32
Certified Aides	55.79
Other Health Staff	3.00
Non-Health Staff	18.37
Totals	90.48

ALDEN-ALMA NELSON MANOR

550 SOUTH MULFORD ROAD
ROCKFORD, IL. 61108

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

Administrator

Gregory Taylor

Contact Person and Telephone

Chris Reinhofer
773-286-3883

Registered Agent Information

FISCH,KENNETH
4200 WEST PETERSON
CHICAGO , IL 60646

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System	11
Alzheimer Disease	4
Mental Illness	2
Developmental Disability	7
Circulatory System	37
Respiratory System	25
Digestive System	16
Genitourinary System Disorders	16
Skin Disorders	5
Musculo-skeletal Disorders	17
Injuries and Poisonings	16
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	185

Date Completed
4/11/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	204
Nursing Care	268	268	225	268	185	83	128	268	Total Admissions 2006	850
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2006	869
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2006	185
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	268	268	225	268	185	83	128	268		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	13014	27.9%	50674	51.8%	8223	71911	73.5%		73.5%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	13014	27.9%	50674	51.8%	8223	71911	73.5%		73.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	2	0	0	0	0	0	0	0	2	2
45 to 59	12	12	0	0	0	0	0	0	12	12	24
60 to 64	3	4	0	0	0	0	0	0	3	4	7
65 to 74	12	19	0	0	0	0	0	0	12	19	31
75 to 84	20	40	0	0	0	0	0	0	20	40	60
85+	10	51	0	0	0	0	0	0	10	51	61
TOTALS	57	128	0	0	0	0	0	0	57	128	185

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.

ALDEN-ALMA NELSON MANOR

550 SOUTH MULFORD ROAD
 ROCKFORD, IL. 61108

Reference Numbers Facility ID 6000103

Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	33	134	0	8	10	0	185
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	33	134	0	8	10	0	185

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	185
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawaiian/Pac. Isl.	0	0	0	0	0
White	170	0	0	0	170
Race Unknown	0	0	0	0	0
Total	185	0	0	0	185

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	178	0	0	0	178
Ethnicity Unknown	3	0	0	0	3
Total	185	0	0	0	185

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	38.00
Other Health Staff	19.00
Non-Health Staff	35.00
Totals	114.00

ALDEN-LAKELAND REHAB & CARE CR

820 WEST LAWRENCE
CHICAGO, IL. 60040

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

Administrator

Alex Sardi

Contact Person and Telephone

Chris Reinhofer
773-286-3883

Registered Agent Information

FISCH,KENNETH J.;MR.
4200 W PETERSON AVE, #140
CHICAGO, IL 60646

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System	6
Alzheimer Disease	0
Mental Illness	72
Developmental Disability	1
Circulatory System	34
Respiratory System	34
Digestive System	7
Genitourinary System Disorders	7
Skin Disorders	6
Musculo-skeletal Disorders	11
Injuries and Poisonings	13
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	201

Date Completed
4/12/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	300	201	201	201	99	187	300	Residents on 1/1/2006	175
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	428
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	402
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	201
TOTAL BEDS	300	201	201	201	99	187	300		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	4631	6.8%	57806	52.8%	4402	66839	61.0%	91.1%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	4631	6.8%	57806	52.8%	4402	66839	61.0%	91.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	17	4	0	0	0	0	0	0	17	4	21
45 to 59	28	23	0	0	0	0	0	0	28	23	51
60 to 64	6	15	0	0	0	0	0	0	6	15	21
65 to 74	21	20	0	0	0	0	0	0	21	20	41
75 to 84	13	24	0	0	0	0	0	0	13	24	37
85+	11	19	0	0	0	0	0	0	11	19	30
TOTALS	96	105	0	0	0	0	0	0	96	105	201

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.

ALDEN-LAKELAND REHAB & CARE CR

820 WEST LAWRENCE

CHICAGO, IL. 60040

Reference Numbers Facility ID 6005193

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	15	169	0	13	4	0	201
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	169	0	13	4	0	201

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	209	199
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	7	0	0	0	7
Amer. Indian	1	0	0	0	1
Black	59	0	0	0	59
Hawaiian/Pac. Isl.	0	0	0	0	0
White	129	0	0	0	129
Race Unknown	5	0	0	0	5
Total	201	0	0	0	201

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	19	0	0	0	19
Non-Hispanic	177	0	0	0	177
Ethnicity Unknown	5	0	0	0	5
Total	201	0	0	0	201

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	24.00
LPN's	21.00
Certified Aides	50.00
Other Health Staff	14.00
Non-Health Staff	39.00
Totals	150.00

ALDEN-LONG GROVE REHAB/HC CTR

BOX 2308 RFD OLD HICKS ROAD
LONG GROVE, IL. 60047

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

Administrator

Marie Rosete

Contact Person and Telephone

Chris Reinhofer
773-286-3883

Registered Agent Information

FISCH,KENNETH J.
4200 W. PETERSON AVE, STE 140
CHICAGO , IL 60646

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	9
Blood Disorders	6
*Nervous System	9
Alzheimer Disease	30
Mental Illness	15
Developmental Disability	0
Circulatory System	20
Respiratory System	10
Digestive System	5
Genitourinary System Disorders	7
Skin Disorders	12
Musculo-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	153

Date Completed
4/6/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	248	221	165	221	153	95	116	248	143	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				195
TOTAL BEDS	248	221	165	221	153	95	116	248		153

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	7908	18.7%	37860	41.8%	5208	50976	56.3%		63.2%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	7908	18.7%	37860	41.8%	5208	50976	56.3%		63.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	3	0	0	0	0	0	0	2	3	5
45 to 59	7	11	0	0	0	0	0	0	7	11	18
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	9	8	0	0	0	0	0	0	9	8	17
75 to 84	14	36	0	0	0	0	0	0	14	36	50
85+	7	50	0	0	0	0	0	0	7	50	57
TOTALS	42	111	0	0	0	0	0	0	42	111	153

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.

ALDEN-LONG GROVE REHAB/HC CTR

BOX 2308 RFD OLD HICKS ROAD
 LONG GROVE, IL. 60047

Reference Numbers Facility ID 6005714

Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	20	116	1	0	16	0	153
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	116	1	0	16	0	153

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	228	176
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	145	0	0	0	145
Race Unknown	1	0	0	0	1
Total	153	0	0	0	153

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	150	0	0	0	150
Ethnicity Unknown	1	0	0	0	1
Total	153	0	0	0	153

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	22.00
LPN's	6.00
Certified Aides	37.00
Other Health Staff	1.00
Non-Health Staff	38.00
Totals	106.00

ALDEN-NAPERVILLE REHAB & CARE

1525 SOUTH OXFORD LANE
 NAPERVILLE, IL. 60565
Reference Numbers Facility ID 6007033
 Health Service Area 007 Planning Service Area 703

Administrator
 Nora Tabron

Contact Person and Telephone

Chris Reinhofer
 773-286-3883

Registered Agent Information

FISCH,KENNETH J.;MR.
 4200 W. PETERSON AVE.,STE. 140
 CHICAGO , IL 60646

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	24
Blood Disorders	0
*Nervous System	41
Alzheimer Disease	32
Mental Illness	0
Developmental Disability	2
Circulatory System	23
Respiratory System	29
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	3
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	162

Date Completed
 4/6/2006

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	203	203	165	162	162	41	203	203	152	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				189
TOTAL BEDS	203	203	165	162	162	41	203	203		162

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3484	4.7%	45706	61.7%	7369	56559	76.3%		76.3%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	3484	4.7%	45706	61.7%	7369	56559	76.3%		76.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	12	8	0	0	0	0	0	0	12	8	20
60 to 64	7	2	0	0	0	0	0	0	7	2	9
65 to 74	10	9	0	0	0	0	0	0	10	9	19
75 to 84	18	28	0	0	0	0	0	0	18	28	46
85+	14	52	0	0	0	0	0	0	14	52	66
TOTALS	63	99	0	0	0	0	0	0	63	99	162

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.

ALDEN-NAPERVILLE REHAB & CARE1525 SOUTH OXFORD LANE
NAPERVILLE, IL. 60565

Reference Numbers Facility ID 6007033

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	124	2	1	27	0	162
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	124	2	1	27	0	162

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	235	210
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	8	0	0	0	8
Amer. Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	146	0	0	0	146
Race Unknown	1	0	0	0	1
Total	162	0	0	0	162

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	155	0	0	0	155
Ethnicity Unknown	1	0	0	0	1
Total	162	0	0	0	162

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.31
LPN's	8.30
Certified Aides	23.60
Other Health Staff	3.21
Non-Health Staff	35.63
Totals	79.05

ALDEN-NORTHMOOR REHAB & HC CTR

5831 NORTH NORTHWEST HIGHWAY
CHICAGO, IL. 60631

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

Administrator
Jacqueline Gully

Contact Person and Telephone

Chris Reinhofer
773-286-3883

Registered Agent Information

FISCH,KENNETH J.
4200 W. PETERSON AVE, STE 140
CHICAGO, IL 60645

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	29
Blood Disorders	1
*Nervous System	6
Alzheimer Disease	2
Mental Illness	4
Developmental Disability	0
Circulatory System	74
Respiratory System	14
Digestive System	12
Genitourinary System Disorders	7
Skin Disorders	3
Musculo-skeletal Disorders	7
Injuries and Poisonings	6
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	169

Date Completed
4/11/2006

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	198	198	192	198	29	198	198	176	220
Skilled Under 22	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0		
TOTAL BEDS	198	198	192	198	29	198	198	169	227

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	9341	12.9%	46078	63.8%	7616	63035	87.2%	87.2%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	9341	12.9%	46078	63.8%	7616	63035	87.2%	87.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	7	4	0	0	0	0	0	0	7	4	11
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	10	13	0	0	0	0	0	0	10	13	23
75 to 84	17	45	0	0	0	0	0	0	17	45	62
85+	14	53	0	0	0	0	0	0	14	53	67
TOTALS	51	118	0	0	0	0	0	0	51	118	169

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.

ALDEN-NORTHMOOR REHAB & HC CTR

5831 NORTH NORTHWEST HIGHWAY

CHICAGO, IL. 60631

Reference Numbers Facility ID 6014500

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	19	127	0	4	19	0	169
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	127	0	4	19	0	169

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	245	210
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	156	0	0	0	156
Race Unknown	6	0	0	0	6
Total	169	0	0	0	169

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	152	0	0	0	152
Ethnicity Unknown	6	0	0	0	6
Total	169	0	0	0	169

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	7.00
Certified Aides	27.00
Other Health Staff	10.50
Non-Health Staff	25.50
Totals	79.00

ALDEN-ORLAND PARK REHAB & HCC

16450 SOUTH 97TH AVENUE
 ORLAND PARK, IL. 60462
Reference Numbers Facility ID 6014922
 Health Service Area 007 Planning Service Area 705

Administrator
 Norme Torres

Contact Person and Telephone

Chris Reinhofer
 773-286-3883

Registered Agent Information

FISCH,KENNETH
 4200 W. PETERSON AVE, STE 140
 CHICAGO, IL 60646

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	49
Mental Illness	3
Developmental Disability	0
Circulatory System	48
Respiratory System	19
Digestive System	16
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	9
TOTALS	146

Date Completed
 4/12/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	200	184	167	184	54	200	200	146	740
Skilled Under 22	0	0	0	0	0		0		740
Intermediate DD	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0		0		146
TOTAL BEDS	200	184	167	184	54	200	200		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	22809	31.2%	15731	21.5%	18001	56541	77.5%	84.2%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	22809	31.2%	15731	21.5%	18001	56541	77.5%	84.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	8	10	0	0	0	0	0	0	8	10	18
75 to 84	11	38	0	0	0	0	0	0	11	38	49
85+	13	65	0	0	0	0	0	0	13	65	78
TOTALS	32	114	0	0	0	0	0	0	32	114	146

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.

ALDEN-ORLAND PARK REHAB & HCC

16450 SOUTH 97TH AVENUE
 ORLAND PARK, IL. 60462

Reference Numbers Facility ID 6014922

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	55	41	0	1	49	0	146
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	55	41	0	1	49	0	146

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	225
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	138	0	0	0	138
Race Unknown	6	0	0	0	6
Total	146	0	0	0	146

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	138	0	0	0	138
Ethnicity Unknown	6	0	0	0	6
Total	146	0	0	0	146

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.67
LPN's	8.05
Certified Aides	32.14
Other Health Staff	10.92
Non-Health Staff	45.53
Totals	109.31

ALDEN-PARK STRATHMOOR

5668 STRATHMOOR DRIVE
 ROCKFORD, IL. 61107
Reference Numbers Facility ID 6007165
 Health Service Area 001 Planning Service Area 201

Administrator

Julie Logan

Contact Person and Telephone

Chris Reinhofer
 773-286-3883

Registered Agent Information

FISCH,KENNETH
 4200 WEST PETERSON AVE,STE 140
 CHICAGO , IL 60646

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System	16
Alzheimer Disease	22
Mental Illness	8
Developmental Disability	0
Circulatory System	29
Respiratory System	15
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	1
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	122

Date Completed
 4/11/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	189	184	149	184	67	189	189	Residents on 1/1/2006	146
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	50
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	74
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	122
TOTAL BEDS	189	184	149	184	67	189	189		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2035	2.9%	45009	65.2%	2304	49348	71.5%		73.5%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2035	2.9%	45009	65.2%	2304	49348	71.5%		73.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	0	0	0	0	0	0	0	4	0	4
45 to 59	6	9	0	0	0	0	0	0	6	9	15
60 to 64	4	3	0	0	0	0	0	0	4	3	7
65 to 74	8	17	0	0	0	0	0	0	8	17	25
75 to 84	13	27	0	0	0	0	0	0	13	27	40
85+	8	23	0	0	0	0	0	0	8	23	31
TOTALS	43	79	0	0	0	0	0	0	43	79	122

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.

ALDEN-PARK STRATHMOOR5668 STRATHMOOR DRIVE
ROCKFORD, IL. 61107

Reference Numbers Facility ID 6007165

Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	110	0	1	3	0	122
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	110	0	1	3	0	122

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	285	214
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	23	0	0	0	23
Hawaiian/Pac. Isl.	0	0	0	0	0
White	99	0	0	0	99
Race Unknown	0	0	0	0	0
Total	122	0	0	0	122

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	121	0	0	0	121
Ethnicity Unknown	0	0	0	0	0
Total	122	0	0	0	122

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	8.00
Certified Aides	29.00
Other Health Staff	8.00
Non-Health Staff	19.00
Totals	72.00

ALDEN-POPLAR CREEK REHAB & CARE

1545 BARRINGTON ROAD
 HOFFMAN ESTATES, IL. 60194
Reference Numbers Facility ID 6001366
 Health Service Area 007 Planning Service Area 701

Administrator
 Sherry L Marquart

Contact Person and Telephone

Chris Reinhofer
 773-286-3883

Registered Agent Information

FISCH, KENNETH J.; MR.
 4200 W. PETERSON AVE., STE. 140
 CHICAGO, IL 60646

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	13
Blood Disorders	4
*Nervous System	3
Alzheimer Disease	30
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	13
Digestive System	6
Genitourinary System Disorders	6
Skin Disorders	4
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	74
Non-Medical Conditions	0
TOTALS	169

Date Completed
 4/6/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	217	198	182	198	48	217	217	Residents on 1/1/2006	170
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	323
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	324
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	169
TOTAL BEDS	217	198	182	198	48	217	217		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	12323	15.6%	41354	52.2%	6288	59965	75.7%		83.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	12323	15.6%	41354	52.2%	6288	59965	75.7%		83.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	7	7	0	0	0	0	0	0	7	7	14
60 to 64	1	4	0	0	0	0	0	0	1	4	5
65 to 74	10	13	0	0	0	0	0	0	10	13	23
75 to 84	20	44	0	0	0	0	0	0	20	44	64
85+	10	51	0	0	0	0	0	0	10	51	61
TOTALS	49	120	0	0	0	0	0	0	49	120	169

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.

ALDEN-POPLAR CREEK REHAB & CARE

1545 BARRINGTON ROAD
HOFFMAN ESTATES, IL. 60194

Reference Numbers Facility ID 6001366

Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	45	102	0	2	20	0	169
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	45	102	0	2	20	0	169

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	245
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	1	0	0	0	1
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	159	0	0	0	159
Race Unknown	5	0	0	0	5
Total	169	0	0	0	169

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	160	0	0	0	160
Ethnicity Unknown	5	0	0	0	5
Total	169	0	0	0	169

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	28.00
Other Health Staff	6.00
Non-Health Staff	26.00
Totals	79.00

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
Marcelino H. Villafania

Contact Person and Telephone

Chris Reinhofer
773-286-3883

Registered Agent Information

FISCH,KENNETH J.;MR.
4200 W. PETERSON AVE.,STE. 140
CHICAGO , IL 60646

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	16
Blood Disorders	10
*Nervous System	16
Alzheimer Disease	6
Mental Illness	6
Developmental Disability	1
Circulatory System	18
Respiratory System	11
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	120

Date Completed
4/6/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	Total Admissions 2006
Nursing Care	225	225	138	225	120	105	225	225	123	159
Skilled Under 22	0	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	225	225	138	225	120	105	225	225	162	120

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	5182	6.3%	40782	49.7%	314	46278	56.4%		56.4%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	5182	6.3%	40782	49.7%	314	46278	56.4%		56.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	1	0	0	0	0	0	0	2	1	3
45 to 59	11	4	0	0	0	0	0	0	11	4	15
60 to 64	4	2	0	0	0	0	0	0	4	2	6
65 to 74	17	3	0	0	0	0	0	0	17	3	20
75 to 84	23	21	0	0	0	0	0	0	23	21	44
85+	6	26	0	0	0	0	0	0	6	26	32
TOTALS	63	57	0	0	0	0	0	0	63	57	120

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.

ALDEN-PRINCETON REHAB & CARE255 WEST 69TH STREET
CHICAGO, IL. 60621

Reference Numbers Facility ID 6012645

Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	11	101	0	2	6	0	120
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	101	0	2	6	0	120

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	161	132
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	117	0	0	0	117
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	2	0	0	0	2
White	0	0	0	0	0
Race Unknown	0	0	0	0	0
Total	120	0	0	0	120

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	119	0	0	0	119
Ethnicity Unknown	0	0	0	0	0
Total	120	0	0	0	120

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	11.00
Certified Aides	23.00
Other Health Staff	6.00
Non-Health Staff	23.00
Totals	67.00

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

Michael Stoudt

Contact Person and Telephone

Chris Reinhofer
 773-286-3883

Registered Agent Information

FISCH,KENNETH J.;MR.
 4200 W. PETERSON AVE.,STE. 140
 CHICAGO , IL 60646

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	2
*Nervous System	9
Alzheimer Disease	66
Mental Illness	6
Developmental Disability	0
Circulatory System	42
Respiratory System	40
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	12
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	181

Date Completed
 4/11/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2006	
Nursing Care	249	249	200	249	181	68	115	249	162
Skilled Under 22	0	0	0	0	0	0	0	0	263
Intermediate DD	0	0	0	0	0	0	0	0	244
Sheltered Care	0	0	0	0	0	0	0	0	181
TOTAL BEDS	249	249	200	249	181	68	115	249	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	9197	21.9%	51326	56.5%	6297	66820	73.5%	73.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	9197	21.9%	51326	56.5%	6297	66820	73.5%	73.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	1	0	0	0	0	0	0	2	1	3
45 to 59	10	12	0	0	0	0	0	0	10	12	22
60 to 64	3	7	0	0	0	0	0	0	3	7	10
65 to 74	14	18	0	0	0	0	0	0	14	18	32
75 to 84	21	39	0	0	0	0	0	0	21	39	60
85+	12	42	0	0	0	0	0	0	12	42	54
TOTALS	62	119	0	0	0	0	0	0	62	119	181

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.

ALDEN-TOWN MANOR REHAB & HHC

6120 WEST OGDEN

CICERO, IL. 60804

Reference Numbers Facility ID 6013353

Health Service Area 007 Planning Service Area 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	133	0	3	29	0	181
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	133	0	3	29	0	181

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	220
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	41	0	0	0	41
Hawaiian/Pac. Isl.	0	0	0	0	0
White	137	0	0	0	137
Race Unknown	3	0	0	0	3
Total	181	0	0	0	181

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	35	0	0	0	35
Non-Hispanic	143	0	0	0	143
Ethnicity Unknown	3	0	0	0	3
Total	181	0	0	0	181

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.35
LPN's	9.01
Certified Aides	33.58
Other Health Staff	4.72
Non-Health Staff	36.81
Totals	96.47

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
 Donald L. Dalicandro

Contact Person and Telephone

Chris Reinhofer
 773 286 6622 EXT 534

Registered Agent Information

FISCH, KENNETH J.; MR.
 4200 W. PETERSON AVE., STE. 140
 CHICAGO, IL 60646

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	9
*Nervous System	9
Alzheimer Disease	53
Mental Illness	5
Developmental Disability	0
Circulatory System	5
Respiratory System	15
Digestive System	12
Genitourinary System Disorders	0
Skin Disorders	7
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	17
Non-Medical Conditions	20
TOTALS	168

Date Completed
 4/10/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	207	207	207	168	39	207	207	Residents on 1/1/2006	169
Skilled Under 22	0	0	0	0	0		0	Total Admissions 2006	215
Intermediate DD	0	0	0	0	0		0	Total Discharges 2006	216
Sheltered Care	0	0	0	0	0		0	Residents on 12/31/2006	168
TOTAL BEDS	207	207	207	168	39	207	207		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	9182	12.2%	47213	62.5%	6168	62563	82.8%		82.8%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	9182	12.2%	47213	62.5%	6168	62563	82.8%		82.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	2	0	0	0	0	0	0	3	2	5
45 to 59	10	12	0	0	0	0	0	0	10	12	22
60 to 64	9	6	0	0	0	0	0	0	9	6	15
65 to 74	9	23	0	0	0	0	0	0	9	23	32
75 to 84	15	28	0	0	0	0	0	0	15	28	43
85+	6	45	0	0	0	0	0	0	6	45	51
TOTALS	52	116	0	0	0	0	0	0	52	116	168

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	128	0	3	15	0	168
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	22	128	0	3	15	0	168

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	230	195
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	14	0	0	0	14
Amer. Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pac. Isl.	0	0	0	0	0
White	146	0	0	0	146
Race Unknown	0	0	0	0	0
Total	168	0	0	0	168

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	158	0	0	0	158
Ethnicity Unknown	0	0	0	0	0
Total	168	0	0	0	168

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	27.00
Other Health Staff	13.00
Non-Health Staff	26.00
Totals	86.00

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
Jeffrey Kalkowski

Contact Person and Telephone

Chris Reinhofer
773-286-3883

Registered Agent Information

FISCH,KENNETH;MR.
4200 W. PETERSON AVE.,STE. 140
CHICAGO , IL 60646

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	13
Endocrine/Metabolic	23
Blood Disorders	7
*Nervous System	6
Alzheimer Disease	21
Mental Illness	46
Developmental Disability	0
Circulatory System	28
Respiratory System	19
Digestive System	6
Genitourinary System Disorders	10
Skin Disorders	8
Musculo-skeletal Disorders	10
Injuries and Poisonings	2
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	218

Date Completed
4/11/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	300	300	226	300	218	82	300	300	144	311
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0				237
TOTAL BEDS	300	300	226	300	218	82	300	300		218

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	4530	4.1%	67694	61.8%	1760	73984	67.6%		67.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	4530	4.1%	67694	61.8%	1760	73984	67.6%		67.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	19	12	0	0	0	0	0	0	19	12	31
45 to 59	39	26	0	0	0	0	0	0	39	26	65
60 to 64	5	6	0	0	0	0	0	0	5	6	11
65 to 74	25	13	0	0	0	0	0	0	25	13	38
75 to 84	22	18	0	0	0	0	0	0	22	18	40
85+	4	29	0	0	0	0	0	0	4	29	33
TOTALS	114	104	0	0	0	0	0	0	114	104	218

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.

ALDEN-WENTWORTH REHAB & CARE201 WEST 69TH STREET
CHICAGO, IL. 60621

Reference Numbers Facility ID 6009856

Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	14	188	0	0	16	0	218
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	188	0	0	16	0	218

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	213	0	0	0	213
Hawaiian/Pac. Isl.	0	0	0	0	0
White	4	0	0	0	4
Race Unknown	0	0	0	0	0
Total	218	0	0	0	218

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	217	0	0	0	217
Ethnicity Unknown	0	0	0	0	0
Total	218	0	0	0	218

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	32.00
Other Health Staff	12.00
Non-Health Staff	27.00
Totals	93.00

Aledo Rehab. & Health Care Center

304 S.W. 12th Street
ALEDO, IL. 61231

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

Administrator

Shalia Hart

Contact Person and Telephone

Marikay Snyder
309-689-5880

Registered Agent Information

SNYDER,MARIKAY L
830 WEST TRAILCREEK DRIVE
PEORIA, IL 61614

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	14
Blood Disorders	0
*Nervous System	1
Alzheimer Disease	15
Mental Illness	2
Developmental Disability	0
Circulatory System	9
Respiratory System	6
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	50

Date Completed
4/9/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	80	80	62	80	50	30	80	80	59	38
Skilled Under 22	0	0	0	0	0	0	0	0		47
Intermediate DD	0	0	0	0	0	0	0	0		50
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	80	80	62	80	50	30	80	80		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	860	2.9%	13697	46.9%	5816	20373	69.8%		69.8%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	860	2.9%	13697	46.9%	5816	20373	69.8%		69.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	0	0	0	0	0	0	2	1	3
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	2	9	0	0	0	0	0	0	2	9	11
85+	5	25	0	0	0	0	0	0	5	25	30
TOTALS	11	39	0	0	0	0	0	0	11	39	50

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.

Aledo Rehab. & Health Care Center

304 S.W. 12th Street
ALEDO, IL. 61231

Reference Numbers Facility ID 6003529

Health Service Area 010 Planning Service Area 131

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	1	32	0	0	17	0	50
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	32	0	0	17	0	50

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	96
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	49	0	0	0	49
Race Unknown	1	0	0	0	1
Total	50	0	0	0	50

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	0.00
Non-Health Staff	17.00
Totals	44.00

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

Registered Agent Information

WEDER, DEMARIS A
11501 BROTHERS LANE
HIGHLAND, IL 62249

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System	1
Alzheimer Disease	35
Mental Illness	4
Developmental Disability	0
Circulatory System	4
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	56

Date Completed
4/30/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	84	84	60	84	56	28	0	84	50
Skilled Under 22	0	0	0	0	0	0	0	0	40
Intermediate DD	0	0	0	0	0	0	0	0	34
Sheltered Care	0	0	0	0	0	0	0	0	56
TOTAL BEDS	84	84	60	84	56	28	0	84	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1047	0.0%	12083	39.4%	6091	19221	62.7%		62.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1047	0.0%	12083	39.4%	6091	19221	62.7%		62.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	4	0	0	0	0	0	0	0	4	4
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	3	1	0	0	0	0	0	0	3	1	4
75 to 84	15	13	0	0	0	0	0	0	15	13	28
85+	5	12	0	0	0	0	0	0	5	12	17
TOTALS	25	31	0	0	0	0	0	0	25	31	56

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.

ALHAMBRA CARE CENTER

417 EAST MAIN BOX 310
ALHAMBRA, IL. 62001

Reference Numbers Facility ID 6004014

Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	36	0	0	14	0	56
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	36	0	0	14	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	134	108
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	55	0	0	0	55
Race Unknown	0	0	0	0	0
Total	56	0	0	0	56

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	22.00
Other Health Staff	0.00
Non-Health Staff	23.00
Totals	59.00

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
Philip Morgenstein

Contact Person and Telephone

Jeffrey Webster
847-679-2121

Registered Agent Information

STERN,ABRAHAM;MR.
10 S WACKER DR, 40TH FLOOR
CHICAGO , 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	5
Blood Disorders	3
*Nervous System	4
Alzheimer Disease	18
Mental Illness	49
Developmental Disability	0
Circulatory System	3
Respiratory System	4
Digestive System	7
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	33
Non-Medical Conditions	0
TOTALS	141

Date Completed
4/6/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	144	144	144	144	141	3	0	144	138	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0	0	0	95	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0	0	0	92	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0	0	0	141	
TOTAL BEDS	144	144	144	144	141	3	0	144		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	50324	95.7%	0	50324	95.7%	95.7%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	0	0.0%	50324	95.7%	0	50324	95.7%	95.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	30	5	0	0	0	0	0	0	30	5	35
45 to 59	43	18	0	0	0	0	0	0	43	18	61
60 to 64	11	5	0	0	0	0	0	0	11	5	16
65 to 74	10	4	0	0	0	0	0	0	10	4	14
75 to 84	6	3	0	0	0	0	0	0	6	3	9
85+	3	3	0	0	0	0	0	0	3	3	6
TOTALS	103	38	0	0	0	0	0	0	103	38	141

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.

ALL AMERICAN NURSING HOME

5448 NORTH BROADWAY STREET
CHICAGO, IL. 60640

Reference Numbers Facility ID 6000087

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	141	0	0	0	0	141
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	141	0	0	0	0	141

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	0	0	0	0	0
Black	84	0	0	0	84
Hawaiian/Pac. Isl.	0	0	0	0	0
White	53	0	0	0	53
Race Unknown	0	0	0	0	0
Total	141	0	0	0	141

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	133	0	0	0	133
Ethnicity Unknown	0	0	0	0	0
Total	141	0	0	0	141

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	30.00
Other Health Staff	1.00
Non-Health Staff	38.00
Totals	86.00

ALLEN COURT

1650 EAST MAIN STREET
CLINTON, IL. 61727

Reference Numbers Facility ID 6011449
Health Service Area 004 Planning Service Area 039

Administrator

Danette Bezik

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/2/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	16	0		16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%		0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			5606	96.0%	0	5606	96.0%		96.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	5606	96.0%	0	5606	96.0%		96.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	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

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.

ALLEN COURT

1650 EAST MAIN STREET
CLINTON, IL. 61727

Reference Numbers Facility ID 6011449

Health Service Area 004 Planning Service Area 039

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	113	113
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	7.00
Other Health Staff	1.00
Non-Health Staff	2.00
Totals	10.25

Alpha Community House

1701-18th Street
Charleston, IL. 61920

Reference Numbers Facility ID 6000111
Health Service Area 004 Planning Service Area 029

Administrator

Joshua Rieman

Contact Person and Telephone

Joshua Rieman
217-345-4224

Registered Agent Information

KRCHAK,DAVID E
30 MAIN STREET, P O BOX 560
CHAMPAIGN , IL 61824

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/29/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	2
Intermediate DD	15	15	15	15	0		15	Total Discharges 2006	2
Sheltered Care	0	0	0	0	0			Residents on 12/31/2006	15
TOTAL BEDS	15	15	15	15	0	0	15		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5379	98.2%	0	5379	98.2%	98.2%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	5379	98.2%	0	5379	98.2%	98.2%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	3	0	0	6	3	9
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	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

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.

Alpha Community House1701-18th Street
Charleston, IL. 61920**Reference Numbers** Facility ID 6000111

Health Service Area 004 Planning Service Area 029

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	127	127
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	2.00
Totals	11.00

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

Registered Agent Information

OXSNEVAD, JOHANNES L.
3676 NORTH ALPINE ROAD
ROCKFORD, IL 61114

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System	2
Alzheimer Disease	5
Mental Illness	18
Developmental Disability	1
Circulatory System	34
Respiratory System	4
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	0
TOTALS	82

Date Completed
3/2/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	66	66	55	66	52	14	32	66	68	117
Skilled Under 22	0	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	33	33	33	33	30	3			103	82
TOTAL BEDS	99	99	88	99	82	17	32	66		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1971	16.9%	6186	25.7%	8531	16688	69.3%		69.3%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					11251	11251	93.4%		93.4%	
TOTALS	1971	16.9%	6186	25.7%	19782	27939	77.3%		77.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	2	9	0	0	0	0	3	8	5	17	22
85+	5	35	0	0	0	0	5	14	10	49	59
TOTALS	7	45	0	0	0	0	8	22	15	67	82

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.

ALPINE FIRESIDE HEALTH CENTER3650 NORTH ALPINE ROAD
ROCKFORD, IL. 61114

Reference Numbers Facility ID 6000129

Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	4	20	0	2	26	0	52
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	2	28	0	30
TOTALS	4	20	0	4	54	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	110	95

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	51	0	0	30	81
Race Unknown	0	0	0	0	0
Total	52	0	0	30	82

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	52	0	0	30	82
Total	52	0	0	30	82

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	29.00
Other Health Staff	1.00
Non-Health Staff	26.00
Totals	70.00

ALSHORE HOUSE

2840 WEST FOSTER AVENUE
CHICAGO, IL. 60625

Reference Numbers Facility ID 6000137
Health Service Area 006 Planning Service Area 601

Administrator
PAMELA SOLOMON

Contact Person and Telephone
NELLIE SAHAGUN
773-561-2040

Registered Agent Information
ROSENTHAL,NORBERT
400 EAST RANDOLPH. SUITE 700
CHICAGO , IL 60601

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	15
Mental Illness	1
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	6
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	43

Date Completed
3/16/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	48	48	48	43	5	0	48	Residents on 1/1/2006	48
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	20
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	25
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	43
TOTAL BEDS	48	48	48	43	5	0	48		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	14802	84.5%	1487	16289	93.0%	93.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	0	0.0%	14802	84.5%	1487	16289	93.0%	93.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	3	0	0	0	0	0	0	1	3	4
65 to 74	1	6	0	0	0	0	0	0	1	6	7
75 to 84	6	10	0	0	0	0	0	0	6	10	16
85+	3	8	0	0	0	0	0	0	3	8	11
TOTALS	14	29	0	0	0	0	0	0	14	29	43

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.

ALSHORE HOUSE

2840 WEST FOSTER AVENUE
CHICAGO, IL. 60625

Reference Numbers Facility ID 6000137

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	40	0	3	0	0	43
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	40	0	3	0	0	43

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	34	0	0	0	34
Race Unknown	0	0	0	0	0
Total	43	0	0	0	43

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	38	0	0	0	38
Ethnicity Unknown	0	0	0	0	0
Total	43	0	0	0	43

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	13.00
Other Health Staff	5.00
Non-Health Staff	5.00
Totals	29.00

ALTON BLUFF ESTATES

821 WASHINGTON AVENUE
ALTON, IL. 62002

Reference Numbers Facility ID 6012397
Health Service Area 011 Planning Service Area 119

Administrator

Diane Tebbe

Contact Person and Telephone

Diane Tebbe
618-465-0044 (X1601)

Registered Agent Information

MOEHN, J. THOMAS
4 EMMIE L. KAUS LANE
ALTON, IL 62002

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/11/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5804	99.4%	0	5804	99.4%	99.4%	99.4%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5804	99.4%	0	5804	99.4%	99.4%	99.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	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	5	0	0	3	5	8
60 to 64	0	0	0	0	2	1	0	0	2	1	3
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

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.

ALTON BLUFF ESTATES

821 WASHINGTON AVENUE

ALTON, IL. 62002

Reference Numbers Facility ID 6012397

Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	109
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.20
Registered Nurses	1.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	10.00
Non-Health Staff	0.50
Totals	12.70

ALTON MEMORIAL HOSP-HATCH UNIT

ONE MEMORIAL DRIVE
 ALTON, IL. 62002
Reference Numbers Facility ID 6000152
 Health Service Area 011 Planning Service Area 119

Administrator
 Ronald McMullen

Contact Person and Telephone

Matthew A. Whitlock RN
 618-463-7140

Registered Agent Information

Date Completed
 4/12/2007

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

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System	0
Alzheimer Disease	0
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	4
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	18

Note: Reported restrictions denoted by '1'

FACILITY OWNERSHIP
 OTHER NON-PROFIT

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	28	24	23	24	18	10	28	28	Total Admissions 2006	533
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2006	533
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2006	18
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	28	24	23	24	18	10	28	28		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	5104	49.9%	139	1.4%	650	5893	57.7%	67.3%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	5104	49.9%	139	1.4%	650	5893	57.7%	67.3%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

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

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.

ALTON MEMORIAL HOSP-HATCH UNIT

ONE MEMORIAL DRIVE

ALTON, IL. 62002

Reference Numbers Facility ID 6000152

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	Charity Pay	Charity Care	TOTALS
Nursing Care	15	0	0	3	0	0	18
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	0	0	3	0	0	18

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	619	412
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkilUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	6.00
Certified Aides	9.00
Other Health Staff	2.00
Non-Health Staff	0.00
Totals	28.00

ALVIN EADES CENTER

1000A WEST MICHIGAN
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6013668
Health Service Area 003 Planning Service Area 137

Administrator

Deborah Norris

Contact Person and Telephone

Deborah Norris
217-245-9898

Registered Agent Information

NORRIS,DEBORAH J.
905 WEST SUPERIOR
JACKSONVILLE , IL 62650

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/10/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5840	100.0%	0	5840	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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

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.

ALVIN EADES CENTER

1000A WEST MICHIGAN
 JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6013668

Health Service Area 003 Planning Service Area 137

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	2.50
Non-Health Staff	1.50
Totals	13.00

AMBASSADOR NURSING CENTER

4900 NORTH BERNARD
CHICAGO, IL. 60625

Reference Numbers Facility ID 6000186
Health Service Area 006 Planning Service Area 601

Administrator

Ronald Reyes

Contact Person and Telephone

Patricia Correa
773-583-7130

Registered Agent Information

MEISELS, DAVID BARESH
4900 N BERNARD ST
CHICAGO, IL 60625

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	6
Blood Disorders	4
*Nervous System	13
Alzheimer Disease	12
Mental Illness	11
Developmental Disability	0
Circulatory System	15
Respiratory System	7
Digestive System	4
Genitourinary System Disorders	12
Skin Disorders	4
Musculo-skeletal Disorders	10
Injuries and Poisonings	5
Other Medical Conditions	15
Non-Medical Conditions	1
TOTALS	127

Date Completed
4/27/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	190	190	153	127	127	63	190	190	148	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		0		
TOTAL BEDS	190	190	153	127	127	63	190	190	178	127

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	5025	7.2%	41716	60.2%	2811	49552	71.5%		71.5%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	5025	7.2%	41716	60.2%	2811	49552	71.5%		71.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	5	0	0	0	0	0	0	3	5	8
45 to 59	29	14	0	0	0	0	0	0	29	14	43
60 to 64	6	0	0	0	0	0	0	0	6	0	6
65 to 74	15	11	0	0	0	0	0	0	15	11	26
75 to 84	10	15	0	0	0	0	0	0	10	15	25
85+	7	12	0	0	0	0	0	0	7	12	19
TOTALS	70	57	0	0	0	0	0	0	70	57	127

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.

AMBASSADOR NURSING CENTER

4900 NORTH BERNARD
CHICAGO, IL. 60625

Reference Numbers Facility ID 6000186

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	108	0	0	5	0	127
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	108	0	0	5	0	127

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	144	139
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	11	0	0	0	11
Amer. Indian	0	0	0	0	0
Black	31	0	0	0	31
Hawaiian/Pac. Isl.	0	0	0	0	0
White	85	0	0	0	85
Race Unknown	0	0	0	0	0
Total	127	0	0	0	127

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	39	0	0	0	39
Non-Hispanic	88	0	0	0	88
Ethnicity Unknown	0	0	0	0	0
Total	127	0	0	0	127

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	28.00
Other Health Staff	9.00
Non-Health Staff	38.00
Totals	102.00

AMBERWOOD NURSING & REHAB CTR

2313 North Rockton
ROCKFORD, IL. 61103

Reference Numbers Facility ID 6001267
Health Service Area 001 Planning Service Area 201

Administrator

Richard L. Rimkus

Contact Person and Telephone

Richard L. Rimkus
815-964-2200

Registered Agent Information

SCHWARTZ,LAWRENCE Y
7358 NORTH LINCOLN, SUITE 130
LINCOLNWOOD , IL 60712

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	15
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	8
Mental Illness	10
Developmental Disability	1
Circulatory System	7
Respiratory System	15
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	76

Date Completed
4/12/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	162	148	86	148	76	86	19	162	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	162	148	86	148	76	86	19	162		86

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2149	31.0%	22156	37.5%	1730	26035	44.0%		48.2%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2149	31.0%	22156	37.5%	1730	26035	44.0%		48.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	7	5	0	0	0	0	0	0	7	5	12
60 to 64	5	1	0	0	0	0	0	0	5	1	6
65 to 74	9	8	0	0	0	0	0	0	9	8	17
75 to 84	9	15	0	0	0	0	0	0	9	15	24
85+	3	14	0	0	0	0	0	0	3	14	17
TOTALS	33	43	0	0	0	0	0	0	33	43	76

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.

AMBERWOOD NURSING & REHAB CTR2313 North Rockton
ROCKFORD, IL. 61103

Reference Numbers Facility ID 6001267

Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	28	44	0	0	4	0	76
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	28	44	0	0	4	0	76

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	25	0	0	0	25
Hawaiian/Pac. Isl.	0	0	0	0	0
White	51	0	0	0	51
Race Unknown	0	0	0	0	0
Total	76	0	0	0	76

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	75	0	0	0	75
Total	76	0	0	0	76

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	11.00
Certified Aides	52.00
Other Health Staff	4.00
Non-Health Staff	50.00
Totals	123.00

AMBOY NURSING ACQUISITION & MANAGEMENT

15 WEST WASSON ROAD
 AMBOY, IL. 61310
Reference Numbers Facility ID 6005730
 Health Service Area 001 Planning Service Area 103

Administrator
 Suzanne E Egan

Contact Person and Telephone

Suzanne E Egan
 815-857-2550

Registered Agent Information

NATIONAL REGISTERED AGENTS INC
 200 WEST ADAMS STREET
 CHICAGO, IL 60606

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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

Note: Reported restrictions denoted by '1'

Date Completed
 4/12/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System	23
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	1
Circulatory System	8
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	52

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	97	97	60	97	45	97	97	50	48
Skilled Under 22	0	0	0	0	0	0	0		46
Intermediate DD	0	0	0	0	0	0	0		52
Sheltered Care	0	0	0	0	0	0	0		
TOTAL BEDS	97	97	60	97	45	97	97		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1806	5.1%	12873	36.4%	5163	19842	56.0%		56.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1806	5.1%	12873	36.4%	5163	19842	56.0%		56.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
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	2	0	0	0	0	0	0	2	2	4
75 to 84	4	8	0	0	0	0	0	0	4	8	12
85+	11	20	0	0	0	0	0	0	11	20	31
TOTALS	18	34	0	0	0	0	0	0	18	34	52

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.

AMBOY NURSING ACQUISITION & MANAGEMENT

15 WEST WASSON ROAD

AMBOY, IL. 61310

Reference Numbers Facility ID 6005730

Health Service Area 001 Planning Service Area 103

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	3	36	0	0	13	0	52
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	36	0	0	13	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	52	0	0	0	52
Race Unknown	0	0	0	0	0
Total	52	0	0	0	52

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	21.00
Other Health Staff	0.00
Non-Health Staff	25.00
Totals	58.00

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

Registered Agent Information

MCCLAIN, ARLAN L.; MS.
500 ANCHOR ROAD, P. O. BOX 366
DIXON, IL 61021

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Total Admissions 2006	0
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2006	0
Intermediate DD	16	16	16	16	16	0	0	16	Residents on 12/31/2006	16
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5840	100.0%	0	5840	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

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

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.

Amboy Terrace

200 West Hawley
Amboy, IL. 61310

Reference Numbers Facility ID 6012801

Health Service Area 001 Planning Service Area 103

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	172	163
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.75
Certified Aides	13.50
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	16.75

ANCHORAGE OF BENSENVILLE

111 EAST WASHINGTON
 BENSENVILLE, IL. 60106
Reference Numbers Facility ID 6000353
 Health Service Area 007 Planning Service Area 703

Administrator

John J. Hurley

Contact Person and Telephone

John J. Hurley
 630-521-8010

Registered Agent Information

ZIMMERMAN,CARL A
 331 SOUTH YORK RD
 BENSENVILLE , IL 60106

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	9
Blood Disorders	2
*Nervous System	11
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	25
Respiratory System	3
Digestive System	6
Genitourinary System Disorders	32
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	28
Non-Medical Conditions	0
TOTALS	117

Date Completed
 5/4/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	225	177	138	171	117	108	128	142	132	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		0		
TOTAL BEDS	225	177	138	171	117	108	128	142	111	117

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	7329	15.7%	25669	49.5%	12680	45678	55.6%		70.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	7329	15.7%	25669	49.5%	12680	45678	55.6%		70.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	5	0	0	0	0	0	0	0	5	5
75 to 84	9	22	0	0	0	0	0	0	9	22	31
85+	6	74	0	0	0	0	0	0	6	74	80
TOTALS	15	102	0	0	0	0	0	0	15	102	117

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.

ANCHORAGE OF BENSENVILLE111 EAST WASHINGTON
BENSENVILLE, IL. 60106

Reference Numbers Facility ID 6000353

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	20	63	0	1	33	0	117
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	63	0	1	33	0	117

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	273	239
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	116	0	0	0	116
Race Unknown	0	0	0	0	0
Total	117	0	0	0	117

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.50
LPN's	9.50
Certified Aides	31.00
Other Health Staff	9.00
Non-Health Staff	81.00
Totals	139.00

ANDOVER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
4636 W ANDOVER		Aggressive/Anti-Social	1	DIAGNOSIS		
PEORIA, IL. 61615		Chronic Alcoholism	1	Neoplasms	0	
Reference Numbers	Facility ID 6013387	Developmentally Disabled	0	Endocrine/Metabolic	0	
Health Service Area 002	Planning Service Area 143	Drug Addiction	1	Blood Disorders	0	
Administrator		Medicaid Recipient	0	*Nervous System	0	
Edith B. Morris		Medicare Recipient	0	Alzheimer Disease	0	
		Mental Illness	0	Mental Illness	0	
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	4	
Edith Morris		Non-Mobile	0	Circulatory System	0	
309-691-3123		Public Aid Recipient	0	Respiratory System	0	
	Date Completed	Under 65 Years Old	0	Digestive System	0	
	3/29/2007	Unable to Self-Medicare	0	Genitourinary System Disorders	0	
Registered Agent Information		Ventilator Dependent	1	Skin Disorders	0	
RICKETTS,ROY		Infectious Disease w/ Isolation	1	Musculo-skeletal Disorders	0	
1913 WEST TOWNLINE RD,BOX 3418		Other Restrictions	1	Injuries and Poisonings	0	
PEORIA, IL 61612		No Restrictions	0	Other Medical Conditions	0	
		<i>Note: Reported restrictions denoted by 'I'</i>			Non-Medical Conditions	0
FACILITY OWNERSHIP				TOTALS	4	
NON-PROF CORPORATION						

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	0	0	0	0	0	0	0	0	Total Admissions 2006	2
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2006	2
Intermediate DD	4	4	4	4	4	0	4	4	Residents on 12/31/2006	4
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4		

FACILITY UTILIZATION - 2006									
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE									
LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			1097	75.1%	0	1097	75.1%	75.1%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	0	0.0%	1097	75.1%	0	1097	75.1%	75.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006											
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	4	0	0	0	4	0	4

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.

ANDOVER
 4636 W ANDOVER
 PEORIA, IL. 61615

Reference Numbers Facility ID 6013387
 Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	196	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	1.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	3.50
Totals	6.50

ANNA HOSPITAL CORPORATION

517 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

Tammy Samuels
 618-833-4511 ext. 4297

Registered Agent Information

NATIONAL REGISTERED AGENTS INC
 208 SOUTH LASALLE, STE. 1855
 CHICAGO, IL 60604

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	5
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	14
Non-Medical Conditions	0
TOTALS	21

Date Completed
 3/27/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	22	22	22	22	21	1	0	10	18	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		0		
TOTAL BEDS	22	22	22	22	21	1	0	10		21

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	2097	57.5%	5344	7441	92.7%		92.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	2097	57.5%	5344	7441	92.7%		92.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	0	5	0	0	0	0	0	0	0	5	5
85+	2	13	0	0	0	0	0	0	2	13	15
TOTALS	2	19	0	0	0	0	0	0	2	19	21

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.

ANNA HOSPITAL CORPORATION

517 NORTH MAIN STREET

ANNA, IL. 62906

Reference Numbers Facility ID 6009492

Health Service Area 005 Planning Service Area 181

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	6	0	0	15	0	21
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	15	0	21

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	121	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	10.00
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	20.00

FACILITY NOTES

- Name Change 11/1/2006 Name changed from Union County Skilled Nursing.
- E-067-06 11/1/2006 Change of ownership occurred.
- E-067-06 10/24/2006 Change of ownership exemption approved.

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

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/6/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	6
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	6	6	6	6	0	0	6	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	6
TOTAL BEDS	6	6	6	6	0	0	6		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			2190	100.0%	0	2190	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	2190	100.0%	0	2190	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	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	0	0	0	6	0	6

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.

ANNA TERRACE

408 ANNA STREET
 JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6013775

Health Service Area 003 Planning Service Area 137

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	175	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	6.30
Other Health Staff	0.25
Non-Health Staff	1.00
Totals	7.80

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

Matthew Steffen
309-266-9781

Registered Agent Information

MESSNER, RON; MR
2125 VETERANS ROAD
MORTON, IL 61550

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	93
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	93

Date Completed
4/12/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	94
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	10
Intermediate DD	98	98	96	98	93	5	98	Total Discharges 2006	11
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	93
TOTAL BEDS	98	98	96	98	93	5	98		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			33393	93.4%	75	33468	93.6%	93.6%	93.6%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	33393	93.4%	75	33468	93.6%	93.6%	93.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	22	28	0	0	22	28	50
45 to 59	0	0	0	0	15	18	0	0	15	18	33
60 to 64	0	0	0	0	0	2	0	0	0	2	2
65 to 74	0	0	0	0	2	3	0	0	2	3	5
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	40	53	0	0	40	53	93

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.

APOS. CHRISTIAN TIMBER RIDGE

2125 VETERANS ROAD

MORTON, IL. 61550

Reference Numbers Facility ID 6000418

Health Service Area 002 Planning Service Area 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		92	0	0	1	0	93
Sheltered Care			0	0	0	0	0
TOTALS	0	92	0	0	1	0	93

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	143	143
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	90	0	90
Race Unknown	0	0	0	0	0
Total	0	0	93	0	93

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	93	0	93
Ethnicity Unknown	0	0	0	0	0
Total	0	0	93	0	93

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.43
LPN's	8.06
Certified Aides	62.53
Other Health Staff	17.23
Non-Health Staff	35.81
Totals	137.06

APOSTOLIC - ROANOKE

1102 WEST RANDOLPH
 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

ISAIA,RICHARD D.,MR.
 1102 W RANDOLPH
 ROANOKE , IL 61561

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

Date Completed
 3/22/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	9
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	5
Injuries and Poisonings	6
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	53

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	61	61	60	60	53	8	32	61	49	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	61	61	60	60	53	8	32	61	49	53

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1453	12.4%	8130	36.5%	9963	19546	87.8%	87.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	1453	12.4%	8130	36.5%	9963	19546	87.8%	87.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	0	0	0	0	0	0	0	1	0	1
75 to 84	2	11	0	0	0	0	0	0	2	11	13
85+	6	29	0	0	0	0	0	0	6	29	35
TOTALS	11	42	0	0	0	0	0	0	11	42	53

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.

APOSTOLIC - ROANOKE

1102 WEST RANDOLPH
 ROANOKE, IL. 61561

Reference Numbers Facility ID 6000384

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	Charity Pay	Charity Care	TOTALS
Nursing Care	5	21	0	0	27	0	53
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	21	0	0	27	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	168
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	12.00
Other Health Staff	1.00
Non-Health Staff	21.00
Totals	38.00

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

HOFFMAN, THOMAS A; MR
 610 WEST CRUGER STREET
 EUREKA, IL 61530

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System	18
Alzheimer Disease	42
Mental Illness	0
Developmental Disability	1
Circulatory System	30
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	1
Other Medical Conditions	1
Non-Medical Conditions	1
TOTALS	112

Date Completed
 4/11/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK	PEAK	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2006	
Nursing Care	109	109	109	104	5	36	109	Residents on 1/1/2006	114
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	51
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	53
Sheltered Care	10	9	9	8	2			Residents on 12/31/2006	112
TOTAL BEDS	119	118	118	112	7	36	109		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	957	7.3%	8452	21.2%	28971	38380	96.5%	96.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					3211	3211	88.0%	97.7%	
TOTALS	957	7.3%	8452	21.2%	32182	41591	95.8%	96.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	3	0	0	0	0	0	0	1	3	4
75 to 84	8	19	0	0	0	0	0	2	8	21	29
85+	13	58	0	0	0	0	0	6	13	64	77
TOTALS	22	82	0	0	0	0	0	8	22	90	112

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.

APOSTOLIC CHRISTIAN - EUREKA

610 CRUGER

EUREKA, IL. 61530

Reference Numbers Facility ID 6002885

Health Service Area 002 Planning Service Area 203

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	3	22	0	0	79	0	104
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	8	0	8
TOTALS	3	22	0	0	87	0	112

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	159	149
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	94

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	104	0	0	8	112
Race Unknown	0	0	0	0	0
Total	104	0	0	8	112

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	104	0	0	8	112
Ethnicity Unknown	0	0	0	0	0
Total	104	0	0	8	112

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	10.00
Certified Aides	55.00
Other Health Staff	1.00
Non-Health Staff	41.00
Totals	122.00

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 G. Stieglitz

Contact Person and Telephone

David Stieglitz
 847-741-4543

Registered Agent Information

STIEGLITZ, DAVID G.; MR.
 2750 W HIGHLAND AVE
 ELGIN, IL 60123

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	11
Mental Illness	12
Developmental Disability	0
Circulatory System	13
Respiratory System	0
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	50

Date Completed
 4/9/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	50	50	50	50	0	0	50	Residents on 1/1/2006	50
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	11
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	11
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	50
TOTAL BEDS	50	50	50	50	0	0	50		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	5967	32.7%	12047	18014	98.7%	98.7%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	0	0.0%	5967	32.7%	12047	18014	98.7%	98.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	2	0	0	0	0	0	0	0	2	0	2
75 to 84	2	11	0	0	0	0	0	0	2	11	13
85+	4	28	0	0	0	0	0	0	4	28	32
TOTALS	9	41	0	0	0	0	0	0	9	41	50

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.

APOSTOLIC CHRISTIAN RESTHAVEN

2750 WEST HIGHLAND AVENUE

ELGIN, IL. 60124

Reference Numbers Facility ID 6000392

Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	18	0	0	32	0	50
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	18	0	0	32	0	50

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	178	155
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	3.00
Certified Aides	29.00
Other Health Staff	1.00
Non-Health Staff	25.00
Totals	70.00

APOSTOLIC CHRISTIAN RESTMOR

935 EAST JEFFERSON STREET
MORTON, IL. 61550

Reference Numbers Facility ID 6000400
Health Service Area 002 Planning Service Area 179

Administrator

John Kelley

Contact Person and Telephone

John Kelley
309-266-7141

Registered Agent Information

KAISER,GREGORY NEAL
935 E JEFFERSON
MORTON , IL 61550

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	9
Blood Disorders	2
*Nervous System	22
Alzheimer Disease	13
Mental Illness	17
Developmental Disability	0
Circulatory System	23
Respiratory System	3
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	1
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	119

Date Completed
4/11/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	120	120	120	107	13	26	120	Residents on 1/1/2006	114
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	93
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	88
Sheltered Care	26	24	24	24	12	14		Residents on 12/31/2006	119
TOTAL BEDS	146	144	144	144	119	27	120		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	3413	36.0%	7519	17.2%	28228	39160	89.4%	89.4%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					4844	4844	51.0%	55.3%	
TOTALS	3413	36.0%	7519	17.2%	33072	44004	82.6%	83.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	0	4	0	0	0	0	0	0	0	4	4
75 to 84	8	16	0	0	0	0	1	4	9	20	29
85+	19	58	0	0	0	0	2	5	21	63	84
TOTALS	27	80	0	0	0	0	3	9	30	89	119

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.

APOSTOLIC CHRISTIAN RESTMOR

935 EAST JEFFERSON STREET
MORTON, IL. 61550

Reference Numbers Facility ID 6000400

Health Service Area 002 Planning Service Area 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	10	23	0	2	72	0	107
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	12	0	12
TOTALS	10	23	0	2	84	0	119

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	189	172
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	122	108

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	107	0	0	12	119
Race Unknown	0	0	0	0	0
Total	107	0	0	12	119

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	107	0	0	12	119
Ethnicity Unknown	0	0	0	0	0
Total	107	0	0	12	119

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.03
Director of Nursing	2.00
Registered Nurses	16.60
LPN's	8.97
Certified Aides	46.87
Other Health Staff	15.45
Non-Health Staff	47.03
Totals	138.95

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
Dean Ramseyer

Contact Person and Telephone
Dean Ramseyer
309-691-8091

Registered Agent Information
HERMAN,ROGER;MR.
7023 NORTHEAST SKYLINE DRIVE
PEORIA, IL 61614

FACILITY OWNERSHIP
NON-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

Date Completed
4/26/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System	2
Alzheimer Disease	20
Mental Illness	15
Developmental Disability	0
Circulatory System	17
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	17
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	80

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	57	57	56	57	56	1	14	57	76	29
Skilled Under 22	0	0	0	0	0	0		0		25
Intermediate DD	0	0	0	0	0	0		0		80
Sheltered Care	29	26	25	26	24	5				
TOTAL BEDS	86	83	81	83	80	6	14	57		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1049	20.5%	3934	18.9%	14920	19903	95.7%	95.7%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					8335	8335	78.7%	87.8%		
TOTALS	1049	20.5%	3934	18.9%	23255	28238	90.0%	93.2%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	1	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	1	1	2	3
75 to 84	1	9	0	0	0	0	0	5	1	14	15
85+	6	37	0	0	0	0	5	12	11	49	60
TOTALS	9	47	0	0	0	0	5	19	14	66	80

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.

APOSTOLIC CHRISTIAN SKYLINES

7023 NORTH EAST SKYLINE DRIVE

PEORIA, IL. 61614

Reference Numbers Facility ID 6000426

Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	11	0	0	39	0	56
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	24	0	24
TOTALS	6	11	0	0	63	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	157	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	167	155

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	56	0	0	24	80
Race Unknown	0	0	0	0	0
Total	56	0	0	24	80

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	56	0	0	24	80
Ethnicity Unknown	0	0	0	0	0
Total	56	0	0	24	80

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.25
LPN's	9.10
Certified Aides	36.50
Other Health Staff	0.00
Non-Health Staff	28.40
Totals	82.25

APPLEWOOD NRSNG & REHAB CENTER

21020 KOSTNER AVENUE
 MATTESON, IL. 60443
Reference Numbers Facility ID 6000467
 Health Service Area 007 Planning Service Area 705

Administrator
 Dianne O'Connor

Contact Person and Telephone

Dianne O'Connor
 708-747-1300

Registered Agent Information

ARONIN, DAVID
 2201 MAIN STREET
 EVANSTON, IL 60202

FACILITY OWNERSHIP
 LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	4
*Nervous System	5
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	44
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	2
Other Medical Conditions	44
Non-Medical Conditions	0
TOTALS	109

Date Completed
 4/16/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	115	114	113	114	109	6	115	80	106
Skilled Under 22	0	0	0	0	0	0	0	0	198
Intermediate DD	0	0	0	0	0	0	0	0	195
Sheltered Care	0	0	0	0	0	0	0	0	109
TOTAL BEDS	115	114	113	114	109	6	115	80	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	8388	20.0%	22560	77.3%	7218	38166	90.9%	91.7%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	8388	20.0%	22560	77.3%	7218	38166	90.9%	91.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	4	11	0	0	0	0	0	0	4	11	15
75 to 84	9	25	0	0	0	0	0	0	9	25	34
85+	8	47	0	0	0	0	0	0	8	47	55
TOTALS	22	87	0	0	0	0	0	0	22	87	109

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.

APPLEWOOD NRSG & REHAB CENTER

21020 KOSTNER AVENUE
 MATTESON, IL. 60443

Reference Numbers Facility ID 6000467

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	21	69	0	0	19	0	109
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	69	0	0	19	0	109

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	172	151
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	55	0	0	0	55
Hawaiian/Pac. Isl.	0	0	0	0	0
White	54	0	0	0	54
Race Unknown	0	0	0	0	0
Total	109	0	0	0	109

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	108	0	0	0	108
Total	109	0	0	0	109

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	24.00
Other Health Staff	6.00
Non-Health Staff	35.00
Totals	82.00

ARBOR OF ITASCA

535 SOUTH ELM
ITASCA, IL. 60143

Reference Numbers Facility ID 6000483
Health Service Area 007 Planning Service Area 703

Administrator

Thomas Annarella

Contact Person and Telephone

Thomas Annarella
630-773-9416

Registered Agent Information

RICCI, CHARLES C.; MR.
535 SOUTH ELM STREET
ITASCA, IL 60143

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	8
Blood Disorders	2
*Nervous System	6
Alzheimer Disease	41
Mental Illness	2
Developmental Disability	0
Circulatory System	11
Respiratory System	0
Digestive System	8
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	16
Injuries and Poisonings	3
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	107

Date Completed
4/10/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	144	144	122	144	107	37	14	144	111
Skilled Under 22	0	0	0	0	0	0	0	0	81
Intermediate DD	0	0	0	0	0	0	0	0	85
Sheltered Care	0	0	0	0	0	0	0	0	107
TOTAL BEDS	144	144	122	144	107	37	14	144	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1934	37.8%	29116	55.4%	7905	38955	74.1%	74.1%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	1934	37.8%	29116	55.4%	7905	38955	74.1%	74.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	6	0	0	0	0	0	0	4	6	10
75 to 84	7	28	0	0	0	0	0	0	7	28	35
85+	6	55	0	0	0	0	0	0	6	55	61
TOTALS	17	90	0	0	0	0	0	0	17	90	107

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.

ARBOR OF ITASCA

535 SOUTH ELM
 ITASCA, IL. 60143

Reference Numbers Facility ID 6000483

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	78	0	0	24	0	107
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	78	0	0	24	0	107

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	208	189
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	106	0	0	0	106
Race Unknown	0	0	0	0	0
Total	107	0	0	0	107

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	104	0	0	0	104
Ethnicity Unknown	0	0	0	0	0
Total	107	0	0	0	107

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	31.00
Other Health Staff	23.00
Non-Health Staff	0.00
Totals	66.00

ARBOR VIEW NURSING & REHAB

1805 27TH STREET
 ZION, IL. 60099
Reference Numbers Facility ID 6002281
 Health Service Area 008 Planning Service Area 097

Administrator
 Robin Lemasters

Contact Person and Telephone

Robin Lemasters
 847-746-3736

Registered Agent Information

HEDGES,ROBERT G.
 1625 S. 6TH STREET
 SPRINGFIELD , IL 62703

FACILITY OWNERSHIP
 LIMITED LIABILITY CO

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	25
Blood Disorders	2
*Nervous System	2
Alzheimer Disease	5
Mental Illness	3
Developmental Disability	2
Circulatory System	19
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	6
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	95

Date Completed
 4/11/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK	PEAK	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2006	
Nursing Care	116	112	103	112	95	21	116	116	83
Skilled Under 22	0	0	0	0	0	0	0	0	100
Intermediate DD	0	0	0	0	0	0	0	0	88
Sheltered Care	0	0	0	0	0	0	0	0	95
TOTAL BEDS	116	112	103	112	95	21	116	116	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	3309	7.8%	22990	54.3%	6266	32565	76.9%	79.7%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	3309	7.8%	22990	54.3%	6266	32565	76.9%	79.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	2	0	0	0	0	0	0	2	2	4
65 to 74	8	6	0	0	0	0	0	0	8	6	14
75 to 84	14	22	0	0	0	0	0	0	14	22	36
85+	5	26	0	0	0	0	0	0	5	26	31
TOTALS	34	61	0	0	0	0	0	0	34	61	95

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.

ARBOR VIEW NURSING & REHAB

1805 27TH STREET

ZION, IL. 60099

Reference Numbers Facility ID 6002281

Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	63	0	0	21	0	95
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	63	0	0	21	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	128
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	21	0	0	0	21
Hawaiian/Pac. Isl.	0	0	0	0	0
White	72	0	0	0	72
Race Unknown	1	0	0	0	1
Total	95	0	0	0	95

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	11.00
Certified Aides	39.00
Other Health Staff	3.00
Non-Health Staff	32.00
Totals	102.00

ARBOUR HEALTH CARE CENTER

1512 WEST FARGO
CHICAGO, IL. 60626

Reference Numbers Facility ID 6008155
Health Service Area 006 Planning Service Area 601

Administrator

Debra L. Patty

Contact Person and Telephone

Debbie Patty
773-465-7751

Registered Agent Information

STERN, ABRAHAM J.; MR.
10 S. WACKER DR., 40TH FLOOR
CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

Date Completed
3/28/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	15
Blood Disorders	2
*Nervous System	0
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	16
Respiratory System	18
Digestive System	14
Genitourinary System Disorders	10
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	88

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	99	99	99	99	88	11	0	99	92	283
Skilled Under 22	0	0	0	0	0	0		0		287
Intermediate DD	0	0	0	0	0	0		0		88
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	99	99	99	99	88	11	0	99		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	32496	89.9%	365	32861	90.9%		90.9%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	32496	89.9%	365	32861	90.9%		90.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	9	9	0	0	0	0	0	0	9	9	18
45 to 59	22	12	0	0	0	0	0	0	22	12	34
60 to 64	8	4	0	0	0	0	0	0	8	4	12
65 to 74	8	5	0	0	0	0	0	0	8	5	13
75 to 84	2	5	0	0	0	0	0	0	2	5	7
85+	0	4	0	0	0	0	0	0	0	4	4
TOTALS	49	39	0	0	0	0	0	0	49	39	88

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.

ARBOUR HEALTH CARE CENTER1512 WEST FARGO
CHICAGO, IL. 60626

Reference Numbers Facility ID 6008155

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	87	0	0	1	0	88
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	87	0	0	1	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	1	0	0	0	1
Black	35	0	0	0	35
Hawaiian/Pac. Isl.	0	0	0	0	0
White	51	0	0	0	51
Race Unknown	0	0	0	0	0
Total	88	0	0	0	88

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	80	0	0	0	80
Ethnicity Unknown	0	0	0	0	0
Total	88	0	0	0	88

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	13.00
Other Health Staff	8.00
Non-Health Staff	19.00
Totals	54.00

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

Sheila Hopkins

Contact Person and Telephone

Marikay Snyder
309-689-5880

Registered Agent Information

SNYDER, MARIKAY L.
830 WEST TRAILCREEK DRIVE
PEORIA, IL 61614

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System	21
Alzheimer Disease	3
Mental Illness	42
Developmental Disability	0
Circulatory System	19
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	93

Date Completed
4/5/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	100	100	100	93	7	50	100	Residents on 1/1/2006	89
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	50
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	46
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	93
TOTAL BEDS	100	100	100	93	7	50	100		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	749	4.1%	28434	77.9%	4579	33762	92.5%	92.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	749	4.1%	28434	77.9%	4579	33762	92.5%	92.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	3	0	0	0	0	0	0	4	3	7
45 to 59	15	9	0	0	0	0	0	0	15	9	24
60 to 64	5	6	0	0	0	0	0	0	5	6	11
65 to 74	8	10	0	0	0	0	0	0	8	10	18
75 to 84	12	6	0	0	0	0	0	0	12	6	18
85+	3	12	0	0	0	0	0	0	3	12	15
TOTALS	47	46	0	0	0	0	0	0	47	46	93

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.

ARCOLA HEALTHCARE CARE CENTER

422 EAST FOURTH STREET

ARCOLA, IL. 61910

Reference Numbers Facility ID 6009823

Health Service Area 004 Planning Service Area 041

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	1	82	3	1	6	0	93
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	82	3	1	6	0	93

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	105
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	88	0	0	0	88
Race Unknown	0	0	0	0	0
Total	93	0	0	0	93

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	15.00
Other Health Staff	5.00
Non-Health Staff	8.00
Totals	38.00

ARLINGTON REHAB & LIVING CTR.

1666 CHECKER ROAD
 LONG GROVE, IL. 60047
Reference Numbers Facility ID 6014344
 Health Service Area 008 Planning Service Area 097

Administrator

Aaron Mann

Contact Person and Telephone

Aaron Mann
 847-419-1111

Registered Agent Information

SHEETS, CHARLES P.
 321 NORTH CLARK ST STE 2800
 CHICAGO, IL 60610

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System	14
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	107
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	4
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	165

Date Completed
 4/12/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	190	190	165	190	25	184	184	Residents on 1/1/2006	177
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	264
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	276
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	165
TOTAL BEDS	190	190	165	190	25	184	184		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	10529	15.7%	41984	62.5%	12144	64657	93.2%	93.2%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	10529	15.7%	41984	62.5%	12144	64657	93.2%	93.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	10	0	0	0	0	0	0	5	10	15
60 to 64	4	2	0	0	0	0	0	0	4	2	6
65 to 74	7	11	0	0	0	0	0	0	7	11	18
75 to 84	12	33	0	0	0	0	0	0	12	33	45
85+	18	62	0	0	0	0	0	0	18	62	80
TOTALS	46	119	0	0	0	0	0	0	46	119	165

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.

ARLINGTON REHAB & LIVING CTR.

1666 CHECKER ROAD
 LONG GROVE, IL. 60047

Reference Numbers Facility ID 6014344

Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	22	108	0	11	24	0	165
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	22	108	0	11	24	0	165

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	230	185
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	158	0	0	0	158
Race Unknown	3	0	0	0	3
Total	165	0	0	0	165

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	161	0	0	0	161
Ethnicity Unknown	1	0	0	0	1
Total	165	0	0	0	165

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.40
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	13.00
Certified Aides	47.00
Other Health Staff	3.00
Non-Health Staff	44.00
Totals	123.40

FACILITY NOTES

Bed Change 12/21/2006 Added six nursing care beds, total now 190 nursing care beds.

ARTHUR HOME

423 EBERHARDT DRIVE
ARTHUR, IL. 61911

Reference Numbers Facility ID 6000517
Health Service Area 004 Planning Service Area 139

Administrator

David Eversole

Contact Person and Telephone

Linda Butler
217-543-2013

Registered Agent Information

PEARCE,GALE;MR
506 SOUTH PINE
ARTHUR, IL 61911

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System	9
Alzheimer Disease	6
Mental Illness	3
Developmental Disability	0
Circulatory System	16
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	5
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	62

Date Completed
4/10/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	69	69	69	69	62	7	69	69	64	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0		0	41	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0		0	43	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0		0	62	
TOTAL BEDS	69	69	69	69	62	7	69	69		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2919	11.6%	10342	41.1%	10453	23714	94.2%	94.2%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	2919	11.6%	10342	41.1%	10453	23714	94.2%	94.2%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	2	0	0	0	0	0	0	3	2	5
75 to 84	7	16	0	0	0	0	0	0	7	16	23
85+	2	30	0	0	0	0	0	0	2	30	32
TOTALS	12	50	0	0	0	0	0	0	12	50	62

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.

ARTHUR HOME

423 EBERHARDT DRIVE

ARTHUR, IL. 61911

Reference Numbers Facility ID 6000517

Health Service Area 004 Planning Service Area 139

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	11	26	0	1	24	0	62
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	26	0	1	24	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	24.00
Other Health Staff	3.00
Non-Health Staff	25.00
Totals	66.00

Ashton Terrace

307 Alan Street
Ashton, IL. 61006

Reference Numbers Facility ID 6012843
Health Service Area 001 Planning Service Area 103

Administrator

Pat Howard

Contact Person and Telephone

Pat Howard
815-288-6691 ext.223

Registered Agent Information

MCCLAIN,ARLAN L.;MS.
500 ANCHOR ROAD,P O BOX 366
DIXON , IL 61021

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/19/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	Total Admissions 2006
Nursing Care	0	0	0	0	0	0	0	0	Total Discharges 2006	0
Skilled Under 22	0	0	0	0	0	0	0	0	Residents on 12/31/2006	16
Intermediate DD	16	16	16	16	16	0	0	16		
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5773	98.9%	67	5840	100.0%	100.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	5773	98.9%	67	5840	100.0%	100.0%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	7	3	0	0	7	3	10
45 to 59	0	0	0	0	1	2	0	0	1	2	3
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	10	6	0	0	10	6	16

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.

Ashton Terrace307 Alan Street
Ashton, IL. 61006**Reference Numbers** Facility ID 6012843

Health Service Area 001 Planning Service Area 103

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	135	129
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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

Aspen Rehab & Health Care

1403 9TH AVENUE
SILVIS, IL. 61282

Reference Numbers Facility ID 6008205
Health Service Area 010 Planning Service Area 161

Administrator

Kathryn Langan

Contact Person and Telephone

Marikay Snyder
309-689-5880

Registered Agent Information

SNYDER, MARIKAY L
830 WEST TRAILCREEK DRIVE
PEORIA, IL 61614

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System	2
Alzheimer Disease	12
Mental Illness	6
Developmental Disability	1
Circulatory System	18
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	57

Date Completed
4/5/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	63	61	57	61	6	0	63	Residents on 1/1/2006	54
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	44
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	41
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	57
TOTAL BEDS	63	61	57	61	6	0	63		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	16578	72.1%	3445	20023	87.1%		89.9%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	16578	72.1%	3445	20023	87.1%		89.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	4	0	0	0	0	0	0	4	4	8
75 to 84	3	9	0	0	0	0	0	0	3	9	12
85+	3	34	0	0	0	0	0	0	3	34	37
TOTALS	10	47	0	0	0	0	0	0	10	47	57

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.

Aspen Rehab & Health Care

1403 9TH AVENUE
SILVIS, IL. 61282

Reference Numbers Facility ID 6008205

Health Service Area 010 Planning Service Area 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	48	0	0	9	0	57
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	48	0	0	9	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	108
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	55	0	0	0	55
Race Unknown	0	0	0	0	0
Total	57	0	0	0	57

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	22.00
Totals	48.00

ASPEN RIDGE CARE CENTER

2530 NORTH MONROE STREET
 DECATUR, IL. 62526

Reference Numbers Facility ID 6006282
 Health Service Area 004 Planning Service Area 115

Administrator
 Lisa Trudeau RN

Contact Person and Telephone
 Lisa Trudeau
 217-875-0920

Registered Agent Information
 BELLOWS,SHAEL
 8140 RIVER DRIVE
 MORTON GROVE , IL 60053

FACILITY OWNERSHIP
 LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

Date Completed
 4/10/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	12
Blood Disorders	5
*Nervous System	6
Alzheimer Disease	13
Mental Illness	11
Developmental Disability	1
Circulatory System	25
Respiratory System	17
Digestive System	3
Genitourinary System Disorders	7
Skin Disorders	10
Musculo-skeletal Disorders	6
Injuries and Poisonings	2
Other Medical Conditions	42
Non-Medical Conditions	0
TOTALS	168

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK	PEAK	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2006	
Nursing Care	195	195	182	195	168	27	195	195	174
Skilled Under 22	0	0	0	0	0	0	0	0	132
Intermediate DD	0	0	0	0	0	0	0	0	138
Sheltered Care	0	0	0	0	0	0	0	0	168
TOTAL BEDS	195	195	182	195	168	27	195	195	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	6758	9.5%	50881	71.5%	3585	61224	86.0%	86.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	6758	9.5%	50881	71.5%	3585	61224	86.0%	86.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	11	0	0	0	0	0	0	3	11	14
60 to 64	4	2	0	0	0	0	0	0	4	2	6
65 to 74	15	15	0	0	0	0	0	0	15	15	30
75 to 84	21	44	0	0	0	0	0	0	21	44	65
85+	17	33	0	0	0	0	0	0	17	33	50
TOTALS	60	108	0	0	0	0	0	0	60	108	168

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.

ASPEN RIDGE CARE CENTER

2530 NORTH MONROE STREET

DECATUR, IL. 62526

Reference Numbers Facility ID 6006282

Health Service Area 004 Planning Service Area 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	20	135	0	0	13	0	168
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	135	0	0	13	0	168

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	144	132
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	42	0	0	0	42
Hawaiian/Pac. Isl.	0	0	0	0	0
White	126	0	0	0	126
Race Unknown	0	0	0	0	0
Total	168	0	0	0	168

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	21.00
Certified Aides	53.00
Other Health Staff	2.00
Non-Health Staff	61.00
Totals	141.00

Aspire On Eastern

105 Eastern Avenue
Bellwood, IL. 60104

Reference Numbers Facility ID 6007066
Health Service Area 007 Planning Service Area 704

Administrator

Victoria Striegel

Contact Person and Telephone

Victoria Striegel
708-547-3580

Registered Agent Information

SHANNON, ANNE M; MS
9901 WEST DERBY
WESTCHESTER, IL 60154

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	81
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	81

Date Completed
4/30/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	81	7
Skilled Under 22	0	0	0	0	0	0	0	0		7
Intermediate DD	82	82	82	82	81	1		82		
Sheltered Care	0	0	0	0	0	0				81
TOTAL BEDS	82	82	82	82	81	1	0	82		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%		0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			26683	89.2%	365	27048	90.4%		90.4%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	26683	89.2%	365	27048	90.4%		90.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	12	21	0	0	12	21	33
45 to 59	0	0	0	0	20	19	0	0	20	19	39
60 to 64	0	0	0	0	0	4	0	0	0	4	4
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	1	0	0	0	1	0	1
TOTALS	0	0	0	0	35	46	0	0	35	46	81

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.

Aspire On Eastern

105 Eastern Avenue
Bellwood, IL. 60104

Reference Numbers Facility ID 6007066

Health Service Area 007 Planning Service Area 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		80	0	0	1	0	81
Sheltered Care			0	0	0	0	0
TOTALS	0	80	0	0	1	0	81

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	17	0	17
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	56	0	56
Race Unknown	0	0	7	0	7
Total	0	0	81	0	81

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	8	0	8
Non-Hispanic	0	0	73	0	73
Ethnicity Unknown	0	0	0	0	0
Total	0	0	81	0	81

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	7.22
Certified Aides	29.20
Other Health Staff	59.88
Non-Health Staff	27.75
Totals	127.05

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

Laura Arbuckle

Contact Person and Telephone

Laura Arbuckle
 309-827-6046

Registered Agent Information

GILLMAN,SETH
 134 MCLEAN BOULEVARD
 ELGIN , IL 60123

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	17
Blood Disorders	0
*Nervous System	2
Alzheimer Disease	15
Mental Illness	3
Developmental Disability	0
Circulatory System	11
Respiratory System	15
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	5
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	84

Date Completed
 4/13/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	117	113	93	113	84	33	58	117	78	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0		0		Total Discharges 2006
Intermediate DD	0	0	0	0	0	0		0		Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	117	113	93	113	84	33	58	117		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2645	12.5%	21233	49.7%	6349	30227	70.8%		73.3%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2645	12.5%	21233	49.7%	6349	30227	70.8%		73.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	2	0	0	0	0	0	0	0	2	2
45 to 59	4	4	0	0	0	0	0	0	4	4	8
60 to 64	0	5	0	0	0	0	0	0	0	5	5
65 to 74	9	8	0	0	0	0	0	0	9	8	17
75 to 84	16	23	0	0	0	0	0	0	16	23	39
85+	2	11	0	0	0	0	0	0	2	11	13
TOTALS	31	53	0	0	0	0	0	0	31	53	84

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.

ASTA CARE CENTER - BLOOMINGTON1509 NORTH CALHOUN STREET
BLOOMINGTON, IL. 61701

Reference Numbers Facility ID 6001010

Health Service Area 004 Planning Service Area 113

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	57	1	1	20	0	84
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	57	1	1	20	0	84

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	76	0	0	0	76
Race Unknown	0	0	0	0	0
Total	84	0	0	0	84

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.50
LPN's	12.00
Certified Aides	32.00
Other Health Staff	0.00
Non-Health Staff	36.00
Totals	84.50

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
Paul Blanchette

Contact Person and Telephone

Paul Banquette
217-379-4896

Registered Agent Information

GILLMAN,SETH
134 NORTH MCLEAN BOULEVARD
ELGIN , IL 60123

FACILITY OWNERSHIP
LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	3
*Nervous System	1
Alzheimer Disease	8
Mental Illness	9
Developmental Disability	0
Circulatory System	6
Respiratory System	3
Digestive System	4
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	2
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	57

Date Completed
4/18/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	69	61	59	61	57	12	51	69	Residents on 1/1/2006	47
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	80
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006	70
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	57
TOTAL BEDS	69	61	59	61	57	12	51	69		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1351	7.3%	14553	57.8%	2587	18491	73.4%	83.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	1351	7.3%	14553	57.8%	2587	18491	73.4%	83.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	1	2	0	0	0	0	0	0	1	2	3
65 to 74	8	5	0	0	0	0	0	0	8	5	13
75 to 84	11	6	0	0	0	0	0	0	11	6	17
85+	2	18	0	0	0	0	0	0	2	18	20
TOTALS	25	32	0	0	0	0	0	0	25	32	57

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	7	42	0	3	5	0	57
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	42	0	3	5	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	57	0	0	0	57
Ethnicity Unknown	0	0	0	0	0
Total	57	0	0	0	57

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	4.00
Certified Aides	15.00
Other Health Staff	0.00
Non-Health Staff	16.00
Totals	43.00

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

David Meiselman
847-742-8822

Registered Agent Information

GILLMAN,SETH
134 NORTH MCLEAN BOULEVARD
ELGIN , IL 60123

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	17
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	16
Mental Illness	24
Developmental Disability	0
Circulatory System	22
Respiratory System	1
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	86

Date Completed
4/17/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	102	100	91	100	86	16	24	102	74	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	102	100	91	100	86	16	24	102		86

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	2349	26.8%	21572	57.9%	7656	31577	84.8%	86.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2349	26.8%	21572	57.9%	7656	31577	84.8%	86.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	8	4	0	0	0	0	0	0	8	4	12
45 to 59	15	11	0	0	0	0	0	0	15	11	26
60 to 64	1	9	0	0	0	0	0	0	1	9	10
65 to 74	5	6	0	0	0	0	0	0	5	6	11
75 to 84	5	8	0	0	0	0	0	0	5	8	13
85+	5	9	0	0	0	0	0	0	5	9	14
TOTALS	39	47	0	0	0	0	0	0	39	47	86

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	74	0	0	6	0	86
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	74	0	0	6	0	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	81	0	0	0	81
Race Unknown	0	0	0	0	0
Total	86	0	0	0	86

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	78	0	0	0	78
Ethnicity Unknown	0	0	0	0	0
Total	86	0	0	0	86

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	20.00
Other Health Staff	4.00
Non-Health Staff	35.00
Totals	72.00

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

GILMAN,SETH
134 N. MCLEAN BOUVELARD
ELGIN , IL 60123

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System	8
Alzheimer Disease	14
Mental Illness	0
Developmental Disability	0
Circulatory System	24
Respiratory System	0
Digestive System	5
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	79

Date Completed
4/13/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	88	88	88	88	79	9	28	88	80	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				115
TOTAL BEDS	88	88	88	88	79	9	28	88		79

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3622	35.4%	19259	60.0%	7562	30443	94.8%		94.8%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	3622	35.4%	19259	60.0%	7562	30443	94.8%		94.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	0	0	0	0	0	0	0	1	0	1
65 to 74	10	6	0	0	0	0	0	0	10	6	16
75 to 84	12	16	0	0	0	0	0	0	12	16	28
85+	2	29	0	0	0	0	0	0	2	29	31
TOTALS	28	51	0	0	0	0	0	0	28	51	79

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.

ASTA CARE CENTER OF PONTIAC

300 WEST LOWELL

PONTIAC, IL. 61764

Reference Numbers Facility ID 6004642

Health Service Area 004 Planning Service Area 105

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	52	0	3	16	0	79
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	52	0	3	16	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	140	115

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	2.00
Non-Health Staff	35.00
Totals	68.00

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 Swingle

Contact Person and Telephone

Jennifer Swingle
815-452-2367

Registered Agent Information

GILLMAN,SETH
134 NORTH MCLEAN BOULEVARD
ELGIN , IL 60123

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	13
Blood Disorders	0
*Nervous System	1
Alzheimer Disease	1
Mental Illness	10
Developmental Disability	1
Circulatory System	0
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	3
Other Medical Conditions	33
Non-Medical Conditions	0
TOTALS	85

Date Completed
4/16/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	104	98	86	98	19	65	104	Residents on 1/1/2006	75
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	61
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	51
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	85
TOTAL BEDS	104	98	86	98	19	65	104		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1880	7.9%	20518	54.1%	3029	25427	67.0%	71.1%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	1880	7.9%	20518	54.1%	3029	25427	67.0%	71.1%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	7	0	0	0	0	0	0	3	7	10
45 to 59	6	11	0	0	0	0	0	0	6	11	17
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	11	2	0	0	0	0	0	0	11	2	13
75 to 84	6	11	0	0	0	0	0	0	6	11	17
85+	3	19	0	0	0	0	0	0	3	19	22
TOTALS	32	53	0	0	0	0	0	0	32	53	85

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	67	8	0	4	0	85
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	67	8	0	4	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	82	0	0	0	82
Ethnicity Unknown	0	0	0	0	0
Total	85	0	0	0	85

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	2.00
Certified Aides	14.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	26.00

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

Judith L Zbinden

Contact Person and Telephone

Judith L. Zbinden
815-877-5752

Registered Agent Information

GILLMAN,SETH
134 NORTH MCLEAN BOULEVARD
ELGIN , IL 60123

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	28
Blood Disorders	0
*Nervous System	8
Alzheimer Disease	17
Mental Illness	9
Developmental Disability	1
Circulatory System	29
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	8
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	110

Date Completed
4/13/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	130	126	116	126	110	20	24	130	100
Skilled Under 22	0	0	0	0	0	0	0	0	
Intermediate DD	0	0	0	0	0	0	0	0	
Sheltered Care	0	0	0	0	0	0	0	0	
TOTAL BEDS	130	126	116	126	110	20	24	130	110
									Total Admissions 2006 133
									Total Discharges 2006 123
									Residents on 12/31/2006 110

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	3639	41.5%	29000	61.1%	6466	39105	82.4%	85.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	3639	41.5%	29000	61.1%	6466	39105	82.4%	85.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	5	3	0	0	0	0	0	0	5	3	8
45 to 59	3	9	0	0	0	0	0	0	3	9	12
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	18	15	0	0	0	0	0	0	18	15	33
75 to 84	12	12	0	0	0	0	0	0	12	12	24
85+	6	21	0	0	0	0	0	0	6	21	27
TOTALS	47	63	0	0	0	0	0	0	47	63	110

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	15	62	0	14	19	0	110
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	62	0	14	19	0	110

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	24	0	0	0	24
Hawaiian/Pac. Isl.	0	0	0	0	0
White	86	0	0	0	86
Race Unknown	0	0	0	0	0
Total	110	0	0	0	110

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	40.00
Other Health Staff	8.00
Non-Health Staff	29.00
Totals	95.00

ASTORIA GARDEN & REHAB. CTR.

1008 EAST BROADWAY
ASTORIA, IL. 61501

Reference Numbers Facility ID 6000533
Health Service Area 002 Planning Service Area 057

Administrator
Steve Axelbaum

Contact Person and Telephone

Brian D. Bucher
309-329-1333

Registered Agent Information

TAYLOR,PAULA
314 EAST BROADWAY
ASTORIA, IL 61501

FACILITY OWNERSHIP
LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	4
Mental Illness	3
Developmental Disability	0
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	38

Date Completed
4/16/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	69	69	49	69	38	31	10	69	Residents on 1/1/2006	40
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	36
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006	38
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	38
TOTAL BEDS	69	69	49	69	38	31	10	69		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1042	28.5%	8829	35.1%	5479	15350	60.9%	60.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	1042	28.5%	8829	35.1%	5479	15350	60.9%	60.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	9	0	0	0	0	0	0	1	9	10
85+	7	17	0	0	0	0	0	0	7	17	24
TOTALS	10	28	0	0	0	0	0	0	10	28	38

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.

ASTORIA GARDEN & REHAB. CTR.

1008 EAST BROADWAY
 ASTORIA, IL. 61501

Reference Numbers Facility ID 6000533

Health Service Area 002 Planning Service Area 057

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	24	0	0	14	0	38
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	24	0	0	14	0	38

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	96
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	18.00
Other Health Staff	16.00
Non-Health Staff	2.00
Totals	44.00

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
Yeruchom Levovitz

Contact Person and Telephone

Yeruchom Levovitz
773-973-4780

Registered Agent Information

STERN, ABRAHAM J.; MR.
10 SOUTH WACKER DR., 40TH FLOOR
CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	18
Blood Disorders	5
*Nervous System	7
Alzheimer Disease	8
Mental Illness	18
Developmental Disability	0
Circulatory System	17
Respiratory System	25
Digestive System	12
Genitourinary System Disorders	9
Skin Disorders	6
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	11
Non-Medical Conditions	3
TOTALS	151

Date Completed
3/28/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	160	160	157	160	9	56	160	Residents on 1/1/2006	145
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	378
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	372
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	151
TOTAL BEDS	160	160	157	160	9	56	160		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	2573	12.6%	50519	86.5%	1097	54189	92.8%	92.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2573	12.6%	50519	86.5%	1097	54189	92.8%	92.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	24	12	0	0	0	0	0	0	24	12	36
45 to 59	28	23	0	0	0	0	0	0	28	23	51
60 to 64	15	7	0	0	0	0	0	0	15	7	22
65 to 74	12	8	0	0	0	0	0	0	12	8	20
75 to 84	8	8	0	0	0	0	0	0	8	8	16
85+	3	3	0	0	0	0	0	0	3	3	6
TOTALS	90	61	0	0	0	0	0	0	90	61	151

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.

ATRIUM HEALTH CARE CENTER1425 WEST ESTES AVENUE
CHICAGO, IL. 60626

Reference Numbers Facility ID 6003834

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	7	140	2	0	2	0	151
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	140	2	0	2	0	151

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	82	0	0	0	82
Hawaiian/Pac. Isl.	0	0	0	0	0
White	57	0	0	0	57
Race Unknown	11	0	0	0	11
Total	151	0	0	0	151

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	140	0	0	0	140
Ethnicity Unknown	0	0	0	0	0
Total	151	0	0	0	151

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	9.00
LPN's	18.00
Certified Aides	25.00
Other Health Staff	5.00
Non-Health Staff	40.00
Totals	100.00

Auburn Nursing & Rehab Center

304 Maple Avenue
AUBURN, IL. 62615

Reference Numbers Facility ID 6007181
Health Service Area 003 Planning Service Area 167

Administrator

Larry Trigg

Contact Person and Telephone

Larry Trigg
217-438-6125

Registered Agent Information

MAHER,DAN
926 SOUTH SEVENTH
SPRINGFIELD , IL 62703

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System	3
Alzheimer Disease	2
Mental Illness	21
Developmental Disability	0
Circulatory System	14
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	55

Date Completed
4/7/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	70	67	64	67	15	70	70	62	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	0		117
TOTAL BEDS	70	67	64	67	15	70	70	55	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	2153	8.4%	11191	43.8%	9283	22627	88.6%	92.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2153	8.4%	11191	43.8%	9283	22627	88.6%	92.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	2	0	0	0	0	0	0	1	2	3
75 to 84	5	6	0	0	0	0	0	0	5	6	11
85+	4	35	0	0	0	0	0	0	4	35	39
TOTALS	10	45	0	0	0	0	0	0	10	45	55

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.

Auburn Nursing & Rehab Center

304 Maple Avenue
 AUBURN, IL. 62615

Reference Numbers Facility ID 6007181

Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	26	0	0	23	0	55
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	26	0	0	23	0	55

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	54	0	0	0	54
Race Unknown	0	0	0	0	0
Total	55	0	0	0	55

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	18.00
Other Health Staff	0.00
Non-Health Staff	28.00
Totals	59.00

AURORA REHAB & LIVING CENTER

1601 NORTH FARNSWORTH
 AURORA, IL. 60505
Reference Numbers Facility ID 6000574
 Health Service Area 008 Planning Service Area 089

Administrator

Lawrence Torf

Contact Person and Telephone

Lawrence Torf
 630-898-1180

Registered Agent Information

SHEETS, CHARLES
 321 NORTH CLARK ST STE 2800
 CHICAGO, IL 60610

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	23
Blood Disorders	4
*Nervous System	19
Alzheimer Disease	12
Mental Illness	17
Developmental Disability	0
Circulatory System	31
Respiratory System	9
Digestive System	7
Genitourinary System Disorders	8
Skin Disorders	4
Musculo-skeletal Disorders	6
Injuries and Poisonings	9
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	157

Date Completed
 4/11/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	185	179	175	179	28	185	185	Residents on 1/1/2006	166
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	256
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	265
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	157
TOTAL BEDS	185	179	175	179	28	185	185		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	7561	11.2%	41460	61.4%	10625	59646	88.3%	91.3%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	7561	11.2%	41460	61.4%	10625	59646	88.3%	91.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	9	1	0	0	0	0	0	0	9	1	10
45 to 59	15	4	0	0	0	0	0	0	15	4	19
60 to 64	4	5	0	0	0	0	0	0	4	5	9
65 to 74	15	9	0	0	0	0	0	0	15	9	24
75 to 84	10	29	0	0	0	0	0	0	10	29	39
85+	17	39	0	0	0	0	0	0	17	39	56
TOTALS	70	87	0	0	0	0	0	0	70	87	157

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.

AURORA REHAB & LIVING CENTER

1601 NORTH FARNSWORTH

AURORA, IL. 60505

Reference Numbers Facility ID 6000574

Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	23	108	0	3	23	0	157
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	23	108	0	3	23	0	157

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	18	0	0	0	18
Hawaiian/Pac. Isl.	0	0	0	0	0
White	138	0	0	0	138
Race Unknown	0	0	0	0	0
Total	157	0	0	0	157

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	146	0	0	0	146
Ethnicity Unknown	0	0	0	0	0
Total	157	0	0	0	157

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	40.00
Other Health Staff	3.00
Non-Health Staff	45.00
Totals	105.00

AUTUMN LAKES

3515 THEODORE
JOLIET, IL. 60435

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

Registered Agent Information

HOGAN, JAMES A.
777 JOYCE ROAD
JOLIET, IL 60436

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/30/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	4
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	4	4	4	4	0	4	4	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	4
TOTAL BEDS	4	4	4	4	0	0	4		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			1405	96.2%	0	1405	96.2%	96.2%	96.2%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	1405	96.2%	0	1405	96.2%	96.2%	96.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	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	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

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.

AUTUMN LAKES

3515 THEODORE
 JOLIET, IL. 60435

Reference Numbers Facility ID 6013585

Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	191	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	0.00
Other Health Staff	5.50
Non-Health Staff	5.00
Totals	11.75

AVENUE CARE CENTER

4505 SOUTH DREXEL
CHICAGO, IL. 60653

Reference Numbers Facility ID 6004667
Health Service Area 006 Planning Service Area 603

Administrator
Tammy Stoneberger

Contact Person and Telephone

Mila Jeffrey
773-285-0550

Registered Agent Information

MAGENCE,MEYER
8320 SKOKIE BOULEVARD
SKOKIE, IL 60077

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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 restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	19
Endocrine/Metabolic	38
Blood Disorders	15
*Nervous System	15
Alzheimer Disease	8
Mental Illness	28
Developmental Disability	0
Circulatory System	4
Respiratory System	3
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	137

Date Completed
4/12/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	155	155	149	155	137	18	42	155	Residents on 1/1/2006	141
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	147
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006	151
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	137
TOTAL BEDS	155	155	149	155	137	18	42	155		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3136	20.5%	43219	76.4%	4058	50413	89.1%		89.1%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	3136	20.5%	43219	76.4%	4058	50413	89.1%		89.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	9	4	0	0	0	0	0	0	9	4	13
45 to 59	25	18	0	0	0	0	0	0	25	18	43
60 to 64	10	10	0	0	0	0	0	0	10	10	20
65 to 74	10	9	0	0	0	0	0	0	10	9	19
75 to 84	14	12	0	0	0	0	0	0	14	12	26
85+	6	10	0	0	0	0	0	0	6	10	16
TOTALS	74	63	0	0	0	0	0	0	74	63	137

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.

AVENUE CARE CENTER4505 SOUTH DREXEL
CHICAGO, IL. 60653

Reference Numbers Facility ID 6004667

Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	13	122	0	0	2	0	137
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	122	0	0	2	0	137

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	126	121
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	131	0	0	0	131
Hawaiian/Pac. Isl.	0	0	0	0	0
White	6	0	0	0	6
Race Unknown	0	0	0	0	0
Total	137	0	0	0	137

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	4.00
LPN's	10.00
Certified Aides	32.00
Other Health Staff	6.00
Non-Health Staff	22.00
Totals	78.00

AVISTON COUNTRYSIDE 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

Registered Agent Information

PEDTKE,LESLIE
 450 WEST 1ST STREET, BOX 487
 AVISTON , IL 62216

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

Date Completed
 4/10/2006

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	4
*Nervous System	0
Alzheimer Disease	13
Mental Illness	12
Developmental Disability	1
Circulatory System	16
Respiratory System	8
Digestive System	5
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	4
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	85

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	97	96	88	96	12	22	97	Residents on 1/1/2006	78
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	99
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	92
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	85
TOTAL BEDS	97	96	88	96	12	22	97		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	5215	64.9%	13650	38.6%	10515	29380	83.0%	83.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	5215	64.9%	13650	38.6%	10515	29380	83.0%	83.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	7	0	0	0	0	0	0	1	7	8
75 to 84	10	17	0	0	0	0	0	0	10	17	27
85+	7	39	0	0	0	0	0	0	7	39	46
TOTALS	20	65	0	0	0	0	0	0	20	65	85

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.

AVISTON COUNTRYSIDE MANOR

450 WEST 1ST STREET

AVISTON, IL. 62216

Reference Numbers Facility ID 6011340

Health Service Area 011 Planning Service Area 027

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	11	42	0	11	21	0	85
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	42	0	11	21	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	128	113
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	85	0	0	0	85
Race Unknown	0	0	0	0	0
Total	85	0	0	0	85

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	16.00
Other Health Staff	4.00
Non-Health Staff	12.00
Totals	43.00

AVISTON TERRACE

349 WEST FIRST STREET
AVISTON, IL. 62216

Reference Numbers Facility ID 6000582
Health Service Area 011 Planning Service Area 027

Administrator

Randi Leone

Contact Person and Telephone

April Kohnen
618-228-7040

Registered Agent Information

EVERSON,VINCE
2020 W. WAR MEMORIAL STE 103
PEORIA , IL 61614

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed

3/5/2006

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	14	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0	0	0	2	Total Discharges 2006
Intermediate DD	16	16	16	16	16	0	16	16	0	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0	0	0	16	
TOTAL BEDS	16	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5706	97.7%	0	5706	97.7%	97.7%	97.7%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5706	97.7%	0	5706	97.7%	97.7%	97.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	7	6	0	0	7	6	13
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

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.

AVISTON TERRACE

349 WEST FIRST STREET

AVISTON, IL. 62216

Reference Numbers Facility ID 6000582

Health Service Area 011 Planning Service Area 027

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	232	116
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	11.00
Non-Health Staff	0.00
Totals	11.00

AVON NURSING CARE

1790 23RD AVENUE
 AVON, IL. 61415
Reference Numbers Facility ID 6000590
 Health Service Area 002 Planning Service Area 057

Administrator

Phil Kramer

Contact Person and Telephone

Deb Akers
 309-465-3102

Registered Agent Information

WHISLER,ZELLA;MS.
 1790 23RD AVENUE
 AVON , IL 61415

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System	0
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	29

Date Completed
 4/5/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	42	42	37	42	29	13	0	42	31	Total Admissions 2006 37
Skilled Under 22	0	0	0	0	0	0		0		Total Discharges 2006 39
Intermediate DD	0	0	0	0	0	0		0		Residents on 12/31/2006 29
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	42	42	37	42	29	13	0	42		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	5619	36.7%	5724	11343	74.0%		74.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	5619	36.7%	5724	11343	74.0%		74.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0
75 to 84	3	6	0	0	0	0	0	0	3	6	9
85+	2	16	0	0	0	0	0	0	2	16	18
TOTALS	7	22	0	0	0	0	0	0	7	22	29

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.

AVON NURSING CARE

1790 23RD AVENUE
 AVON, IL. 61415

Reference Numbers Facility ID 6000590

Health Service Area 002 Planning Service Area 057

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	18	0	0	11	0	29
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	18	0	0	11	0	29

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	105
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	13.00
Other Health Staff	0.00
Non-Health Staff	14.00
Totals	33.00

BALLARD NURSING CENTER

9300 BALLARD ROAD
 DES PLAINES, IL. 60016
Reference Numbers Facility ID 6000640
 Health Service Area 007 Planning Service Area 702

Administrator

ELI PICK

Contact Person and Telephone

ELI PICK
 847-294-2300

Registered Agent Information

PICK,ELI;MR.
 9300 BALLARD ROAD
 DES PLAINES , IL 60016

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	27
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	3
Circulatory System	11
Respiratory System	39
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	38
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	124

Date Completed
 4/6/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	231	191	156	191	107	231	231	121	1230
Skilled Under 22	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0		0		
TOTAL BEDS	231	191	156	191	107	231	231	1227	124

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	14585	17.3%	17963	21.3%	14118	46666	55.3%	66.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	14585	17.3%	17963	21.3%	14118	46666	55.3%	66.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	5	0	0	0	0	0	0	0	5	0	5
45 to 59	10	9	0	0	0	0	0	0	10	9	19
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	10	11	0	0	0	0	0	0	10	11	21
75 to 84	14	28	0	0	0	0	0	0	14	28	42
85+	6	26	0	0	0	0	0	0	6	26	32
TOTALS	47	77	0	0	0	0	0	0	47	77	124

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.

BALLARD NURSING CENTER9300 BALLARD ROAD
DES PLAINES, IL. 60016

Reference Numbers Facility ID 6000640

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	31	51	0	25	17	0	124
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	31	51	0	25	17	0	124

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	309	229
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pac. Isl.	2	0	0	0	2
White	108	0	0	0	108
Race Unknown	3	0	0	0	3
Total	124	0	0	0	124

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	113	0	0	0	113
Ethnicity Unknown	3	0	0	0	3
Total	124	0	0	0	124

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	4.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	34.00
LPN's	6.00
Certified Aides	45.00
Other Health Staff	42.00
Non-Health Staff	64.00
Totals	196.00

Balmoral Home

2055 West Balmoral Avenue
CHICAGO, IL. 60625

Reference Numbers Facility ID 6000657
Health Service Area 006 Planning Service Area 601

Administrator

Barry Taerbaum

Contact Person and Telephone

BARRY TAERRAUM
773-561-8661

Registered Agent Information

MERMELSTEIN, MARVIN
2955 W. MORSE
CHICAGO, IL 60645

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	7
Mental Illness	154
Developmental Disability	3
Circulatory System	14
Respiratory System	9
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	207

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK	PEAK	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2006	
Nursing Care	213	213	213	207	6	34	213	205	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	0		
TOTAL BEDS	213	213	213	207	6	34	213	207	114

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1458	11.7%	71999	92.6%	676	74133	95.4%	95.4%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	1458	11.7%	71999	92.6%	676	74133	95.4%	95.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	22	8	0	0	0	0	0	0	22	8	30
45 to 59	77	24	0	0	0	0	0	0	77	24	101
60 to 64	14	6	0	0	0	0	0	0	14	6	20
65 to 74	22	8	0	0	0	0	0	0	22	8	30
75 to 84	5	9	0	0	0	0	0	0	5	9	14
85+	6	6	0	0	0	0	0	0	6	6	12
TOTALS	146	61	0	0	0	0	0	0	146	61	207

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.

Balmoral Home

2055 West Balmoral Avenue
CHICAGO, IL. 60625

Reference Numbers Facility ID 6000657

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	199	0	0	0	0	207
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	199	0	0	0	0	207

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	2	0	0	0	2
Black	69	0	0	0	69
Hawaiian/Pac. Isl.	0	0	0	0	0
White	133	0	0	0	133
Race Unknown	0	0	0	0	0
Total	207	0	0	0	207

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	23	0	0	0	23
Non-Hispanic	184	0	0	0	184
Ethnicity Unknown	0	0	0	0	0
Total	207	0	0	0	207

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	58.00
Other Health Staff	10.00
Non-Health Staff	32.00
Totals	121.00

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

Registered Agent Information

GIARDINA, JAMES J.
1313 PRATT ST
BARRY, IL 62312

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

Date Completed
4/11/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	40
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	2
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	62

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	76	76	73	76	62	14	76	76	60	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				62
TOTAL BEDS	76	76	73	76	62	14	76	76		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2438	8.8%	12912	46.5%	8570	23920	86.2%		86.2%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2438	8.8%	12912	46.5%	8570	23920	86.2%		86.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	5	0	0	0	0	0	0	1	5	6
75 to 84	4	20	0	0	0	0	0	0	4	20	24
85+	7	22	0	0	0	0	0	0	7	22	29
TOTALS	13	49	0	0	0	0	0	0	13	49	62

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.

BARRY COMMUNITY CARE CENTER

1313 PRATT STREET

BARRY, IL. 62312

Reference Numbers Facility ID 6000731

Health Service Area 003 Planning Service Area 013

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	2	35	0	0	25	0	62
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	35	0	0	25	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	126	107
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	31.00
Other Health Staff	12.00
Non-Health Staff	14.00
Totals	71.00

BARTON W. STONE CHRISTIAN HOME

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

Michael Schneider
 217-479-3400

Registered Agent Information

WANNEMACHER, STEVE
 115 WEST JEFFERSON ST, STE 401
 BLOOMINGTON, IL 61702

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	22
Blood Disorders	1
*Nervous System	11
Alzheimer Disease	28
Mental Illness	0
Developmental Disability	0
Circulatory System	30
Respiratory System	11
Digestive System	4
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	28
Injuries and Poisonings	0
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	154

Date Completed
 1/11/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	185	185	166	185	38	185	185	Residents on 1/1/2006	163
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	178
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	187
Sheltered Care	24	24	15	24	7	17		Residents on 12/31/2006	154
TOTAL BEDS	209	209	181	209	55	185	185		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	6136	9.1%	25883	38.3%	25719	57738	85.5%	85.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					3821	3821	43.6%	43.6%	
TOTALS	6136	9.1%	25883	38.3%	29540	61559	80.7%	80.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	5	0	0	0	0	0	0	2	5	7
75 to 84	11	23	0	0	0	0	0	0	11	23	34
85+	16	89	0	0	0	0	2	5	18	94	112
TOTALS	29	118	0	0	0	0	2	5	31	123	154

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.

BARTON W. STONE CHRISTIAN HOME

873 GROVE STREET

JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6000756

Health Service Area 003 Planning Service Area 137

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	21	71	0	0	55	0	147
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	7	0	7
TOTALS	21	71	0	0	62	0	154

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	132
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	132	102

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	146	0	0	7	153
Race Unknown	0	0	0	0	0
Total	147	0	0	7	154

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	147	0	0	7	154
Ethnicity Unknown	0	0	0	0	0
Total	147	0	0	7	154

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.50
LPN's	26.00
Certified Aides	63.00
Other Health Staff	3.80
Non-Health Staff	55.00
Totals	153.30

Batavia Rehab & Hlthcare Ctr.

520 FABYAN PARKWAY
BATAVIA, IL. 60510

Reference Numbers Facility ID 6008171
Health Service Area 008 Planning Service Area 089

Administrator

Teri Rebstock

Contact Person and Telephone

Marikay Snyder
309-689-5880

Registered Agent Information

SNYDER, MARIKAY L
830 WEST TRAILCREEK DRIVE
PEORIA, IL 61614

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System	1
Alzheimer Disease	6
Mental Illness	1
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	0
Other Medical Conditions	24
Non-Medical Conditions	0
TOTALS	42

Date Completed
4/6/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	63	52	47	52	42	21	0	63	42	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		0		
TOTAL BEDS	63	52	47	52	42	21	0	63		42

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	13045	56.7%	2734	15779	68.6%		83.1%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	13045	56.7%	2734	15779	68.6%		83.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	0	3	0	0	0	0	0	0	0	3	3
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	4	1	0	0	0	0	0	0	4	1	5
75 to 84	5	11	0	0	0	0	0	0	5	11	16
85+	1	12	0	0	0	0	0	0	1	12	13
TOTALS	13	29	0	0	0	0	0	0	13	29	42

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.

Batavia Rehab & Hlthcare Ctr.

520 FABYAN PARKWAY
 BATAVIA, IL. 60510

Reference Numbers Facility ID 6008171

Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	33	0	0	9	0	42
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	33	0	0	9	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	1	0	0	0	1
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	37	0	0	0	37
Race Unknown	0	0	0	0	0
Total	42	0	0	0	42

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	2.00
Certified Aides	14.00
Other Health Staff	0.00
Non-Health Staff	12.00
Totals	35.00

Bayside Terrace

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
847-244-8196

Registered Agent Information

ROSENBAUM,EARL
600 CENTRAL AVENUE STE 380
HIGHLAND PARK , IL 60035

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	140
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	144

Date Completed
3/21/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	168	168	144	168	144	24	0	168	145	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		0		
TOTAL BEDS	168	168	144	168	144	24	0	168	144	37

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	50735	82.7%	1825	52560	85.7%		85.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	50735	82.7%	1825	52560	85.7%		85.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	17	15	0	0	0	0	0	0	17	15	32
45 to 59	52	20	0	0	0	0	0	0	52	20	72
60 to 64	6	9	0	0	0	0	0	0	6	9	15
65 to 74	9	6	0	0	0	0	0	0	9	6	15
75 to 84	4	4	0	0	0	0	0	0	4	4	8
85+	1	1	0	0	0	0	0	0	1	1	2
TOTALS	89	55	0	0	0	0	0	0	89	55	144

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.

Bayside Terrace

1100 South Lewis Avenue
 WAUKEGAN, IL. 60085

Reference Numbers Facility ID 6000764

Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	139	0	2	3	0	144
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	139	0	2	3	0	144

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	155
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	0	0	0	0	0
Black	21	0	0	0	21
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	140	0	0	0	140
Ethnicity Unknown	0	0	0	0	0
Total	144	0	0	0	144

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	18.00
Other Health Staff	35.00
Non-Health Staff	0.00
Totals	62.00

BEACON HILL

2400 SOUTH FINLEY ROAD
LOMBARD, IL. 60148

Reference Numbers Facility ID 6000772
Health Service Area 007 Planning Service Area 703

Administrator

Chris Andersen

Contact Person and Telephone

Chris Andersen
630-691-4002

Registered Agent Information

C T CORPORATION SYSTEM
208 SOUTH LASALLE STREET
CHICAGO, IL 60604

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System	3
Alzheimer Disease	18
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	19
Injuries and Poisonings	0
Other Medical Conditions	28
Non-Medical Conditions	0
TOTALS	100

Date Completed
4/5/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	108	108	100	108	8	21	0	96	
Skilled Under 22	0	0	0	0	0		0	260	
Intermediate DD	0	0	0	0	0		0	256	
Sheltered Care	0	0	0	0	0		0	100	
TOTAL BEDS	108	108	100	108	8	21	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	2171	28.3%	0	0.0%	33740	35911	91.1%	91.1%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	2171	28.3%	0	0.0%	33740	35911	91.1%	91.1%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	6	32	0	0	0	0	0	0	6	32	38
85+	8	48	0	0	0	0	0	0	8	48	56
TOTALS	14	86	0	0	0	0	0	0	14	86	100

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.

BEACON HILL

2400 SOUTH FINLEY ROAD
LOMBARD, IL. 60148

Reference Numbers Facility ID 6000772

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	0	0	0	92	0	100
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	0	0	0	92	0	100

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	40.00
Other Health Staff	17.00
Non-Health Staff	16.00
Totals	93.00

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

JACOBUS,DAVE;MR.
2576 NORTH GREENWAY ROAD
CERRO GORDO , IL 61818

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/5/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	4	0
Skilled Under 22	0	0	0	0	0	0	0	0	0	0
Intermediate DD	4	4	4	4	4	0	4	4	0	0
Sheltered Care	0	0	0	0	0	0	0	0	4	0
TOTAL BEDS	4	4	4	4	4	0	0	4		4

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			1455	99.7%	5	1460	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	1455	99.7%	5	1460	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	2	2	0	0	2	2	4

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.

Beacon Street Place4838 Beacon Drive
Decatur, IL. 62521**Reference Numbers** Facility ID 6013536

Health Service Area 004 Planning Service Area 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	162	162
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	3.00
Other Health Staff	0.00
Non-Health Staff	0.25
Totals	3.75

BEARDSTOWN TERRACE

310 EAST EIGHTH STREET
BEARDSTOWN, IL. 62618

Reference Numbers Facility ID 6012363
Health Service Area 003 Planning Service Area 017

Administrator

Suzanne McMillan

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLED SOE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/6/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	2
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	2
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5840	100.0%	0	5840	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	5	0	0	6	5	11
45 to 59	0	0	0	0	4	1	0	0	4	1	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	10	6	0	0	10	6	16

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.

BEARDSTOWN TERRACE

310 EAST EIGHTH STREET

BEARDSTOWN, IL. 62618

Reference Numbers Facility ID 6012363

Health Service Area 003 Planning Service Area 017

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	112	112
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	7.50
Other Health Staff	1.00
Non-Health Staff	2.00
Totals	10.75

Beecher Manor Nursing and Rehab Center

1201 DIXIE HIGHWAY
BEECHER, IL. 60401

Reference Numbers Facility ID 6000806
Health Service Area 009 Planning Service Area 197

Administrator

Marcia Quale

Contact Person and Telephone

Marcia Quale
708-946-2600

Registered Agent Information

ARONIN, DAVID
2201 WEST MAIN STREET
EVANSTON, IL 60202

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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

Note: Reported restrictions denoted by '1'

Date Completed
4/11/2006

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	3
*Nervous System	12
Alzheimer Disease	6
Mental Illness	3
Developmental Disability	0
Circulatory System	22
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	10
Injuries and Poisonings	7
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	87

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	96	93	87	93	87	9	96	96	75
Skilled Under 22	0	0	0	0	0	0	0	0	144
Intermediate DD	0	0	0	0	0	0	0	0	132
Sheltered Care	0	0	0	0	0	0	0	0	87
TOTAL BEDS	96	93	87	93	87	9	96	96	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	4605	13.1%	16287	46.5%	10394	31286	89.3%	92.2%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	4605	13.1%	16287	46.5%	10394	31286	89.3%	92.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	2	0	0	0	0	0	0	1	2	3
75 to 84	6	14	0	0	0	0	0	0	6	14	20
85+	5	55	0	0	0	0	0	0	5	55	60
TOTALS	13	74	0	0	0	0	0	0	13	74	87

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.

Beecher Manor Nursing and Rehab Center

1201 DIXIE HIGHWAY
BEECHER, IL. 60401

Reference Numbers Facility ID 6000806

Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	11	55	0	0	21	0	87
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	55	0	0	21	0	87

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	217	203
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	86	0	0	0	86
Race Unknown	0	0	0	0	0
Total	87	0	0	0	87

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	28.00
Other Health Staff	0.00
Non-Health Staff	29.00
Totals	75.00

FACILITY NOTES

- P-06-051 10/24/2006 Permit issued to construct a 34 nursing care bed addition to the current facility, total will now be 130 nursing care beds.
- Name Change 2/1/2006 Name changed from Anchorage of Beecher.
- E-094-05 2/1/2006 Change of ownership occurred.

BELHAVEN NURSING & Rehabilitation Center

11401 SOUTH OAKLEY AVENUE
CHICAGO, IL. 60643

Reference Numbers Facility ID 6000822
Health Service Area 006 Planning Service Area 603

Administrator
Benjamin Friedman

Contact Person and Telephone

Mary G. Richardson
773-233-6311

Registered Agent Information

GUTNICKI, ABRAHAM A.
8320 SKOKIE BOULEVARD
SKOKIE, IL 60077

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	19
Blood Disorders	0
*Nervous System	9
Alzheimer Disease	7
Mental Illness	1
Developmental Disability	6
Circulatory System	43
Respiratory System	8
Digestive System	5
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	20
Injuries and Poisonings	9
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	135

Date Completed
4/11/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	221	221	159	221	135	86	221	221	155	398
Skilled Under 22	0	0	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	159	221	135	86	221	221	135	418

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	9834	12.2%	38725	48.0%	6755	55314	68.6%		68.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	9834	12.2%	38725	48.0%	6755	55314	68.6%		68.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	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	2	0	0	0	0	0	0	3	2	5
65 to 74	8	18	0	0	0	0	0	0	8	18	26
75 to 84	10	31	0	0	0	0	0	0	10	31	41
85+	11	45	0	0	0	0	0	0	11	45	56
TOTALS	35	100	0	0	0	0	0	0	35	100	135

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.

BELHAVEN NURSING & Rehabilitation Center

11401 SOUTH OAKLEY AVENUE

CHICAGO, IL. 60643

Reference Numbers Facility ID 6000822

Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	19	99	6	0	11	0	135
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	99	6	0	11	0	135

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	160
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	111	0	0	0	111
Hawaiian/Pac. Isl.	0	0	0	0	0
White	24	0	0	0	24
Race Unknown	0	0	0	0	0
Total	135	0	0	0	135

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	32.00
Certified Aides	53.00
Other Health Staff	2.00
Non-Health Staff	55.00
Totals	146.00

FACILITY NOTES

Name Change	7/11/2006	Name changed from Belhaven Nursing Home.
E-025-06	7/11/2006	Change of ownership occurred.
E-025-06	5/5/2006	Change of ownership exemption approved.

BELLE MANOR

225 WEST B STREET
 BELLEVILLE, IL. 62220

Reference Numbers Facility ID 6014039
 Health Service Area 011 Planning Service Area 163

Administrator

Beth A. Quick

Contact Person and Telephone

Beth Quick
 618-234-5657

Registered Agent Information

QUICK,STEVEN K.;MR.
 2025B BROADWAY, P.O. BOX 705
 MT. VERNON , IL 62864

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
 4/10/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5840	100.0%	0	5840	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	8	0	0	2	8	10
45 to 59	0	0	0	0	3	1	0	0	3	1	4
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	6	10	0	0	6	10	16

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.

BELLE MANOR

225 WEST B STREET
 BELLEVILLE, IL. 62220

Reference Numbers Facility ID 6014039

Health Service Area 011 Planning Service Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	106
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. Isl.	0	0	1	0	1
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	6.00
Other Health Staff	1.00
Non-Health Staff	1.50
Totals	8.95

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 Hnatowich

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/5/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	1	1	16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	15
TOTAL BEDS	16	16	16	16	1	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5615	96.1%	0	5615	96.1%	96.1%	96.1%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5615	96.1%	0	5615	96.1%	96.1%	96.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	4	0	0	4	4	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	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	7	8	0	0	7	8	15

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.

BELLEFONTAINE PLACE

98 DEBRA LANE PO BOX 225
 WATERLOO, IL. 62298

Reference Numbers Facility ID 6010417

Health Service Area 011 Planning Service Area 133

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	111	111
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	7.00
Other Health Staff	1.00
Non-Health Staff	2.00
Totals	10.25

Belmont Nursing Home

1936 West Belmont Avenue
CHICAGO, IL. 60657

Reference Numbers Facility ID 6000848
Health Service Area 006 Planning Service Area 602

Administrator

Laurie Hertz

Contact Person and Telephone

LAURIE HERTZ
773-525-7176

Registered Agent Information

CONWAY,EILEEN;MS.
1936 W BELMONT AVE
CHICAGO , IL 60657

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	53
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	53

Date Completed
4/10/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	61	61	58	61	53	8	0	61	54	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0		0	14	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0		0	15	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0		0	53	
TOTAL BEDS	61	61	58	61	53	8	0	61		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	19944	89.6%	281	20225	90.8%		90.8%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	19944	89.6%	281	20225	90.8%		90.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	19	3	0	0	0	0	0	0	19	3	22
45 to 59	13	8	0	0	0	0	0	0	13	8	21
60 to 64	3	0	0	0	0	0	0	0	3	0	3
65 to 74	1	5	0	0	0	0	0	0	1	5	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	36	17	0	0	0	0	0	0	36	17	53

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.

Belmont Nursing Home

1936 West Belmont Avenue
CHICAGO, IL. 60657

Reference Numbers Facility ID 6000848

Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	53	0	0	0	0	53
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	53	0	0	0	0	53

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	45	0	0	0	45
Race Unknown	1	0	0	0	1
Total	53	0	0	0	53

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	44	0	0	0	44
Ethnicity Unknown	1	0	0	0	1
Total	53	0	0	0	53

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	4.00
Certified Aides	7.00
Other Health Staff	3.00
Non-Health Staff	7.00
Totals	25.00

Belvidere Care Center

1701 5TH AVENUE
BELVIDERE, IL. 61008

Reference Numbers Facility ID 6003073
Health Service Area 001 Planning Service Area 007

Administrator

steven klekamp

Contact Person and Telephone

Steven Klekamp
815-547-5451

Registered Agent Information

SCHWARTZ,LAWRENCE Y
7366 NORTH LINCOLN AVE,STE 404
LINCOLNWOOD , IL 60712

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System	7
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	47

Date Completed
4/10/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	80	80	60	80	47	33	0	80	57	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0	0	0	67	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0	0	0	77	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0	0	0	47	
TOTAL BEDS	80	80	60	80	47	33	0	80		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2044	0.0%	12231	41.9%	3572	17847	61.1%		61.1%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2044	0.0%	12231	41.9%	3572	17847	61.1%		61.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	7	0	0	0	0	0	0	2	7	9
75 to 84	4	9	0	0	0	0	0	0	4	9	13
85+	6	10	0	0	0	0	0	0	6	10	16
TOTALS	17	30	0	0	0	0	0	0	17	30	47

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.

Belvidere Care Center

1701 5TH AVENUE
 BELVIDERE, IL. 61008

Reference Numbers Facility ID 6003073

Health Service Area 001 Planning Service Area 007

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	10	31	0	1	5	0	47
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	31	0	1	5	0	47

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	128	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	1	0	0	0	1
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	46	0	0	0	46
Race Unknown	0	0	0	0	0
Total	47	0	0	0	47

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	9.00
Certified Aides	20.00
Other Health Staff	10.00
Non-Health Staff	9.00
Totals	53.00

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 Polhemus
309-697-4541

Registered Agent Information

WILLIAMS,DAVID T;;SR
PEORIA CO. COURTHOUSE, RM 401
PEORIA, IL 61602

FACILITY OWNERSHIP
COUNTY

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	6
Blood Disorders	6
*Nervous System	16
Alzheimer Disease	42
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	7
Digestive System	11
Genitourinary System Disorders	1
Skin Disorders	13
Musculo-skeletal Disorders	39
Injuries and Poisonings	103
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	270

Date Completed
4/10/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	300	300	270	300	30	50	300	284	165
Skilled Under 22	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0		0		
TOTAL BEDS	300	300	270	300	30	50	300	179	270

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	4745	26.0%	71905	65.7%	21900	98550	90.0%	90.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	4745	26.0%	71905	65.7%	21900	98550	90.0%	90.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	4	0	0	0	0	0	0	0	4	0	4
60 to 64	1	4	0	0	0	0	0	0	1	4	5
65 to 74	8	13	0	0	0	0	0	0	8	13	21
75 to 84	28	60	0	0	0	0	0	0	28	60	88
85+	19	133	0	0	0	0	0	0	19	133	152
TOTALS	60	210	0	0	0	0	0	0	60	210	270

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.

BELWOOD NURSING HOME

6701 WEST PLANK ROAD
 PEORIA, IL. 61604

Reference Numbers Facility ID 6000814

Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	13	197	11	0	49	0	270
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	197	11	0	49	0	270

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	23	0	0	0	23
Hawaiian/Pac. Isl.	0	0	0	0	0
White	240	0	0	0	240
Race Unknown	7	0	0	0	7
Total	270	0	0	0	270

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	270	0	0	0	270
Ethnicity Unknown	0	0	0	0	0
Total	270	0	0	0	270

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	24.00
Certified Aides	105.00
Other Health Staff	0.00
Non-Health Staff	66.00
Totals	202.00

BEMENT HEALTH CARE CENTER

601 NORTH MORGAN STREET
BEMENT, IL. 61813

Reference Numbers Facility ID 6000855
Health Service Area 004 Planning Service Area 147

Administrator

Laurie Knowles

Contact Person and Telephone

Marikay Snyder
309-689-5880

Registered Agent Information

SNYDER, MARIKAY L.
830 WEST TRAILCREEK DRIVE
PEORIA, IL 61614

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	1
Alzheimer Disease	5
Mental Illness	1
Developmental Disability	7
Circulatory System	15
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	51

Date Completed
4/7/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	60	60	60	60	9	8	60	Residents on 1/1/2006	59
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	48
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	56
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	51
TOTAL BEDS	60	60	60	60	9	8	60		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1375	47.1%	11756	53.7%	6576	19707	90.0%	90.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	1375	47.1%	11756	53.7%	6576	19707	90.0%	90.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	2	2	0	0	0	0	0	0	2	2	4
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	1	4	0	0	0	0	0	0	1	4	5
75 to 84	4	18	0	0	0	0	0	0	4	18	22
85+	2	13	0	0	0	0	0	0	2	13	15
TOTALS	11	40	0	0	0	0	0	0	11	40	51

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.

BEMENT HEALTH CARE CENTER

601 NORTH MORGAN STREET
 BEMENT, IL. 61813

Reference Numbers Facility ID 6000855

Health Service Area 004 Planning Service Area 147

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	29	0	0	17	0	51
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	29	0	0	17	0	51

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	126
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	15.00
Other Health Staff	0.00
Non-Health Staff	15.00
Totals	37.00

BENJAMIN GREEN-FIELD RESIDENCE

194 & 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

YACONETTI,DIANNE
 14245 WEST ROCKLAND ROAD
 LIBERTYVILLE , IL 60048

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
 4/6/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			4745	81.3%	1095	5840	100.0%	100.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	4745	81.3%	1095	5840	100.0%	100.0%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	6	3	0	0	6	3	9
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	2	3	0	0	2	3	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	8	8	0	0	8	8	16

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.

BENJAMIN GREEN-FIELD RESIDENCE

194 & ROUTE 176
LIBERTYVILLE, IL. 60048

Reference Numbers Facility ID 6014591

Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		13	0	0	3	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	13	0	0	3	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	132	132
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	11.00
Other Health Staff	1.00
Non-Health Staff	4.00
Totals	25.00

BENTON REHAB & HEALTH CARE 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

Registered Agent Information

SNYDER,MARIKAY L
 830 WEST TRAILCREEK DRIVE
 PEORIA, IL 61614

FACILITY OWNERSHIP
 LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	21
Mental Illness	7
Developmental Disability	1
Circulatory System	4
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	54

Date Completed
 4/5/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	73	68	60	68	54	19	0	71	45	39
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	73	68	60	68	54	19	0	71	30	54

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	16478	63.6%	2477	18955	71.1%		76.4%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	16478	63.6%	2477	18955	71.1%		76.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	3	2	0	0	0	0	0	0	3	2	5
60 to 64	4	1	0	0	0	0	0	0	4	1	5
65 to 74	4	6	0	0	0	0	0	0	4	6	10
75 to 84	6	13	0	0	0	0	0	0	6	13	19
85+	5	8	0	0	0	0	0	0	5	8	13
TOTALS	23	31	0	0	0	0	0	0	23	31	54

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.

BENTON REHAB & HEALTH CARE CTR1409 NORTH MAIN
BENTON, IL. 62812

Reference Numbers Facility ID 6005391

Health Service Area 005 Planning Service Area 055

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	48	0	0	6	0	54
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	48	0	0	6	0	54

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	97	86
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	53	0	0	0	53
Race Unknown	0	0	0	0	0
Total	54	0	0	0	54

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	15.00
Other Health Staff	0.00
Non-Health Staff	18.00
Totals	41.00

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 Moran

Contact Person and Telephone

Claudia Moran
618-377-2144

Registered Agent Information

HART,LINDA MARIE
11 FALL CREEK LANE
ST JACOBS , IL 62281

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	13
Blood Disorders	5
*Nervous System	1
Alzheimer Disease	22
Mental Illness	2
Developmental Disability	0
Circulatory System	27
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	86

Date Completed
4/5/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	98	98	98	98	86	12	0	98	93	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0	0	0	89	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0	0	0	96	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0	0	0	86	
TOTAL BEDS	98	98	98	98	86	12	0	98		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	25941	72.5%	8180	34121	95.4%	95.4%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	25941	72.5%	8180	34121	95.4%	95.4%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	3	17	0	0	0	0	0	0	3	17	20
85+	2	59	0	0	0	0	0	0	2	59	61
TOTALS	5	81	0	0	0	0	0	0	5	81	86

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.

BETHALTO CARE CENTER

815 S. PRAIRIE STREET
 BETHALTO, IL. 62010

Reference Numbers Facility ID 6000863

Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	69	0	0	17	0	86
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	69	0	0	17	0	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	82	0	0	0	82
Race Unknown	0	0	0	0	0
Total	86	0	0	0	86

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	30.00
Other Health Staff	0.00
Non-Health Staff	27.00
Totals	70.00

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

Susan Polier

Contact Person and Telephone

Susan Polier
 815-756-5526

Registered Agent Information

MAHER,DANIEL
 926 SOUTH 7TH
 SPRINGFIELD , IL 62703

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System	7
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	23
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	3
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	78

Date Completed
 4/9/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	90	90	90	90	78	12	20	90	81	263
Skilled Under 22	0	0	0	0	0	0		0		266
Intermediate DD	0	0	0	0	0	0		0		78
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	90	90	90	90	78	12	20	90		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	6199	84.9%	14737	44.9%	8616	29552	90.0%	90.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	6199	84.9%	14737	44.9%	8616	29552	90.0%	90.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	3	0	0	0	0	0	0	1	3	4
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+	6	33	0	0	0	0	0	0	6	33	39
TOTALS	17	61	0	0	0	0	0	0	17	61	78

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.

BETHANY HLTH CARE & REHAB CTR.

3298 RESOURCE PARKWAY
 DEKALB, IL. 60115

Reference Numbers Facility ID 6014872

Health Service Area 001 Planning Service Area 037

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	40	1	1	16	0	78
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	40	1	1	16	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	149
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	70	0	0	0	70
Race Unknown	2	0	0	0	2
Total	78	0	0	0	78

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	76	0	0	0	76
Ethnicity Unknown	0	0	0	0	0
Total	78	0	0	0	78

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.50
LPN's	7.00
Certified Aides	35.00
Other Health Staff	10.50
Non-Health Staff	16.00
Totals	81.00

BETHANY TERRACE NURSING CENTRE

8425 WAUKEGAN ROAD
 MORTON GROVE, IL. 60053
Reference Numbers Facility ID 6000889
 Health Service Area 007 Planning Service Area 702

Administrator

David Randle

Contact Person and Telephone

David Randle
 847-965-8100

Registered Agent Information

DAHL,STEPHEN A.;MR.
 5015 N PAULINA ST
 CHICAGO , IL 60640

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	15
Blood Disorders	0
*Nervous System	8
Alzheimer Disease	95
Mental Illness	0
Developmental Disability	0
Circulatory System	21
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	5
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	167

Date Completed
 4/11/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	273	246	192	246	167	106	93	273	195	406
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	246	192	246	167	108	93	273		167

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	4206	12.4%	39569	39.7%	20776	64551	64.8%		71.9%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	4206	12.4%	39569	39.7%	20776	64551	64.3%		71.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	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	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	19	38	0	0	0	0	0	0	19	38	57
85+	17	74	0	0	0	0	0	0	17	74	91
TOTALS	45	122	0	0	0	0	0	0	45	122	167

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.

BETHANY TERRACE NURSING CENTRE

8425 WAUKEGAN ROAD

MORTON GROVE, IL. 60053

Reference Numbers Facility ID 6000889

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	102	0	1	56	0	167
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	102	0	1	56	0	167

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	214	182
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	7	0	0	0	7
Amer. Indian	1	0	0	0	1
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	156	0	0	0	156
Race Unknown	0	0	0	0	0
Total	167	0	0	0	167

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	162	0	0	0	162
Ethnicity Unknown	0	0	0	0	0
Total	167	0	0	0	167

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	15.00
LPN's	13.00
Certified Aides	73.00
Other Health Staff	10.00
Non-Health Staff	70.00
Totals	185.00

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
773-622-6144

Registered Agent Information

BOGESS, JULIE E.
2833 NORTH NORDICA AVENUE
CHICAGO, IL 60634

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

Date Completed
4/12/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	39
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	12
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	32
Injuries and Poisonings	0
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	97

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	132	132	94	132	76	56	26	47	105
Skilled Under 22	0	0	0	0	0	0	0	0	178
Intermediate DD	0	0	0	0	0	0	0	0	186
Sheltered Care	30	30	23	30	21	9			97
TOTAL BEDS	162	162	117	162	97	65	26	47	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	4908	51.7%	6189	36.1%	19053	30150	62.6%		62.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					7179	7179	65.6%		65.6%	
TOTALS	4908	51.7%	6189	36.1%	26232	37329	63.1%		63.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	7	0	0	0	0	3	3	8	10	18
85+	5	57	0	0	0	0	4	11	9	68	77
TOTALS	10	66	0	0	0	0	7	14	17	80	97

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.

BETHESDA HOME & RETIREMENT CTR

2833 NORTH NORDICA AVENUE
 CHICAGO, IL. 60634

Reference Numbers Facility ID 6006688

Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	18	0	0	46	0	76
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	21	0	21
TOTALS	12	18	0	0	67	0	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	184
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	106	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	76	0	0	21	97
Race Unknown	0	0	0	0	0
Total	76	0	0	21	97

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	76	0	0	21	97
Ethnicity Unknown	0	0	0	0	0
Total	76	0	0	21	97

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.13
LPN's	9.62
Certified Aides	41.40
Other Health Staff	0.00
Non-Health Staff	41.45
Totals	107.60

BETHESDA LUTHERAN HOME

1761 WOODGATE DRIVE
 SYCAMORE, IL. 60178
Reference Numbers Facility ID 6012116
 Health Service Area 001 Planning Service Area 037

Administrator
 Donna Allgood

Contact Person and Telephone

Donna Allgood
 815-230-4904

Registered Agent Information

ILLINOIS CORPORATION SERVICE C
 801 ADLAI STEVENSON DRIVE
 SPRINGFIELD , IL 62703

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
 4/12/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	15	16	15	1		16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2006	15
TOTAL BEDS	16	16	15	16	15	1	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%		0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			5151	88.2%	0	5151	88.2%		88.2%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	5151	88.2%	0	5151	88.2%		88.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	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	8	0	0	7	8	15

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.

BETHESDA LUTHERAN HOME1761 WOODGATE DRIVE
SYCAMORE, IL. 60178

Reference Numbers Facility ID 6012116

Health Service Area 001 Planning Service Area 037

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	144	141
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	9.50
Non-Health Staff	2.50
Totals	14.00

BETHESDA LUTHERAN HOME-AURORA

1480 RECKINGER ROAD
AURORA, IL. 60505

Reference Numbers Facility ID 6012256
Health Service Area 008 Planning Service Area 089

Administrator
Steve Inzerello

Contact Person and Telephone

Steve Inzerello
630-851-6777

Registered Agent Information

ILLINOIS CORPORATION SERVICE C
801 ADLAI STEVENSON DRIVE
SPRINGFIELD , IL 62703

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	44
Circulatory System	0
Respiratory System	0
Digestive System	0
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

Date Completed
4/12/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	43
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	5
Intermediate DD	45	45	44	45	44	1		45	Total Discharges 2006	4
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2006	44
TOTAL BEDS	45	45	44	45	44	1	0	45		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%		0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			15652	95.3%	0	15652	95.3%		95.3%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	15652	95.3%	0	15652	95.3%		95.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	12	14	0	0	12	14	26
45 to 59	0	0	0	0	5	6	0	0	5	6	11
60 to 64	0	0	0	0	2	3	0	0	2	3	5
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	20	24	0	0	20	24	44

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.

BETHESDA LUTHERAN HOME-AURORA1480 RECKINGER ROAD
AURORA, IL. 60505

Reference Numbers Facility ID 6012256

Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

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

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	171	171
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	2	0	2
Amer. Indian	0	0	2	0	2
Black	0	0	1	0	1
Hawaiian/Pac. Isl.	0	0	1	0	1
White	0	0	31	0	31
Race Unknown	0	0	7	0	7
Total	0	0	44	0	44

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	4	0	4
Non-Hispanic	0	0	40	0	40
Ethnicity Unknown	0	0	0	0	0
Total	0	0	44	0	44

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	45.00
Non-Health Staff	0.00
Totals	49.00

BETHESDA LUTHERAN HOME-MONTGOM

1205 SOUTH SPENCER
 AURORA, IL. 60505
Reference Numbers Facility ID 6011704
 Health Service Area 008 Planning Service Area 089

Administrator
 Donna Allgood

Contact Person and Telephone

Donna Allgood
 815-230-4904

Registered Agent Information

EULITZ,KATHLEEN .
 801 ADLAI STEVENSON DRIVE
 SPRINGFIELD , IL 62703

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
 4/12/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5570	95.4%	0	5570	95.4%	95.4%	95.4%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5570	95.4%	0	5570	95.4%	95.4%	95.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	5	0	0	0	5	0	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	8	8	0	0	8	8	16

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.

BETHESDA LUTHERAN HOME-MONTGOM

1205 SOUTH SPENCER

AURORA, IL. 60505

Reference Numbers Facility ID 6011704

Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	135	134
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	9.50
Non-Health Staff	2.50
Totals	14.00

BETHESDA LUTHERAN HOME-PLAINFI

805 EASTERN AVENUE
PLAINFIELD, IL. 60544

Reference Numbers Facility ID 6011894
Health Service Area 009 Planning Service Area 197

Administrator

Donna Allgood

Contact Person and Telephone

Donna Allgood
815-230-4909

Registered Agent Information

ILLINOIS CORPORATION SERVICE C
801 ADLAI STEVENSON DRIVE
SPRINGFIELD , IL 62703

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/12/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5661	96.9%	0	5661	96.9%	96.9%	96.9%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5661	96.9%	0	5661	96.9%	96.9%	96.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	0	0	0	1	0	1
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

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.

BETHESDA LUTHERAN HOME-PLAINFI805 EASTERN AVENUE
PLAINFIELD, IL. 60544

Reference Numbers Facility ID 6011894

Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	9.50
Non-Health Staff	2.50
Totals	14.00

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

Laura Kirchhoff
 708-371-0800

Registered Agent Information

LANENGA,JOSEPH;MR.
 12927 S MONITOR
 PALOS HEIGHTS , 60463

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
 3/28/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	45
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	45	45	45	45	0	0	45	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	45
TOTAL BEDS	45	45	45	45	0	0	45		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			15797	96.2%	184	15981	97.3%	97.3%	97.3%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	15797	96.2%	184	15981	97.3%	97.3%	97.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	14	0	0	6	14	20
45 to 59	0	0	0	0	12	3	0	0	12	3	15
60 to 64	0	0	0	0	1	2	0	0	1	2	3
65 to 74	0	0	0	0	3	2	0	0	3	2	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	22	23	0	0	22	23	45

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.

BETHSHAN

12927 SOUTH MONITOR
 PALOS HEIGHTS, IL. 60463

Reference Numbers Facility ID 6000905

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	155	155
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	3.00
Certified Aides	27.00
Other Health Staff	7.00
Non-Health Staff	8.00
Totals	49.00

BETHSHAN II

12927 SOUTH MONITOR
 PALOS HEIGHTS, IL. 60463
Reference Numbers Facility ID 6000913
 Health Service Area 007 Planning Service Area 705

Administrator

Frea W. Mars

Contact Person and Telephone

FREA W. MARS
 708-388-1888

Registered Agent Information

LANENGA,JOSEPH;MR.
 12927 S MONITOR
 PALOS HEIGHTS , IL 60463

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed

3/5/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	15	1	16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	15
TOTAL BEDS	16	16	16	16	15	1	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5373	92.0%	12	5385	92.2%	92.2%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	5373	92.0%	12	5385	92.2%	92.2%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	3	4	0	0	3	4	7
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	7	8	0	0	7	8	15

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.

BETHSHAN II

12927 SOUTH MONITOR
 PALOS HEIGHTS, IL. 60463

Reference Numbers Facility ID 6000913

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	155	155
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	10.00
Other Health Staff	2.00
Non-Health Staff	2.00
Totals	15.00

BEULAH LAND CHRISTIAN HOME

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

Greg Green
815-796-2267

Registered Agent Information

PHILLIPPE,TIMOTHY F
200 N POSTVILLE DR
LINCOLN , IL 62656

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System	4
Alzheimer Disease	4
Mental Illness	5
Developmental Disability	0
Circulatory System	9
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	2
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	45

Date Completed
4/12/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	43	43	40	43	36	7	43	43	46
Skilled Under 22	0	0	0	0	0	0	0	0	39
Intermediate DD	0	0	0	0	0	0	0	0	40
Sheltered Care	32	24	15	24	9	23			45
TOTAL BEDS	75	67	55	67	45	30	43	43	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2525	16.1%	7541	48.0%	2464	12530	79.8%		79.8%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					4489	4489	38.4%		51.2%	
TOTALS	2525	16.1%	7541	48.0%	6953	17019	62.2%		69.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	8	0	0	0	0	2	1	7	9	16
85+	4	17	0	0	0	0	3	3	7	20	27
TOTALS	9	27	0	0	0	0	5	4	14	31	45

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.

BEULAH LAND CHRISTIAN HOME

201 EAST FALCON HIGHWAY
 FLANAGAN, IL. 61740

Reference Numbers Facility ID 6000939

Health Service Area 004 Planning Service Area 105

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	19	0	0	9	0	36
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			1	0	8	0	9
TOTALS	8	19	1	0	17	0	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	186	173
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	77	61

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	36	0	0	9	45
Race Unknown	0	0	0	0	0
Total	36	0	0	9	45

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	36	0	0	9	45
Ethnicity Unknown	0	0	0	0	0
Total	36	0	0	9	45

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.62
LPN's	4.57
Certified Aides	17.35
Other Health Staff	2.15
Non-Health Staff	19.04
Totals	47.73

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
618-466-0367

Registered Agent Information

LYNN, NICHOLAS J.
227 WEST MONROE STREET, STE3400
CHICAGO, IL 60606

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	262
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	262

Date Completed
3/8/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	265
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	18
Intermediate DD	300	288	266	288	38		279	Total Discharges 2006	21
Sheltered Care	0	0	0	0	0			Residents on 12/31/2006	262
TOTAL BEDS	300	288	266	288	38	0	279		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			89739	88.1%	3682	93421	85.3%	88.9%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	0	0.0%	89739	88.1%	3682	93421	85.3%	88.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	58	36	0	0	58	36	94
45 to 59	0	0	0	0	63	53	0	0	63	53	116
60 to 64	0	0	0	0	13	12	0	0	13	12	25
65 to 74	0	0	0	0	12	3	0	0	12	3	15
75 to 84	0	0	0	0	4	6	0	0	4	6	10
85+	0	0	0	0	1	1	0	0	1	1	2
TOTALS	0	0	0	0	151	111	0	0	151	111	262

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.

BEVERLY FARM FOUNDATION

6301 HUMBERT ROAD
 GODFREY, IL. 62035

Reference Numbers Facility ID 6000947

Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		249	0	0	13	0	262
Sheltered Care			0	0	0	0	0
TOTALS	0	249	0	0	13	0	262

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	128	128
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	14	0	14
Hawaiian/Pac. Isl.	0	0	1	0	1
White	0	0	246	0	246
Race Unknown	0	0	0	0	0
Total	0	0	262	0	262

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	4	0	4
Non-Hispanic	0	0	258	0	258
Ethnicity Unknown	0	0	0	0	0
Total	0	0	262	0	262

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	4.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	14.00
Certified Aides	165.00
Other Health Staff	31.00
Non-Health Staff	99.00
Totals	320.00

BIG MEADOWS INC

1000 LONGMOOR
SAVANNA, IL. 61074

Reference Numbers Facility ID 6000962
Health Service Area 001 Planning Service Area 015

Administrator

GLENN BLACKLOCK

Contact Person and Telephone

GLENN BLACKLOCK
815-273-2238

Registered Agent Information

GAPINSKI,ALAN JOHN
1000 LONGMOOR AVE
SAVANNA, IL 61074

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System	12
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	2
Circulatory System	17
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	3
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	70

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	98	98	85	98	70	28	0	98	81	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0	0	0	38	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0	0	0	49	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0	0	0	70	
TOTAL BEDS	98	98	85	98	70	28	0	98		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	21762	60.8%	6634	28396	79.4%	79.4%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	21762	60.8%	6634	28396	79.4%	79.4%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	7	0	0	0	0	0	0	8	7	15
75 to 84	6	9	0	0	0	0	0	0	6	9	15
85+	4	26	0	0	0	0	0	0	4	26	30
TOTALS	24	46	0	0	0	0	0	0	24	46	70

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.

BIG MEADOWS INC

1000 LONGMOOR
SAVANNA, IL. 61074

Reference Numbers Facility ID 6000962

Health Service Area 001 Planning Service Area 015

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	55	0	0	15	0	70
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	55	0	0	15	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	138	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	69	0	0	0	69
Race Unknown	0	0	0	0	0
Total	70	0	0	0	70

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.59
LPN's	6.59
Certified Aides	23.64
Other Health Staff	0.43
Non-Health Staff	30.24
Totals	66.49

BIRCHWOOD PLAZA

1426 WEST BIRCHWOOD
CHICAGO, IL. 60626

Reference Numbers Facility ID 6000988
Health Service Area 006 Planning Service Area 601

Administrator
Abraham Schiffman

Contact Person and Telephone

Allison Rubens
773-274-4405

Registered Agent Information

ALBIN, MAURICE; MR.
77 W WASHINGTON ST
CHICAGO, IL 60602

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	45
Endocrine/Metabolic	44
Blood Disorders	0
*Nervous System	24
Alzheimer Disease	26
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	9
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	151

Date Completed
4/12/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	200	200	153	200	151	49	200	200	147	235
Skilled Under 22	0	0	0	0	0	0		0		231
Intermediate DD	0	0	0	0	0	0		0		151
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	200	200	153	200	151	49	200	200		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	2481	3.4%	40054	54.9%	11120	53655	73.5%	73.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2481	3.4%	40054	54.9%	11120	53655	73.5%	73.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	2	0	0	0	0	0	0	2	2	4
65 to 74	6	25	0	0	0	0	0	0	6	25	31
75 to 84	11	36	0	0	0	0	0	0	11	36	47
85+	13	52	0	0	0	0	0	0	13	52	65
TOTALS	33	118	0	0	0	0	0	0	33	118	151

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.

BIRCHWOOD PLAZA1426 WEST BIRCHWOOD
CHICAGO, IL. 60626

Reference Numbers Facility ID 6000988

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	7	106	0	0	38	0	151
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	106	0	0	38	0	151

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	165
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	25	0	0	0	25
Hawaiian/Pac. Isl.	0	0	0	0	0
White	125	0	0	0	125
Race Unknown	0	0	0	0	0
Total	151	0	0	0	151

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	146	0	0	0	146
Ethnicity Unknown	0	0	0	0	0
Total	151	0	0	0	151

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	9.00
LPN's	2.00
Certified Aides	32.00
Other Health Staff	1.00
Non-Health Staff	26.00
Totals	74.00

Bjorkland House

15841 Terrace Drive
OAK FOREST, IL. 60452

Reference Numbers Facility ID 6013999
Health Service Area 007 Planning Service Area 705

Administrator

Justin Schrotenboer

Contact Person and Telephone

Justin Schrotenboer
708-687-2038

Registered Agent Information

ERICKSON, GRANT D
1625 SHERMER ROAD
NORTHBROOK, IL 60062

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5840	100.0%	0	5840	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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

Bjorkland House

15841 Terrace Drive
 OAK FOREST, IL. 60452

Reference Numbers Facility ID 6013999

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	147	147
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	4	0	4
Non-Hispanic	0	0	12	0	12
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	0.50
Registered Nurses	0.00
LPN's	0.00
Certified Aides	9.00
Other Health Staff	0.00
Non-Health Staff	4.00
Totals	15.50

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 ext. 295

Registered Agent Information

MCCLAIN, ARLAN L.MS.
500 ANCHOR ROAD, P. O. BOX 366
DIXON, IL 61021

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/9/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	2
Intermediate DD	15	15	15	15	15	0		15	Total Discharges 2006	2
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2006	15
TOTAL BEDS	15	15	15	15	15	0	0	15		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5313	97.0%	99	5412	98.8%	98.8%	98.8%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5313	97.0%	99	5412	98.8%	98.8%	98.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	3	4	0	0	3	4	7
60 to 64	0	0	0	0	3	1	0	0	3	1	4
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	1	0	0	0	1	1
TOTALS	0	0	0	0	6	9	0	0	6	9	15

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.

Blackhawk Group Home

735 North Dixon
 DIXON, IL. 61021

Reference Numbers Facility ID 6011795

Health Service Area 001 Planning Service Area 103

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	135
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.05
LPN's	0.25
Certified Aides	6.10
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	7.65

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, 6897

Registered Agent Information

Date Completed
3/30/2007

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	3
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	18

FACILITY OWNERSHIP

OTHER NON-PROFIT

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	44	20	20	20	18	26	20	0	18	494
Skilled Under 22	0	0	0	0	0	0		0		494
Intermediate DD	0	0	0	0	0	0		0		18
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	44	20	20	20	18	26	20	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	5620	77.0%	0	0.0%	649	6269	39.0%	85.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	5620	77.0%	0	0.0%	649	6269	39.0%	85.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	3	0	0	0	0	0	0	2	3	5
75 to 84	2	5	0	0	0	0	0	0	2	5	7
85+	0	3	0	0	0	0	0	0	0	3	3
TOTALS	6	12	0	0	0	0	0	0	6	12	18

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.

BLESSING HOSPITAL

BROADWAY AT 11TH STREET

QUINCY, IL. 62301

Reference Numbers Facility ID 6011977

Health Service Area 003 Planning Service Area 001

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	17	0	0	1	0	0	18
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	0	0	1	0	0	18

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	501	454
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.40
LPN's	4.40
Certified Aides	8.50
Other Health Staff	1.20
Non-Health Staff	2.00
Totals	26.50

Bloomington Rehabilitation and Health CC

1925 SOUTH MAIN STREET
BLOOMINGTON, IL. 61701

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

SNYDER,MARIKAY L
830 WEST TRAILCREEK DRIVE
PEORIA, IL 61614

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	5
Mental Illness	4
Developmental Disability	7
Circulatory System	6
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	2
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	43

Date Completed
4/5/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	78	61	46	61	43	35	26	78	41	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0	0	0	62	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0	0	0	60	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0	0	0	43	
TOTAL BEDS	78	61	46	61	43	35	26	78		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1376	14.5%	13040	45.8%	568	14984	52.6%	67.3%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	1376	14.5%	13040	45.8%	568	14984	52.6%	67.3%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	1	0	0	0	0	0	0	4	1	5
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	5	5	0	0	0	0	0	0	5	5	10
75 to 84	6	8	0	0	0	0	0	0	6	8	14
85+	3	9	0	0	0	0	0	0	3	9	12
TOTALS	20	23	0	0	0	0	0	0	20	23	43

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.

Bloomington Rehabilitation and Health CC

1925 SOUTH MAIN STREET

BLOOMINGTON, IL. 61701

Reference Numbers Facility ID 6000996

Health Service Area 004 Planning Service Area 113

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	35	0	0	3	0	43
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	35	0	0	3	0	43

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	134	119
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	37	0	0	0	37
Race Unknown	1	0	0	0	1
Total	43	0	0	0	43

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	5.00
Certified Aides	17.00
Other Health Staff	2.00
Non-Health Staff	17.00
Totals	45.00

BLU FOUNTAIN MANOR

1623 WEST DELMAR
GODFREY, IL. 62035

Reference Numbers Facility ID 6001028
Health Service Area 011 Planning Service Area 119

Administrator

Don Dill

Contact Person and Telephone

Don Dill
618-466-0443

Registered Agent Information

ILLINOIS CORP SERVICE COMPANY
700 SOUTH SECOND STREET
SPRINGFIELD , IL 62704

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	18
Mental Illness	10
Developmental Disability	0
Circulatory System	15
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	56

Date Completed
4/12/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	68	64	63	64	56	12	28	68	58	79
Skilled Under 22	0	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	68	64	63	64	56	12	28	68		81
										Residents on 12/31/2006
										56

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2891	28.3%	15243	61.4%	3259	21393	86.2%		91.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2891	28.3%	15243	61.4%	3259	21393	86.2%		91.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	2	21	0	0	0	0	0	0	2	21	23
85+	5	25	0	0	0	0	0	0	5	25	30
TOTALS	9	47	0	0	0	0	0	0	9	47	56

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.

BLU FOUNTAIN MANOR1623 WEST DELMAR
GODFREY, IL. 62035

Reference Numbers Facility ID 6001028

Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	41	0	0	10	0	56
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	41	0	0	10	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	137
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	49	0	0	0	49
Race Unknown	0	0	0	0	0
Total	56	0	0	0	56

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	56	0	0	0	56
Total	56	0	0	0	56

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	8.00
Certified Aides	26.00
Other Health Staff	0.00
Non-Health Staff	11.00
Totals	53.00

Blue Island Nursing Home

2427 West 127th Street
BLUE ISLAND, IL. 60406

Reference Numbers Facility ID 6001036
Health Service Area 007 Planning Service Area 705

Administrator
Zohar Hochenbaum

Contact Person and Telephone

Zohar Hochenbaum
(312) 330-5759

Registered Agent Information
THE CORPORATE REGISTERED AGEN
111 W WASHINGTON SUITE 1900
CHICAGO , IL 60602

FACILITY OWNERSHIP
FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

Date Completed
4/11/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	2
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	8
Non-Medical Conditions	0
TOTALS	27

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	30	30	27	30	27	3	0	30	27	27
Skilled Under 22	0	0	0	0	0	0		0		26
Intermediate DD	0	0	0	0	0	0		0		26
Sheltered Care	0	0	0	0	0	0		0		27
TOTAL BEDS	30	30	27	30	27	3	0	30		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	9139	83.5%	214	9353	85.4%		85.4%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	9139	83.5%	214	9353	85.4%		85.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	0	0	0	0	0	0	0	4	0	4
45 to 59	5	3	0	0	0	0	0	0	5	3	8
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	1	5	0	0	0	0	0	0	1	5	6
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	14	13	0	0	0	0	0	0	14	13	27

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.

Blue Island Nursing Home

2427 West 127th Street
BLUE ISLAND, IL. 60406

Reference Numbers Facility ID 6001036

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	27	0	0	0	0	27
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	27	0	0	0	0	27

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	120	100
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	1	0	0	0	1
Black	20	0	0	0	20
Hawaiian/Pac. Isl.	0	0	0	0	0
White	5	0	0	0	5
Race Unknown	0	0	0	0	0
Total	27	0	0	0	27

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	0.00
Non-Health Staff	5.00
Totals	22.00

BOHANNON NURSING HOME

1201 NORTH ALTON
LEBANON, IL. 62254
Reference Numbers Facility ID 6001044
Health Service Area 011 Planning Service Area 163

Administrator
Lee Bohannon-Smith

Contact Person and Telephone

Lee Bohannon Smith
618-537-4401

Registered Agent Information

BOHANNON, KENNETH O.; MR.
1201 N ALTON STR
LEBANON, IL. 62254

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System	1
Alzheimer Disease	13
Mental Illness	7
Developmental Disability	2
Circulatory System	9
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	5
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	50

Date Completed
4/9/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	90	80	60	80	50	40	90	90	56	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0		0	42	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0		0	50	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	90	80	60	80	50	40	90	90		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1068	3.3%	13063	39.8%	6003	20134	61.3%	69.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	1068	3.3%	13063	39.8%	6003	20134	61.3%	69.0%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	6	2	0	0	0	0	0	0	6	2	8
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	4	1	0	0	0	0	0	0	4	1	5
75 to 84	3	12	0	0	0	0	0	0	3	12	15
85+	2	15	0	0	0	0	0	0	2	15	17
TOTALS	18	32	0	0	0	0	0	0	18	32	50

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.

BOHANNON NURSING HOME

1201 NORTH ALTON
LEBANON, IL. 62254

Reference Numbers Facility ID 6001044

Health Service Area 011 Planning Service Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	38	0	6	6	0	50
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	38	0	6	6	0	50

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	43	0	0	0	43
Race Unknown	0	0	0	0	0
Total	50	0	0	0	50

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	15.00
Other Health Staff	0.00
Non-Health Staff	10.00
Totals	33.00

BOULEVARD CARE CENTER

3405 SOUTH MICHIGAN AVENUE
CHICAGO, IL. 60616

Reference Numbers Facility ID 6006126
Health Service Area 006 Planning Service Area 603

Administrator

ELI RAY

Contact Person and Telephone

Eli Ray
312-791-0035

Registered Agent Information

MAGENCE,MEYER;MR.
8320 SKOKIE BOULEVARD
SKOKIE, IL 60077

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	17
Blood Disorders	7
*Nervous System	10
Alzheimer Disease	7
Mental Illness	46
Developmental Disability	9
Circulatory System	9
Respiratory System	9
Digestive System	7
Genitourinary System Disorders	7
Skin Disorders	5
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	143

Date Completed
4/8/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	155	155	150	155	12	155	155	146	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	0		
TOTAL BEDS	155	155	150	155	12	155	155	105	143

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	3146	5.6%	46196	81.7%	1143	50485	89.2%	89.2%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	3146	5.6%	46196	81.7%	1143	50485	89.2%	89.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	15	0	0	0	0	0	0	3	15	18
45 to 59	47	12	0	0	0	0	0	0	47	12	59
60 to 64	4	7	0	0	0	0	0	0	4	7	11
65 to 74	20	9	0	0	0	0	0	0	20	9	29
75 to 84	5	12	0	0	0	0	0	0	5	12	17
85+	0	9	0	0	0	0	0	0	0	9	9
TOTALS	79	64	0	0	0	0	0	0	79	64	143

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.

BOULEVARD CARE CENTER3405 SOUTH MICHIGAN AVENUE
CHICAGO, IL. 60616

Reference Numbers Facility ID 6006126

Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	134	0	0	1	0	143
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	134	0	0	1	0	143

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	126	98
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	136	0	0	0	136
Hawaiian/Pac. Isl.	7	0	0	0	7
White	0	0	0	0	0
Race Unknown	0	0	0	0	0
Total	143	0	0	0	143

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	142	0	0	0	142
Ethnicity Unknown	0	0	0	0	0
Total	143	0	0	0	143

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	3.00
LPN's	20.00
Certified Aides	43.00
Other Health Staff	0.00
Non-Health Staff	38.00
Totals	108.00

BOURBONNAIS TERRACE

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

WEINFELD,AVRUM
6865 N. LINCOLN AVE.
LINCOLNWOOD , IL 60712

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	197
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	197

Date Completed
4/9/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	197	197	197	197	197	0	0	197	Residents on 1/1/2006	191
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	115
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006	109
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	197
TOTAL BEDS	197	197	197	197	197	0	0	197		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	69821	97.1%	1108	70929	98.6%	98.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	0	0.0%	69821	97.1%	1108	70929	98.6%	98.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	36	20	0	0	0	0	0	0	36	20	56
45 to 59	56	35	0	0	0	0	0	0	56	35	91
60 to 64	10	8	0	0	0	0	0	0	10	8	18
65 to 74	11	14	0	0	0	0	0	0	11	14	25
75 to 84	1	4	0	0	0	0	0	0	1	4	5
85+	1	1	0	0	0	0	0	0	1	1	2
TOTALS	115	82	0	0	0	0	0	0	115	82	197

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.

BOURBONNAIS TERRACE

133 MOHAWK DRIVE
BOURBONNAIS, IL. 60914

Reference Numbers Facility ID 6001069

Health Service Area 009 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	193	0	0	4	0	197
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	193	0	0	4	0	197

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	118	118
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	68	0	0	0	68
Hawaiian/Pac. Isl.	3	0	0	0	3
White	125	0	0	0	125
Race Unknown	0	0	0	0	0
Total	197	0	0	0	197

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	197	0	0	0	197
Ethnicity Unknown	0	0	0	0	0
Total	197	0	0	0	197

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	43.00
Other Health Staff	13.00
Non-Health Staff	49.00
Totals	121.00

FACILITY NOTES

- E-058-06 10/31/2006 Change of ownership occurred.
- E-058-06 8/26/2006 Change of ownership exemption approved.

Boyd Avenue

110 S Boyd Ave
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

MCCLAIN, ARLAN L.
500 ANCHOR ROAD, P. O. BOX 366
DIXON, IL 61021

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/17/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	6
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	6	6	6	6	0	6	6	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	6
TOTAL BEDS	6	6	6	6	0	0	6		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			2190	100.0%	0	2190	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	2190	100.0%	0	2190	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	0	0	0	6	0	6

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.

Boyd Avenue

110 S Boyd Ave
Amboy, IL. 61310

Reference Numbers Facility ID 6013635

Health Service Area 001 Planning Service Area 103

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	187	178
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.25
Certified Aides	5.50
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	7.00

BRACH HOUSE

6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6011555
Health Service Area 006 Planning Service Area 601

Administrator
Mary Pat O'Brien

Contact Person and Telephone
MARY PAT O'BRIEN
773-273-4169

Registered Agent Information
CONNELLY,ROSEMARY;SR;RSM
2916 WEST 47TH STREET
CHICAGO , IL 60632

FACILITY OWNERSHIP
NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

Date Completed
4/10/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	12
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	12	12	12	12	0		12	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0			Residents on 12/31/2006	12
TOTAL BEDS	12	12	12	12	0	0	12		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			4380	100.0%	0	4380	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	4380	100.0%	0	4380	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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

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.

BRACH HOUSE

6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6011555

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	195	195
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.15
LPN's	0.00
Certified Aides	7.30
Other Health Staff	1.80
Non-Health Staff	0.15
Totals	9.65

BRADLEY ROYALE HEALTHCARE CTR

650 NORTH KINZIE
BRADLEY, IL. 60915
Reference Numbers Facility ID 6001085
Health Service Area 009 Planning Service Area 091

Administrator

Dino Varnavas

Contact Person and Telephone

DINO VARNAVAS
815-933-1666

Registered Agent Information

VASSILIOU,PENNY
650 NORTH KINZIE AVE.
BRADLEY, IL 60915

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	13
Blood Disorders	0
*Nervous System	12
Alzheimer Disease	25
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	17
Injuries and Poisonings	0
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	102

Date Completed
4/11/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	120	120	107	120	18	0	115	Residents on 1/1/2006	106
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	48
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	52
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	102
TOTAL BEDS	120	120	107	120	18	0	115		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	27578	65.7%	9118	36696	83.8%		83.8%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	27578	65.7%	9118	36696	83.8%		83.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	5	0	0	0	0	0	0	0	5	5
75 to 84	6	20	0	0	0	0	0	0	6	20	26
85+	4	65	0	0	0	0	0	0	4	65	69
TOTALS	10	92	0	0	0	0	0	0	10	92	102

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.

BRADLEY ROYALE HEALTHCARE CTR650 NORTH KINZIE
BRADLEY, IL. 60915

Reference Numbers Facility ID 6001085

Health Service Area 009 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	72	0	0	30	0	102
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	72	0	0	30	0	102

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	102	0	0	0	102
Ethnicity Unknown	0	0	0	0	0
Total	102	0	0	0	102

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	5.00
Certified Aides	31.00
Other Health Staff	0.00
Non-Health Staff	31.00
Totals	78.00

FACILITY NOTES

Bed Change 8/25/2006 Added five nursing care beds, total now 120 nursing care beds.

BRAUNS TERRACE

1115 EAST WASHINGTON AVE
GREENVILLE, IL. 62246

Reference Numbers Facility ID 6012090
Health Service Area 005 Planning Service Area 005

Administrator

Angela Hnatowich

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLED SOE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/5/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5839	100.0%	0	5839	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5839	100.0%	0	5839	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	8	4	0	0	8	4	12
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	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

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.

BRAUNS TERRACE

1115 EAST WASHINGTON AVE
GREENVILLE, IL. 62246

Reference Numbers Facility ID 6012090

Health Service Area 005 Planning 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	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	115	115
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	8.00
Other Health Staff	1.00
Non-Health Staff	2.00
Totals	11.25

Breese Nursing Home

1155 North First Street
BREESE, IL. 62230

Reference Numbers Facility ID 6001101
Health Service Area 011 Planning Service Area 027

Administrator

Barb Berndsen

Contact Person and Telephone

Barb Berndsen
618-526-4521

Registered Agent Information

REUTER,GARRETT C.;MR.
12 WOLF CREEK DRIVE,SUITE 100
BELLEVILLE , IL 62226

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System	9
Alzheimer Disease	25
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	75

Date Completed

4/9/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	112	112	84	112	75	37	13	112	84	84
Skilled Under 22	0	0	0	0	0	0		0	68	68
Intermediate DD	0	0	0	0	0	0		0	77	77
Sheltered Care	0	0	0	0	0	0		0	75	75
TOTAL BEDS	112	112	84	112	75	37	13	112		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2828	59.6%	14639	35.8%	10566	28033	68.6%	68.6%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	2828	59.6%	14639	35.8%	10566	28033	68.6%	68.6%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	4	0	0	0	0	0	0	3	4	7
75 to 84	10	15	0	0	0	0	0	0	10	15	25
85+	15	24	0	0	0	0	0	0	15	24	39
TOTALS	30	45	0	0	0	0	0	0	30	45	75

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.

Breese Nursing Home1155 North First Street
BREESE, IL. 62230**Reference Numbers** Facility ID 6001101

Health Service Area 011 Planning Service Area 027

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	10	39	0	0	26	0	75
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	39	0	0	26	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	14.00
Totals	53.00

BRENTWOOD NORTH NURSING CENTER

3705 DEERFIELD ROAD
RIVERWOODS, IL. 60015

Reference Numbers Facility ID 6001119
Health Service Area 008 Planning Service Area 097

Administrator

Michelle D. Grabarski

Contact Person and Telephone

Michelle D. Grabarski
847-947-9000

Registered Agent Information

SCN&R REGISTERED AGENT, INC.
8000 SEARS TOWER
CHICAGO, IL 60606

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	16
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	22
Mental Illness	6
Developmental Disability	0
Circulatory System	25
Respiratory System	7
Digestive System	6
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	9
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	110

Date Completed
4/11/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2006	
Nursing Care	248	216	139	216	110	138	248	48	Residents on 1/1/2006 106
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006 584
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006 580
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006 110
TOTAL BEDS	248	216	139	216	110	138	248	48	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	10860	12.0%	11471	65.5%	20665	42996	47.5%	54.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	10860	12.0%	11471	65.5%	20665	42996	47.5%	54.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	1	1	0	0	0	0	0	0	1	1	2
65 to 74	2	13	0	0	0	0	0	0	2	13	15
75 to 84	11	17	0	0	0	0	0	0	11	17	28
85+	13	46	0	0	0	0	0	0	13	46	59
TOTALS	28	82	0	0	0	0	0	0	28	82	110

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.

BRENTWOOD NORTH NURSING CENTER3705 DEERFIELD ROAD
RIVERWOODS, IL. 60015

Reference Numbers Facility ID 6001119

Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	28	29	0	4	49	0	110
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	28	29	0	4	49	0	110

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	255	194
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	109	0	0	0	109
Race Unknown	1	0	0	0	1
Total	110	0	0	0	110

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	109	0	0	0	109
Ethnicity Unknown	1	0	0	0	1
Total	110	0	0	0	110

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	7.00
Certified Aides	42.00
Other Health Staff	2.00
Non-Health Staff	23.00
Totals	92.00

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
 Jill Satterfield

Contact Person and Telephone

Jill Satterfield
 708-423-1200

Registered Agent Information

NATIONAL CORP RESEARCH LTD
 520 SOUTH SECOND ST SUITE 403
 SPRINGFIELD , IL 62701

FACILITY OWNERSHIP
 LIMITED LIABILITY CO

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	22
Respiratory System	18
Digestive System	14
Genitourinary System Disorders	1
Skin Disorders	2
Musculo-skeletal Disorders	19
Injuries and Poisonings	19
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	122

Date Completed
 3/29/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	163	163	155	163	41	163	0	127	2065
Skilled Under 22	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0		
TOTAL BEDS	163	163	155	163	41	163	0	122	2070

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	29441	49.5%	0	0.0%	20984	50425	84.8%	84.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	29441	49.5%	0	0.0%	20984	50425	84.8%	84.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	7	5	0	0	0	0	0	0	7	5	12
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	11	21	0	0	0	0	0	0	11	21	32
75 to 84	16	32	0	0	0	0	0	0	16	32	48
85+	6	20	0	0	0	0	0	0	6	20	26
TOTALS	41	81	0	0	0	0	0	0	41	81	122

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	82	0	0	30	10	0	122
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	82	0	0	30	10	0	122

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	475	450
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	50	0	0	0	50
Hawaiian/Pac. Isl.	0	0	0	0	0
White	72	0	0	0	72
Race Unknown	0	0	0	0	0
Total	122	0	0	0	122

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	122	0	0	0	122
Ethnicity Unknown	0	0	0	0	0
Total	122	0	0	0	122

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	36.00
LPN's	45.00
Certified Aides	82.00
Other Health Staff	73.00
Non-Health Staff	67.00
Totals	305.00

BRIAR PLACE

6800 WEST JOLIET
 INDIAN HEAD PARK, IL. 60525
Reference Numbers Facility ID 6001143
 Health Service Area 007 Planning Service Area 705

Administrator

Marie Hilda Derzsy

Contact Person and Telephone

Marie Hilda Derzsy
 708-246-8500

Registered Agent Information

MAGENCE,MEYER
 8320 SKOKIE BOULEVARD
 SKOKIE, IL 60077

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	18
Blood Disorders	3
*Nervous System	5
Alzheimer Disease	7
Mental Illness	67
Developmental Disability	5
Circulatory System	25
Respiratory System	16
Digestive System	10
Genitourinary System Disorders	20
Skin Disorders	2
Musculo-skeletal Disorders	13
Injuries and Poisonings	2
Other Medical Conditions	21
Non-Medical Conditions	0
TOTALS	219

Date Completed
 4/16/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	232	232	232	219	13	88	232	Residents on 1/1/2006	219
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	109
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	109
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	219
TOTAL BEDS	232	232	232	219	13	88	232		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	4335	13.5%	69092	81.6%	8111	81538	96.3%	96.3%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	4335	13.5%	69092	81.6%	8111	81538	96.3%	96.3%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	27	10	0	0	0	0	0	0	27	10	37
45 to 59	45	30	0	0	0	0	0	0	45	30	75
60 to 64	16	11	0	0	0	0	0	0	16	11	27
65 to 74	15	21	0	0	0	0	0	0	15	21	36
75 to 84	14	18	0	0	0	0	0	0	14	18	32
85+	3	9	0	0	0	0	0	0	3	9	12
TOTALS	120	99	0	0	0	0	0	0	120	99	219

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.

BRIAR PLACE

6800 WEST JOLIET
 INDIAN HEAD PARK, IL. 60525

Reference Numbers Facility ID 6001143

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	189	11	1	10	0	219
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	189	11	1	10	0	219

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	134	123
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	42	0	0	0	42
Hawaiian/Pac. Isl.	0	0	0	0	0
White	175	0	0	0	175
Race Unknown	1	0	0	0	1
Total	219	0	0	0	219

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	210	0	0	0	210
Ethnicity Unknown	0	0	0	0	0
Total	219	0	0	0	219

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	4.00
Non-Health Staff	75.00
Totals	140.00

BRIARBROOK PLACE

228 BRIARBROOK DRIVE
EAST PEORIA, IL. 61611

Reference Numbers Facility ID 6013320
Health Service Area 002 Planning Service Area 179

Administrator

Cynthia Best

Contact Person and Telephone

Cynthia Best
309-698-9200

Registered Agent Information

ROBERTSON,LESTER E;;JR
2205 BROADWAY
MT. VERNON , IL 62864

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/27/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	15	1	16	Total Discharges 2006	2
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	15
TOTAL BEDS	16	16	16	16	15	1	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5556	95.1%	0	5556	95.1%	95.1%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	5556	95.1%	0	5556	95.1%	95.1%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	3	0	0	5	3	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	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

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.

BRIARBROOK PLACE

228 BRIARBROOK DRIVE
EAST PEORIA, IL. 61611

Reference Numbers Facility ID 6013320

Health Service Area 002 Planning Service Area 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	129
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.33
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.50
LPN's	0.00
Certified Aides	0.00
Other Health Staff	9.00
Non-Health Staff	0.00
Totals	9.83

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 A. Michaels
708-594-5440

Registered Agent Information

STERN, ABRAHAM J; MR
10 SOUTH WACKER DR, 40TH FLOOR
CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System	7
Alzheimer Disease	20
Mental Illness	0
Developmental Disability	1
Circulatory System	50
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	122

Date Completed
4/12/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	146	146	138	146	24	97	146	Residents on 1/1/2006	132
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	318
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	328
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	122
TOTAL BEDS	146	146	138	146	24	97	146		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	6279	17.7%	27997	52.5%	13475	47751	89.6%	89.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	6279	17.7%	27997	52.5%	13475	47751	89.6%	89.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	3	0	0	0	0	0	0	1	3	4
60 to 64	4	2	0	0	0	0	0	0	4	2	6
65 to 74	11	15	0	0	0	0	0	0	11	15	26
75 to 84	13	30	0	0	0	0	0	0	13	30	43
85+	15	28	0	0	0	0	0	0	15	28	43
TOTALS	44	78	0	0	0	0	0	0	44	78	122

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.

BRIDGEVIEW HEALTH CARE CENTER

8100 SOUTH HARLEM AVENUE
BRIDGEVIEW, IL. 60455

Reference Numbers Facility ID 6001168

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	10	69	0	0	43	0	122
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	69	0	0	43	0	122

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	114
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pac. Isl.	0	0	0	0	0
White	113	0	0	0	113
Race Unknown	0	0	0	0	0
Total	122	0	0	0	122

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	18.00
Certified Aides	35.00
Other Health Staff	0.00
Non-Health Staff	25.00
Totals	84.00

BRIGHTON GARDENS

700 EAST EUCLID AVENUE
 PROSPECT HEIGHTS, IL. 60070
Reference Numbers Facility ID 6014328
 Health Service Area 007 Planning Service Area 701

Administrator

Scott Steinmetz

Contact Person and Telephone

Scott Steinmetz
 847-797-2700

Registered Agent Information

ILLINOIS CORPORATION SERVICE C
 801 ADLAI STEVENSON DRIVE
 SPRINGFIELD , IL 62703

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	10
Endocrine/Metabolic	14
Blood Disorders	6
*Nervous System	6
Alzheimer Disease	0
Mental Illness	23
Developmental Disability	0
Circulatory System	18
Respiratory System	5
Digestive System	6
Genitourinary System Disorders	5
Skin Disorders	3
Musculo-skeletal Disorders	5
Injuries and Poisonings	9
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	114

Date Completed
 4/12/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	30	30	29	30	22	8	30	0	Residents on 1/1/2006 111
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006 301
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006 298
Sheltered Care	128	104	92	104	92	36			Residents on 12/31/2006 114
TOTAL BEDS	158	134	121	134	114	44	30	0	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	4179	38.2%	0	0.0%	3024	7203	65.8%	65.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					31308	31308	67.0%	82.5%	
TOTALS	4179	38.2%	0	0.0%	34332	38511	66.8%	78.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	2	0	2	2
75 to 84	3	3	0	0	0	0	8	4	11	7	18
85+	0	16	0	0	0	0	10	68	10	84	94
TOTALS	3	19	0	0	0	0	18	74	21	93	114

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.

BRIGHTON GARDENS

700 EAST EUCLID AVENUE
 PROSPECT HEIGHTS, IL. 60070

Reference Numbers Facility ID 6014328

Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance			
Nursing Care	17	0	0	0	5	0	22
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	92	0	92
TOTALS	17	0	0	0	97	0	114

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	190
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	113	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	1	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	1	1
White	22	0	0	90	112
Race Unknown	0	0	0	0	0
Total	22	0	0	92	114

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	22	0	0	92	114
Ethnicity Unknown	0	0	0	0	0
Total	22	0	0	92	114

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.30
LPN's	2.30
Certified Aides	8.00
Other Health Staff	52.20
Non-Health Staff	0.00
Totals	68.80

FACILITY NOTES

- E-012-06 7/24/2006 Change of ownership occurred.
- E-012-06 4/6/2006 Change of ownership exemption approved.

BRIGHTON GARDENS-BURR RIDGE

6801 HIGHGROVE BOULEVARD
 BURR RIDGE, IL. 60527
Reference Numbers Facility ID 6016216
 Health Service Area 007 Planning Service Area 703

Administrator
 Carole Considine

Contact Person and Telephone
 Carole Considine
 630-920-2900

Registered Agent Information
 ILLINOIS CORPORATION SERVICE C
 801 ADLAI STEVENSON DRIVE
 SPRINGFIELD , IL 62703

FACILITY OWNERSHIP
 LIMITED LIABILITY CO

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

Note: Reported restrictions denoted by '1'

Date Completed
 4/12/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	25
Respiratory System	9
Digestive System	4
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	49
Non-Medical Conditions	6
TOTALS	129

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	30	30	30	30	27	3	4	4	114
Skilled Under 22	0	0	0	0	0	0	0	0	229
Intermediate DD	0	0	0	0	0	0	0	0	214
Sheltered Care	120	120	120	120	102	18			129
TOTAL BEDS	150	150	150	150	129	21	4	4	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	5057	346.4%	0	0.0%	3696	8753	79.9%		79.9%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					35240	35240	80.5%		80.5%	
TOTALS	5057	346.4%	0	0.0%	38936	43993	80.4%		80.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	6	0	7	7
75 to 84	0	2	0	0	0	0	5	23	5	25	30
85+	5	19	0	0	0	0	11	57	16	76	92
TOTALS	5	22	0	0	0	0	16	86	21	108	129

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.

BRIGHTON GARDENS-BURR RIDGE

6801 HIGHGROVE BOULEVARD

BURR RIDGE, IL. 60527

Reference Numbers Facility ID 6016216

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance			
Nursing Care	17	0	0	0	10	0	27
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	102	0	102
TOTALS	17	0	0	0	112	0	129

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	245	206
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	131

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	1	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	27	0	0	101	128
Race Unknown	0	0	0	0	0
Total	27	0	0	102	129

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	27	0	0	102	129
Ethnicity Unknown	0	0	0	0	0
Total	27	0	0	102	129

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	32.00
Other Health Staff	36.00
Non-Health Staff	27.00
Totals	113.00

FACILITY NOTES

E-013-06 7/24/2006 Change of ownership occurred.
E-013-06 4/6/2006 Change of ownership exemption approved.

Brightview Manor Convalescent

4538 North Beacon
Chicago, IL 60640
Reference Numbers Facility ID 6001176
Health Service Area 006 Planning Service Area 601

Administrator

Nesanel Davis

Contact Person and Telephone

Nathan Davis
773-275-7200

Registered Agent Information

KLEM,STANLEY;MR.
3553 WEST PETERSON, SUITE 300
CHICAGO, IL 60659

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	17
Blood Disorders	0
*Nervous System	18
Alzheimer Disease	12
Mental Illness	15
Developmental Disability	6
Circulatory System	26
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	115

Date Completed
3/29/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	143	143	135	115	28	143	143	Residents on 1/1/2006	133
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	238
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	256
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	115
TOTAL BEDS	143	143	135	115	28	143	143		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	2424	4.6%	43185	82.7%	529	46138	88.4%	88.4%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2424	4.6%	43185	82.7%	529	46138	88.4%	88.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	5	1	0	0	0	0	0	0	5	1	6
45 to 59	27	7	0	0	0	0	0	0	27	7	34
60 to 64	9	7	0	0	0	0	0	0	9	7	16
65 to 74	15	11	0	0	0	0	0	0	15	11	26
75 to 84	12	12	0	0	0	0	0	0	12	12	24
85+	3	6	0	0	0	0	0	0	3	6	9
TOTALS	71	44	0	0	0	0	0	0	71	44	115

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.

Brightview Manor Convalescent

4538 North Beacon
Chicago, IL. 60640

Reference Numbers Facility ID 6001176

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	97	10	0	3	0	115
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	97	10	0	3	0	115

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	51	0	0	0	51
Hawaiian/Pac. Isl.	0	0	0	0	0
White	51	0	0	0	51
Race Unknown	11	0	0	0	11
Total	115	0	0	0	115

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	104	0	0	0	104
Ethnicity Unknown	0	0	0	0	0
Total	115	0	0	0	115

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	34.00
Other Health Staff	5.00
Non-Health Staff	40.00
Totals	105.00

British Home

8700 West 31st Street
Brookfield, IL 60513

Reference Numbers Facility ID 6001184
Health Service Area 007 Planning Service Area 704

Administrator

Julie Adduci

Contact Person and Telephone

Julie Adduci
708-485-8788

Registered Agent Information

SONNENBERG,DENNIS;MR.
31ST ST & MCCORMICK AVE
BROOKFIELD , IL 60513

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System	3
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	11
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	20
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	6
TOTALS	81

Date Completed
4/12/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	72	72	72	72	64	8	46	0	83	383
Skilled Under 22	0	0	0	0	0	0	0	0		385
Intermediate DD	0	0	0	0	0	0	0	0		81
Sheltered Care	20	20	20	20	17	3				
TOTAL BEDS	92	92	92	92	81	11	46	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	10454	62.3%	0	0.0%	13287	23741	90.3%	90.3%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					4951	4951	67.8%	67.8%	
TOTALS	10454	62.3%	0	0.0%	18238	28692	85.4%	85.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	0	1	0	1
75 to 84	5	13	0	0	0	0	1	4	6	17	23
85+	9	36	0	0	0	0	1	10	10	46	56
TOTALS	14	50	0	0	0	0	3	14	17	64	81

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.

British Home

8700 West 31st Street
 Brookfield, IL. 60513

Reference Numbers Facility ID 6001184

Health Service Area 007 Planning Service Area 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance			
Nursing Care	30	0	0	0	34	0	64
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	17	0	17
TOTALS	30	0	0	0	51	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	254	244
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	168	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	64	0	0	17	81
Race Unknown	0	0	0	0	0
Total	64	0	0	17	81

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	63	0	0	17	80
Ethnicity Unknown	0	0	0	0	0
Total	64	0	0	17	81

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.25
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	13.00
Certified Aides	29.00
Other Health Staff	4.80
Non-Health Staff	0.00
Totals	57.05

BROADWAY TERRACE

43 BROADWAY
 CHICAGO HEIGHTS, IL. 60411
Reference Numbers Facility ID 6012959
 Health Service Area 007 Planning Service Area 705

Administrator

Sarah Simons

Contact Person and Telephone

Carol Nally
 309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
 115 EAST SOUTH STREET
 GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
 3/15/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	Total Admissions 2006
Nursing Care	0	0	0	0	0	0	0	0	0	15
Skilled Under 22	0	0	0	0	0	0	0	0	0	1
Intermediate DD	16	16	16	16	16	0	16	16	0	0
Sheltered Care	0	0	0	0	0	0	0	0	0	16
TOTAL BEDS	16	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5763	98.7%	0	5763	98.7%	98.7%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	5763	98.7%	0	5763	98.7%	98.7%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	3	0	0	4	3	7
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	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

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.

BROADWAY TERRACE

43 BROADWAY

CHICAGO HEIGHTS, IL. 60411

Reference Numbers Facility ID 6012959

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	148	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	6	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	10	0	10
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.42
LPN's	0.00
Certified Aides	6.79
Other Health Staff	0.66
Non-Health Staff	2.02
Totals	10.14

Bronzeville Park Skilled Nursing & Livin

3400 SOUTH INDIANA AVENUE
CHICAGO, IL. 60616

Reference Numbers Facility ID 6001689
Health Service Area 006 Planning Service Area 603

Administrator
William A. Prather

Contact Person and Telephone

Tony Prather
312-842-5000

Registered Agent Information

STERN, ABRAHAM J.
10 SOUTH WACKER DR, 40TH FLOOR
CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	11
Endocrine/Metabolic	35
Blood Disorders	13
*Nervous System	11
Alzheimer Disease	59
Mental Illness	13
Developmental Disability	2
Circulatory System	50
Respiratory System	20
Digestive System	17
Genitourinary System Disorders	10
Skin Disorders	3
Musculo-skeletal Disorders	22
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	273

Date Completed
4/11/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	302	302	273	302	273	29	322	322	273	435
Skilled Under 22	0	0	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	302	273	302	273	29	322	322	273	435

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	10690	9.1%	77875	66.3%	7908	96473	87.5%	87.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	10690	9.1%	77875	66.3%	7908	96473	87.5%	87.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	9	4	0	0	0	0	0	0	9	4	13
45 to 59	54	17	0	0	0	0	0	0	54	17	71
60 to 64	15	10	0	0	0	0	0	0	15	10	25
65 to 74	21	24	0	0	0	0	0	0	21	24	45
75 to 84	24	37	0	0	0	0	0	0	24	37	61
85+	15	43	0	0	0	0	0	0	15	43	58
TOTALS	138	135	0	0	0	0	0	0	138	135	273

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.

Bronzeville Park Skilled Nursing & Livin

3400 SOUTH INDIANA AVENUE
CHICAGO, IL. 60616

Reference Numbers Facility ID 6001689

Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	37	214	10	1	11	0	273
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	37	214	10	1	11	0	273

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	110	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	258	0	0	0	258
Hawaiian/Pac. Isl.	0	0	0	0	0
White	12	0	0	0	12
Race Unknown	2	0	0	0	2
Total	273	0	0	0	273

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	271	0	0	0	271
Ethnicity Unknown	0	0	0	0	0
Total	273	0	0	0	273

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	31.00
Certified Aides	98.00
Other Health Staff	5.00
Non-Health Staff	37.00
Totals	185.00

FACILITY NOTES

Name Change 3/1/2006 Name changed from Chevy Chase Nrg & Rehab Center.

BROOKE HILL

RURAL ROUTE #3 UPCHURCH ST
ELDORADO, IL. 62930

Reference Numbers Facility ID 6012124
Health Service Area 005 Planning Service Area 059

Administrator
David M. Roberts

Contact Person and Telephone

DIANN BLACK
618-262-8614

Registered Agent Information

ROBERTS, DAVID M.; MR.
137 SOUTH DRIVE
MT. CARMEL, IL 62863

FACILITY OWNERSHIP
IND PROPRIETORSHIP

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/10/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5464	93.6%	0	5464	93.6%	93.6%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	5464	93.6%	0	5464	93.6%	93.6%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	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	12	4	0	0	12	4	16

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.

BROOKE HILL

RURAL ROUTE #3 UPCHURCH ST
ELDORADO, IL. 62930

Reference Numbers Facility ID 6012124

Health Service Area 005 Planning Service Area 059

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	1.00
Certified Aides	17.00
Other Health Staff	1.00
Non-Health Staff	1.00
Totals	22.00

Brookside Manor

1740 West Mccord
Centralia, IL. 62801

Reference Numbers Facility ID 6001218
Health Service Area 011 Planning Service Area 027

Administrator

Lisa Milddleton

Contact Person and Telephone

Lisa Milddleton
618-532-2428

Registered Agent Information

RUSSELL,ROBERT C.
525 S. MACON STREET
MACON , IL 62550

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System	7
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	1
Circulatory System	6
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	34

Date Completed
4/3/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	49	40	34	40	34	15	0	49	31	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0		0	9	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0		0	6	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0		0	34	
TOTAL BEDS	49	40	34	40	34	15	0	49		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	10137	56.7%	714	10851	60.7%	74.3%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	10137	56.7%	714	10851	60.7%	74.3%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	1	0	0	0	0	0	0	3	1	4
45 to 59	5	1	0	0	0	0	0	0	5	1	6
60 to 64	3	1	0	0	0	0	0	0	3	1	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+	1	2	0	0	0	0	0	0	1	2	3
TOTALS	20	14	0	0	0	0	0	0	20	14	34

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.

Brookside Manor1740 West Mccord
Centralia, IL. 62801**Reference Numbers** Facility ID 6001218

Health Service Area 011 Planning Service Area 027

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	32	0	0	2	0	34
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	32	0	0	2	0	34

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	100
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	15.00
Other Health Staff	1.00
Non-Health Staff	11.00
Totals	35.00

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 Shade
 217-747-5912

Registered Agent Information

SHEEHAN, WILLIAM J.; MR.
 1214 S 8TH ST
 SPRINGFIELD, IL 62703

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

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

Date Completed
 4/9/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	93
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	4
Intermediate DD	96	96	96	96	94	2		96	Total Discharges 2006	3
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2006	94
TOTAL BEDS	96	96	96	96	94	2	0	96		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			33742	96.3%	761	34503	98.5%	98.5%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	33742	96.3%	761	34503	98.5%	98.5%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	14	0	0	0	14	0	14
45 to 59	0	0	0	0	67	0	0	0	67	0	67
60 to 64	0	0	0	0	6	0	0	0	6	0	6
65 to 74	0	0	0	0	7	0	0	0	7	0	7
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	94	0	0	0	94	0	94

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.

BROTHER JAMES COURT2508 ST JAMES ROAD
SPRINGFIELD, IL. 62707

Reference Numbers Facility ID 6001226

Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		92	1	0	1	0	94
Sheltered Care			0	0	0	0	0
TOTALS	0	92	1	0	1	0	94

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	110	108
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	89	0	89
Race Unknown	0	0	0	0	0
Total	0	0	94	0	94

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	94	0	94
Ethnicity Unknown	0	0	0	0	0
Total	0	0	94	0	94

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	12.00
Certified Aides	51.00
Other Health Staff	2.00
Non-Health Staff	32.00
Totals	100.00

FACILITY NOTES

Bed Change 2/24/2006 Added three ICF/DD beds, total now 96 ICF/DD beds.

BRYAN MANOR

300 SCHOONOVER DR P O BOX 1205
SALEM, IL. 62881

Reference Numbers Facility ID 6001234
Health Service Area 005 Planning Service Area 121

Administrator

Georgia Miller

Contact Person and Telephone

Carolyn Harper
618-548-4561

Registered Agent Information

CRAIN,WILLIAM P.;MR.
623 E BROADWAY
CENTRALIA , IL 62801

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	86
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	86

Date Completed
4/4/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	92
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	3
Intermediate DD	93	93	93	93	86	7	93	93	Total Discharges 2006	9
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	86
TOTAL BEDS	93	93	93	93	86	7	0	93		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			32996	97.2%	0	32996	97.2%	97.2%	97.2%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	32996	97.2%	0	32996	97.2%	97.2%	97.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	16	10	0	0	16	10	26
45 to 59	0	0	0	0	24	14	0	0	24	14	38
60 to 64	0	0	0	0	7	1	0	0	7	1	8
65 to 74	0	0	0	0	8	3	0	0	8	3	11
75 to 84	0	0	0	0	0	2	0	0	0	2	2
85+	0	0	0	0	1	0	0	0	1	0	1
TOTALS	0	0	0	0	56	30	0	0	56	30	86

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.

BRYAN MANOR

300 SCHOONOVER DR P O BOX 1205
SALEM, IL. 62881

Reference Numbers Facility ID 6001234

Health Service Area 005 Planning Service Area 121

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		86	0	0	0	0	86
Sheltered Care			0	0	0	0	0
TOTALS	0	86	0	0	0	0	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	142
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	25	0	25
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	61	0	61
Race Unknown	0	0	0	0	0
Total	0	0	86	0	86

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	85	0	85
Ethnicity Unknown	0	0	0	0	0
Total	0	0	86	0	86

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	117.00
Other Health Staff	6.00
Non-Health Staff	42.00
Totals	189.00

FACILITY NOTES

P-06-025 7/19/2006 Permit issued to discontinue this 93 bed ICF/DD facility in Salem and build another 93 bed ICF/DD facility in Centralia.

BRYN MAWR CARE

5547 NORTH KENMORE
CHICAGO, IL. 60640

Reference Numbers Facility ID 6002018
Health Service Area 006 Planning Service Area 601

Administrator
Michael E. Toral

Contact Person and Telephone

Michael E. Toral
773-561-7040

Registered Agent Information

ROTHNER, ERIC A.
2201 MAIN STREET
EVANSTON, IL 60202

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	160
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	8
Non-Medical Conditions	0
TOTALS	172

Date Completed
4/11/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	174	174	174	174	2	0	174	Residents on 1/1/2006	172
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	101
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	101
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	172
TOTAL BEDS	174	174	174	174	2	0	174		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	60123	94.7%	365	60488	95.2%	95.2%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	60123	94.7%	365	60488	95.2%	95.2%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	28	10	0	0	0	0	0	0	28	10	38
45 to 59	69	28	0	0	0	0	0	0	69	28	97
60 to 64	13	4	0	0	0	0	0	0	13	4	17
65 to 74	6	8	0	0	0	0	0	0	6	8	14
75 to 84	2	4	0	0	0	0	0	0	2	4	6
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	118	54	0	0	0	0	0	0	118	54	172

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.

BRYN MAWR CARE

5547 NORTH KENMORE
CHICAGO, IL. 60640

Reference Numbers Facility ID 6002018

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	171	0	0	1	0	172
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	171	0	0	1	0	172

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	98
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	8	0	0	0	8
Amer. Indian	0	0	0	0	0
Black	41	0	0	0	41
Hawaiian/Pac. Isl.	0	0	0	0	0
White	123	0	0	0	123
Race Unknown	0	0	0	0	0
Total	172	0	0	0	172

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	12	0	0	0	12
Non-Hispanic	160	0	0	0	160
Ethnicity Unknown	0	0	0	0	0
Total	172	0	0	0	172

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	31.00
Other Health Staff	9.00
Non-Health Staff	29.00
Totals	89.00

BUCKINGHAM PAVILION

2625 WEST TOUHY AVENUE
CHICAGO, IL. 60645

Reference Numbers Facility ID 6001242
Health Service Area 006 Planning Service Area 601

Administrator
Sheldon Stern

Contact Person and Telephone

Larisa Fridman
773-973-5333

Registered Agent Information

ALBIN, MAURICE; MR.
77 W WASHINGTON
CHICAGO, IL 60602

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	13
Endocrine/Metabolic	9
Blood Disorders	1
*Nervous System	10
Alzheimer Disease	12
Mental Illness	20
Developmental Disability	2
Circulatory System	15
Respiratory System	4
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	93

Date Completed
4/12/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	247	247	104	247	93	154	131	247	88	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		0		
TOTAL BEDS	247	247	104	247	93	154	131	247	69	93

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2846	6.0%	24479	27.2%	6527	33852	37.5%		37.5%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2846	6.0%	24479	27.2%	6527	33852	37.5%		37.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	5	12	0	0	0	0	0	0	5	12	17
75 to 84	15	18	0	0	0	0	0	0	15	18	33
85+	10	26	0	0	0	0	0	0	10	26	36
TOTALS	34	59	0	0	0	0	0	0	34	59	93

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.

BUCKINGHAM PAVILION

2625 WEST TOUHY AVENUE

CHICAGO, IL. 60645

Reference Numbers Facility ID 6001242

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	9	65	0	0	19	0	93
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	65	0	0	19	0	93

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	87	0	0	0	87
Race Unknown	0	0	0	0	0
Total	93	0	0	0	93

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	85	0	0	0	85
Ethnicity Unknown	0	0	0	0	0
Total	93	0	0	0	93

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	2.00
Certified Aides	29.00
Other Health Staff	2.00
Non-Health Staff	22.00
Totals	71.00

BURGESS SQUARE HEALTHCARE CENTRE, INC.

5801 SOUTH CASS AVENUE
WESTMONT, IL. 60559

Reference Numbers Facility ID 6001259
Health Service Area 007 Planning Service Area 703

Administrator

Jo Anne Fisher

Contact Person and Telephone

Kathleen Sefcik
630-971-2645

Registered Agent Information

R & S AGENTS INC.
55 EAST MONROE, SUITE 4620
CHICAGO, IL 60603

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System	70
Alzheimer Disease	29
Mental Illness	4
Developmental Disability	0
Circulatory System	9
Respiratory System	4
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	20
Injuries and Poisonings	5
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	160

Date Completed
4/11/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	207	207	179	207	160	47	102	207	Residents on 1/1/2006	177
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	326
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006	343
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	160
TOTAL BEDS	207	207	179	207	160	47	102	207		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	5929	15.9%	30432	40.3%	24183	60544	80.1%	80.1%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	5929	15.9%	30432	40.3%	24183	60544	80.1%	80.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	2	0	0	0	0	0	0	3	2	5
65 to 74	0	5	0	0	0	0	0	0	0	5	5
75 to 84	11	29	0	0	0	0	0	0	11	29	40
85+	17	92	0	0	0	0	0	0	17	92	109
TOTALS	31	129	0	0	0	0	0	0	31	129	160

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.

BURGESS SQUARE HEALTHCARE CENTRE, INC.5801 SOUTH CASS AVENUE
WESTMONT, IL. 60559

Reference Numbers Facility ID 6001259

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	13	72	0	1	74	0	160
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	72	0	1	74	0	160

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	152	136
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	157	0	0	0	157
Race Unknown	0	0	0	0	0
Total	160	0	0	0	160

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	160	0	0	0	160
Ethnicity Unknown	0	0	0	0	0
Total	160	0	0	0	160

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	14.00
Certified Aides	59.00
Other Health Staff	7.00
Non-Health Staff	62.00
Totals	157.00

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

Sue Burgin

Contact Person and Telephone

Sue Burgin
 618-395-1000

Registered Agent Information

BENDER,RICHARD E
 2 PARK PLACE PROFESSIONAL CTR
 BELLEVILLE , IL 62221

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System	7
Alzheimer Disease	15
Mental Illness	0
Developmental Disability	0
Circulatory System	39
Respiratory System	16
Digestive System	8
Genitourinary System Disorders	9
Skin Disorders	2
Musculo-skeletal Disorders	18
Injuries and Poisonings	0
Other Medical Conditions	23
Non-Medical Conditions	0
TOTALS	151

Date Completed
 3/20/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	156	156	151	156	5	156	136	Residents on 1/1/2006	147
Skilled Under 22	0	0	0	0	0		0	Total Admissions 2006	106
Intermediate DD	0	0	0	0	0		0	Total Discharges 2006	102
Sheltered Care	0	0	0	0	0		0	Residents on 12/31/2006	151
TOTAL BEDS	156	156	151	156	5	156	136		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	4683	8.2%	28646	57.7%	19544	52873	92.9%	92.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	4683	8.2%	28646	57.7%	19544	52873	92.9%	92.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	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	4	13	0	0	0	0	0	0	4	13	17
75 to 84	9	28	0	0	0	0	0	0	9	28	37
85+	14	76	0	0	0	0	0	0	14	76	90
TOTALS	28	123	0	0	0	0	0	0	28	123	151

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	85	0	0	58	0	151
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	85	0	0	58	0	151

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	150	0	0	0	150
Race Unknown	0	0	0	0	0
Total	151	0	0	0	151

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	8.00
Certified Aides	56.00
Other Health Staff	0.00
Non-Health Staff	47.00
Totals	132.00

BURNHAM HEALTHCARE

14500 SOUTH MANISTEE
 BURNHAM, IL. 60633
Reference Numbers Facility ID 6001283
 Health Service Area 007 Planning Service Area 705

Administrator
 Fred Berkovits

Contact Person and Telephone

Fred Berkovits
 708-862-1260

Registered Agent Information

SCHWARTZ,LAWRENCE Y.
 7366 NORTH LINCOLN, STE 404
 LINCOLNWOOD , IL 60646

FACILITY OWNERSHIP
 LIMITED LIABILITY CO

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

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	45
Blood Disorders	3
*Nervous System	10
Alzheimer Disease	21
Mental Illness	169
Developmental Disability	15
Circulatory System	3
Respiratory System	6
Digestive System	9
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	289

Date Completed
 4/12/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	309	309	309	309	289	20	58	309	304	1318
Skilled Under 22	0	0	0	0	0	0	0	0		1333
Intermediate DD	0	0	0	0	0	0	0	0		289
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	309	309	309	309	289	20	58	309		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	8467	40.0%	100815	89.4%	2111	111393	98.8%	98.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	8467	40.0%	100815	89.4%	2111	111393	98.8%	98.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	44	29	0	0	0	0	0	0	44	29	73
45 to 59	83	23	0	0	0	0	0	0	83	23	106
60 to 64	23	18	0	0	0	0	0	0	23	18	41
65 to 74	27	13	0	0	0	0	0	0	27	13	40
75 to 84	10	15	0	0	0	0	0	0	10	15	25
85+	1	3	0	0	0	0	0	0	1	3	4
TOTALS	188	101	0	0	0	0	0	0	188	101	289

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.

BURNHAM HEALTHCARE

14500 SOUTH MANISTEE
 BURNHAM, IL. 60633

Reference Numbers Facility ID 6001283

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	12	274	0	2	1	0	289
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	274	0	2	1	0	289

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	172	0	0	0	172
Hawaiian/Pac. Isl.	0	0	0	0	0
White	117	0	0	0	117
Race Unknown	0	0	0	0	0
Total	289	0	0	0	289

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	284	0	0	0	284
Ethnicity Unknown	0	0	0	0	0
Total	289	0	0	0	289

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	27.00
Certified Aides	79.00
Other Health Staff	1.00
Non-Health Staff	97.00
Totals	219.00

BURNHAM HOUSE

545 BURNHAM
 UNIVERSITY PARK, IL. 60466
Reference Numbers Facility ID 6014542
 Health Service Area 009 Planning Service Area 197

Administrator

Becky Omonode

Contact Person and Telephone

Becky Omonode
 (708) 534-5529

Registered Agent Information

KRCHAK,DAVID E
 30 MAIN STREET, P O BOX 560
 CHAMPAIGN , IL 61824

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
 4/3/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	Total Admissions 2006
Nursing Care	0	0	0	0	0	0	0	0	15	5
Skilled Under 22	0	0	0	0	0	0	0	0		5
Intermediate DD	16	16	16	16	15	1		16		15
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	16	16	16	16	15	1	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5548	95.0%	0	5548	95.0%	95.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	5548	95.0%	0	5548	95.0%	95.0%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	7	8	0	0	7	8	15

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.

BURNHAM HOUSE

545 BURNHAM

UNIVERSITY PARK, IL. 60466

Reference Numbers Facility ID 6014542

Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	162
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	14.00
Other Health Staff	2.00
Non-Health Staff	0.00
Totals	16.50

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

Sean Medsker

Contact Person and Telephone

Sean Medsker
217-826-2358

Registered Agent Information

HONSELMAN, CARLA S.
410 N SECOND STREET
MARSHALL, IL 62441

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	6
Mental Illness	2
Developmental Disability	1
Circulatory System	27
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	1
TOTALS	76

Date Completed
4/27/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	105	105	97	105	76	29	105	105	88	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				76
TOTAL BEDS	105	105	97	105	76	29	105	105		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3825	10.0%	14300	37.3%	13928	32053	83.6%		83.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	3825	10.0%	14300	37.3%	13928	32053	83.6%		83.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	9	15	0	0	0	0	0	0	9	15	24
85+	9	38	0	0	0	0	0	0	9	38	47
TOTALS	20	56	0	0	0	0	0	0	20	56	76

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.

Burnsides Community Health Center

410 NORTH SECOND STREET

MARSHALL, IL. 62441

Reference Numbers Facility ID 6001291

Health Service Area 004 Planning Service Area 023

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	34	0	0	34	0	76
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	34	0	0	34	0	76

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	159	106
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	45.00
Other Health Staff	3.00
Non-Health Staff	45.00
Totals	115.00

CAHOKIA NURSING & REHAB CTR

#2 ANNABLE COURT
 CAHOKIA, IL. 62206
Reference Numbers Facility ID 6001317
 Health Service Area 011 Planning Service Area 163

Administrator

Teresa Roberg

Contact Person and Telephone

Sheldon Wolfe
 847-982-2300

Registered Agent Information

STERN, ABRAHAM J.
 30 SOUTH WACKER DR., STE 2900
 CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	13
Blood Disorders	2
*Nervous System	1
Alzheimer Disease	2
Mental Illness	12
Developmental Disability	0
Circulatory System	19
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	13
Skin Disorders	6
Musculo-skeletal Disorders	1
Injuries and Poisonings	16
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	109

Date Completed
 3/26/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	150	150	118	150	109	41	30	150	111	60
Skilled Under 22	0	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	150	150	118	150	109	41	30	150		109

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3619	33.1%	35998	65.7%	1055	40672	74.3%		74.3%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	3619	33.1%	35998	65.7%	1055	40672	74.3%		74.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	3	0	0	0	0	0	0	12	3	15
60 to 64	3	6	0	0	0	0	0	0	3	6	9
65 to 74	9	8	0	0	0	0	0	0	9	8	17
75 to 84	15	20	0	0	0	0	0	0	15	20	35
85+	11	19	0	0	0	0	0	0	11	19	30
TOTALS	52	57	0	0	0	0	0	0	52	57	109

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.

CAHOKIA NURSING & REHAB CTR

#2 ANNABLE COURT

CAHOKIA, IL. 62206

Reference Numbers Facility ID 6001317

Health Service Area 011 Planning Service Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	98	1	0	4	0	109
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	98	1	0	4	0	109

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	80	0	0	0	80
Hawaiian/Pac. Isl.	0	0	0	0	0
White	27	0	0	0	27
Race Unknown	1	0	0	0	1
Total	109	0	0	0	109

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	108	0	0	0	108
Ethnicity Unknown	0	0	0	0	0
Total	109	0	0	0	109

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.30
LPN's	12.16
Certified Aides	43.65
Other Health Staff	1.60
Non-Health Staff	39.32
Totals	101.03

CALHOUN NSG & 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

ILLINOIS CORPORATION SERVICE
 801 ADLAI STEVENSON DRIVE
 SPRINGFIELD, IL 62703

FACILITY OWNERSHIP
 LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	6
Mental Illness	1
Developmental Disability	0
Circulatory System	22
Respiratory System	10
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	5
Injuries and Poisonings	4
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	69

Date Completed
 5/9/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	80	80	77	80	69	11	80	80	61	106
Skilled Under 22	0	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	80	80	77	80	69	11	80	80	98	69

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3581	12.3%	14792	50.7%	7232	25605	87.7%		87.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	3581	12.3%	14792	50.7%	7232	25605	87.7%		87.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	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+	7	31	0	0	0	0	0	0	7	31	38
TOTALS	14	55	0	0	0	0	0	0	14	55	69

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.

CALHOUN NSG & REHAB CENTER LLC

1 MYRTLE LANE
HARDIN, IL. 62047

Reference Numbers Facility ID 6014674

Health Service Area 003 Planning Service Area 013

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	43	0	0	18	0	69
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	43	0	0	18	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	105	95
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	22.00
Other Health Staff	8.00
Non-Health Staff	11.00
Totals	55.00

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

Rick Walworth

Contact Person and Telephone

Rick Walworth
 773-847-8061

Registered Agent Information

STERN, ABRAHAM J.
 10 SOUTH WACKER DRIVE, 40TH FL
 CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	10
Endocrine/Metabolic	50
Blood Disorders	0
*Nervous System	4
Alzheimer Disease	10
Mental Illness	114
Developmental Disability	10
Circulatory System	40
Respiratory System	36
Digestive System	5
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	285

Date Completed
 4/11/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	297	297	295	297	12	293	293	281	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	0		
TOTAL BEDS	297	297	295	297	12	293	293	281	245

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	6433	6.0%	93695	87.6%	1765	101893	94.0%	94.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	6433	6.0%	93695	87.6%	1765	101893	94.0%	94.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	29	23	0	0	0	0	0	0	29	23	52
45 to 59	80	33	0	0	0	0	0	0	80	33	113
60 to 64	24	10	0	0	0	0	0	0	24	10	34
65 to 74	25	15	0	0	0	0	0	0	25	15	40
75 to 84	23	10	0	0	0	0	0	0	23	10	33
85+	4	9	0	0	0	0	0	0	4	9	13
TOTALS	185	100	0	0	0	0	0	0	185	100	285

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.

CALIFORNIA GARDENS NRG & REHAB

2829 SOUTH CALIFORNIA BLVD

CHICAGO, IL. 60608

Reference Numbers Facility ID 6001333

Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	259	3	0	0	0	285
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	23	259	3	0	0	0	285

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	107	107
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	228	0	0	0	228
Hawaiian/Pac. Isl.	0	0	0	0	0
White	56	0	0	0	56
Race Unknown	0	0	0	0	0
Total	285	0	0	0	285

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	26	0	0	0	26
Non-Hispanic	259	0	0	0	259
Ethnicity Unknown	0	0	0	0	0
Total	285	0	0	0	285

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	20.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	34.00
Certified Aides	65.00
Other Health Staff	8.00
Non-Health Staff	64.00
Totals	206.00

FACILITY NOTES

Bed Change 7/25/2006 Added four nursing care beds, total now 297 nursing care beds.

CALUMET CITY TERRACE

1380 RIVER DRIVE
 CALUMET CITY, IL. 60409
Reference Numbers Facility ID 6014005
 Health Service Area 007 Planning Service Area 705

Administrator
 Whitney Oberlink

Contact Person and Telephone

Carol Nally
 309-343-7777, ext. 5081

Registered Agent Information

BLED SOE, TIMOTHY L.
 115 EAST SOUTH STREET
 GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
 3/5/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	6
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	6	6	6	6	6	0	6	6	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	6
TOTAL BEDS	6	6	6	6	6	0	0	6		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			2190	100.0%	0	2190	100.0%	100.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	2190	100.0%	0	2190	100.0%	100.0%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	4	0	0	2	4	6

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.

CALUMET CITY TERRACE

1380 RIVER DRIVE
 CALUMET CITY, IL. 60409

Reference Numbers Facility ID 6014005

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	199	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.10
LPN's	0.00
Certified Aides	5.27
Other Health Staff	0.21
Non-Health Staff	0.66
Totals	6.49

CALVIN JOHNSON CARE CENTER

727 NORTH 17TH STREET
 BELLEVILLE, IL. 62226

Reference Numbers Facility ID 6001341
 Health Service Area 011 Planning Service Area 163

Administrator
 DEBRA FORD

Contact Person and Telephone

DEBRA FORD
 618-234-3323

Registered Agent Information

WOLF,STEVEN C;MR
 2810 FRANK SCOTT PWY W,STE 820
 BELLEVILLE , IL 62223

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System	5
Alzheimer Disease	7
Mental Illness	45
Developmental Disability	3
Circulatory System	17
Respiratory System	16
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	28
Non-Medical Conditions	0
TOTALS	135

Date Completed
 4/11/2006

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2006	
Nursing Care	180	180	145	180	45	49	180	Residents on 1/1/2006	155
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	81
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	101
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	135
TOTAL BEDS	180	180	145	180	45	49	180		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1146	6.4%	45882	69.8%	4284	51312	78.1%		78.1%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1146	6.4%	45882	69.8%	4284	51312	78.1%		78.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	7	4	0	0	0	0	0	0	7	4	11
45 to 59	19	18	0	0	0	0	0	0	19	18	37
60 to 64	8	6	0	0	0	0	0	0	8	6	14
65 to 74	15	16	0	0	0	0	0	0	15	16	31
75 to 84	11	14	0	0	0	0	0	0	11	14	25
85+	4	13	0	0	0	0	0	0	4	13	17
TOTALS	64	71	0	0	0	0	0	0	64	71	135

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.

CALVIN JOHNSON CARE CENTER727 NORTH 17TH STREET
BELLEVILLE, IL. 62226

Reference Numbers Facility ID 6001341

Health Service Area 011 Planning Service Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	4	120	0	0	11	0	135
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	120	0	0	11	0	135

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	1	0	0	0	1
Black	57	0	0	0	57
Hawaiian/Pac. Isl.	0	0	0	0	0
White	77	0	0	0	77
Race Unknown	0	0	0	0	0
Total	135	0	0	0	135

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	134	0	0	0	134
Ethnicity Unknown	0	0	0	0	0
Total	135	0	0	0	135

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	4.00
Non-Health Staff	35.00
Totals	109.00

CAMBRIDGE NRSNG. & REHAB CENTER

9615 North Knox Avenue
 SKOKIE, IL. 60076
Reference Numbers Facility ID 6008635
 Health Service Area 007 Planning Service Area 702

Administrator
 Rudi Sternschein

Contact Person and Telephone
 Rudi Sternschein
 847-679-4161

Registered Agent Information

LARIOSIA,LUCIA;MS.
 9615 N KNOX AVE
 SKOKIE , 60076

FACILITY OWNERSHIP
 FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	19
Blood Disorders	0
*Nervous System	15
Alzheimer Disease	2
Mental Illness	20
Developmental Disability	6
Circulatory System	11
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	101

Date Completed
 4/18/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	113	113	110	110	101	12	113	113	107
Skilled Under 22	0	0	0	0	0	0	0	0	270
Intermediate DD	0	0	0	0	0	0	0	0	276
Sheltered Care	0	0	0	0	0	0	0	0	101
TOTAL BEDS	113	113	110	110	101	12	113	113	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	3502	8.5%	25928	62.9%	7510	36940	89.6%	89.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	3502	8.5%	25928	62.9%	7510	36940	89.6%	89.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	17	7	0	0	0	0	0	0	17	7	24
60 to 64	7	1	0	0	0	0	0	0	7	1	8
65 to 74	18	8	0	0	0	0	0	0	18	8	26
75 to 84	12	11	0	0	0	0	0	0	12	11	23
85+	7	11	0	0	0	0	0	0	7	11	18
TOTALS	62	39	0	0	0	0	0	0	62	39	101

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.

CAMBRIDGE NRSNG. & REHAB CENTER

9615 North Knox Avenue
 SKOKIE, IL. 60076

Reference Numbers Facility ID 6008635

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	14	69	12	6	0	0	101
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	69	12	6	0	0	101

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	1	0	0	0	1
Black	16	0	0	0	16
Hawaiian/Pac. Isl.	0	0	0	0	0
White	83	0	0	0	83
Race Unknown	0	0	0	0	0
Total	101	0	0	0	101

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	13.00
LPN's	1.00
Certified Aides	27.00
Other Health Staff	4.00
Non-Health Staff	30.00
Totals	78.00

FACILITY NOTES

Name Change 6/13/2006 Name changed from Skokie Meadows I.

CAMELOT TERRACE

516 WEST FRECH STREET
STREATOR, IL. 61364

Reference Numbers Facility ID 6001374
Health Service Area 002 Planning Service Area 099

Administrator
MARNA ANDERSON

Contact Person and Telephone

Marna Anderson
815-672-2600

Registered Agent Information

LERNER,EVA
3553 W. PETERSON SUITE #101
CHICAGO , IL 60659

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System	4
Alzheimer Disease	5
Mental Illness	13
Developmental Disability	0
Circulatory System	17
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	50

Date Completed
4/11/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	102	102	63	102	50	52	100	102	63	36
Skilled Under 22	0	0	0	0	0	0		0		49
Intermediate DD	0	0	0	0	0	0		0		50
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	102	102	63	102	50	52	100	102		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	3276	9.0%	14560	39.1%	2548	20384	54.8%	54.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	3276	9.0%	14560	39.1%	2548	20384	54.8%	54.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	0	0	0	0	0	0	0	5	0	5
65 to 74	5	3	0	0	0	0	0	0	5	3	8
75 to 84	6	9	0	0	0	0	0	0	6	9	15
85+	4	13	0	0	0	0	0	0	4	13	17
TOTALS	23	27	0	0	0	0	0	0	23	27	50

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.

CAMELOT TERRACE516 WEST FRECH STREET
STREATOR, IL. 61364

Reference Numbers Facility ID 6001374

Health Service Area 002 Planning Service Area 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	9	36	0	0	5	0	50
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	36	0	0	5	0	50

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	31.00
Other Health Staff	14.00
Non-Health Staff	13.00
Totals	72.00

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

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/6/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Total Admissions 2006	0
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2006	0
Intermediate DD	4	4	4	4	4	0	4	4	Residents on 12/31/2006	4
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			1460	100.0%	0	1460	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	1460	100.0%	0	1460	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	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	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	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

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.

CAMPBELL COURT

426 EAST DOUGLAS

JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6013791

Health Service Area 003 Planning Service Area 137

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	205	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	4.20
Other Health Staff	0.17
Non-Health Staff	0.65
Totals	5.27

Canterbury Manor

718 North Market Street
Waterloo, IL 62298

Reference Numbers Facility ID 6001382
Health Service Area 011 Planning Service Area 133

Administrator

Joe H. Husmann

Contact Person and Telephone

Joe H. Husmann
618-939-8565

Registered Agent Information

BAGLEY,ROGER W.;MR.
1001 EAST MAIN STREET, BLDG 4
CARBONDALE , IL 62901

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System	10
Alzheimer Disease	10
Mental Illness	2
Developmental Disability	3
Circulatory System	9
Respiratory System	1
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	53

Date Completed
4/2/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	74	74	57	74	53	21	0	74	Residents on 1/1/2006	55
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	48
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006	50
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	53
TOTAL BEDS	74	74	57	74	53	21	0	74		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	930	0.0%	10552	39.1%	7033	18515	68.5%	68.5%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	930	0.0%	10552	39.1%	7033	18515	68.5%	68.5%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
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	3	0	0	0	0	0	0	0	3	3
75 to 84	6	13	0	0	0	0	0	0	6	13	19
85+	1	27	0	0	0	0	0	0	1	27	28
TOTALS	8	45	0	0	0	0	0	0	8	45	53

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.

Canterbury Manor

718 North Market Street
Waterloo, IL. 62298

Reference Numbers Facility ID 6001382

Health Service Area 011 Planning Service Area 133

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	2	31	0	0	20	0	53
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	31	0	0	20	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	141	96
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	15.00
Other Health Staff	5.00
Non-Health Staff	14.00
Totals	45.00

CANTERBURY PLACE

2503 CANTERBURY LANE
ROCKFORD, IL. 61101

Reference Numbers Facility ID 6013866
Health Service Area 001 Planning Service Area 201

Administrator

Susan Sunderlin

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	4
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	4
Intermediate DD	4	4	4	4	0	4	4	Total Discharges 2006	4
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	4
TOTAL BEDS	4	4	4	4	0	0	4		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			1460	100.0%	0	1460	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	1460	100.0%	0	1460	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	4	0	0	0	4	0	4

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.

CANTERBURY PLACE

2503 CANTERBURY LANE
 ROCKFORD, IL. 61101

Reference Numbers Facility ID 6013866

Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	5.45
Other Health Staff	0.26
Non-Health Staff	0.77
Totals	6.73

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 RN

Contact Person and Telephone

Cindy Schaaf
217-525-1880

Registered Agent Information

GUTNICKI, ABRAHAM A
525 WEST MONROE STREET, STE1600
CHICAGO, IL 60661

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	22
Blood Disorders	6
*Nervous System	18
Alzheimer Disease	7
Mental Illness	3
Developmental Disability	0
Circulatory System	24
Respiratory System	28
Digestive System	17
Genitourinary System Disorders	27
Skin Disorders	19
Musculo-skeletal Disorders	23
Injuries and Poisonings	10
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	212

Date Completed
4/12/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	251	225	221	225	212	39	251	251	176	439
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0				403
TOTAL BEDS	251	225	221	225	212	39	251	251	176	439

Residents on 12/31/2006 212

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	10470	11.4%	53105	58.0%	6476	70051	76.5%		85.3%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	10470	11.4%	53105	58.0%	6476	70051	76.5%		85.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	4	0	0	0	0	0	0	0	4	4
45 to 59	5	12	0	0	0	0	0	0	5	12	17
60 to 64	9	18	0	0	0	0	0	0	9	18	27
65 to 74	19	26	0	0	0	0	0	0	19	26	45
75 to 84	21	38	0	0	0	0	0	0	21	38	59
85+	26	34	0	0	0	0	0	0	26	34	60
TOTALS	80	132	0	0	0	0	0	0	80	132	212

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.

CAPITOL CARE CENTER555 WEST CARPENTER
SPRINGFIELD, IL. 62702

Reference Numbers Facility ID 6002489

Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	31	162	0	3	16	0	212
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	31	162	0	3	16	0	212

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	43	0	0	0	43
Hawaiian/Pac. Isl.	0	0	0	0	0
White	169	0	0	0	169
Race Unknown	0	0	0	0	0
Total	212	0	0	0	212

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	212	0	0	0	212
Ethnicity Unknown	0	0	0	0	0
Total	212	0	0	0	212

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	29.00
Certified Aides	73.00
Other Health Staff	27.00
Non-Health Staff	67.00
Totals	203.00

CARDINAL HILL HEALTHCARE

400 E. HILLVIEW AVENUE
 GREENVILLE, IL. 62246
Reference Numbers Facility ID 6004493
 Health Service Area 005 Planning Service Area 005

Administrator

Dawn Paterson

Contact Person and Telephone

Dawn Paterson
 618-664-1622

Registered Agent Information

BUSINESS FILINGS INC.
 600 SOUTH 2ND STREET
 SPRINGFIELD , IL 62704

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

Date Completed
 4/10/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	18
Mental Illness	24
Developmental Disability	3
Circulatory System	0
Respiratory System	20
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	0
TOTALS	67

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	90	90	78	90	67	23	34	90	74	41
Skilled Under 22	0	0	0	0	0	0		0		48
Intermediate DD	0	0	0	0	0	0		0		67
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	90	90	78	90	67	23	34	90		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2821	22.7%	18924	57.6%	5040	26785	81.5%		81.5%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2821	22.7%	18924	57.6%	5040	26785	81.5%		81.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	4	2	0	0	0	0	0	0	4	2	6
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	8	5	0	0	0	0	0	0	8	5	13
75 to 84	10	14	0	0	0	0	0	0	10	14	24
85+	3	17	0	0	0	0	0	0	3	17	20
TOTALS	29	38	0	0	0	0	0	0	29	38	67

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.

CARDINAL HILL HEALTHCARE

400 E. HILLVIEW AVENUE
GREENVILLE, IL. 62246

Reference Numbers Facility ID 6004493

Health Service Area 005 Planning 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	13	43	0	1	10	0	67
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	43	0	1	10	0	67

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	98
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	65	0	0	0	65
Race Unknown	0	0	0	0	0
Total	67	0	0	0	67

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	67	0	0	0	67
Total	67	0	0	0	67

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.50
LPN's	7.80
Certified Aides	23.40
Other Health Staff	0.00
Non-Health Staff	20.50
Totals	56.20

CARE CENTER OF ABINGDON

800 WEST MARTIN STREET
ABINGDON, IL. 61410

Reference Numbers Facility ID 6001424
Health Service Area 002 Planning Service Area 095

Administrator
Donna Anderson

Contact Person and Telephone
Donna Anderson
309-462-2356

Registered Agent Information

WILSON, RONALD J
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP
LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	21
Mental Illness	2
Developmental Disability	0
Circulatory System	11
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	56

Date Completed
4/11/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	82	78	56	78	56	26	82	82	54	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		0		
TOTAL BEDS	82	78	56	78	56	26	82	82		56

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1542	5.2%	10835	36.2%	6957	19334	64.6%		67.9%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1542	5.2%	10835	36.2%	6957	19334	64.6%		67.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	3	3	0	0	0	0	0	0	3	3	6
75 to 84	9	11	0	0	0	0	0	0	9	11	20
85+	5	23	0	0	0	0	0	0	5	23	28
TOTALS	19	37	0	0	0	0	0	0	19	37	56

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.

CARE CENTER OF ABINGDON

800 WEST MARTIN STREET
 ABINGDON, IL. 61410

Reference Numbers Facility ID 6001424

Health Service Area 002 Planning Service Area 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	31	0	0	20	0	56
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	31	0	0	20	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	34.00
Other Health Staff	0.00
Non-Health Staff	22.00
Totals	70.00

FACILITY NOTES

- E-002-06 2/11/2006 Change of ownership occurred.
- E-002-06 2/11/2006 Change of ownership exemption granted.

CARLE ARBOURS

302 WEST BURWASH
SAVOY, IL. 61874

Reference Numbers Facility ID 6001457
Health Service Area 004 Planning Service Area 019

Administrator

Tom Mullins

Contact Person and Telephone

Tom Mullins
217-383-3090

Registered Agent Information

LEONARD,JAMES;DR
611 WEST PARK STREET
URBANA , IL 61801

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	5
Blood Disorders	2
*Nervous System	10
Alzheimer Disease	50
Mental Illness	3
Developmental Disability	0
Circulatory System	25
Respiratory System	18
Digestive System	11
Genitourinary System Disorders	11
Skin Disorders	3
Musculo-skeletal Disorders	13
Injuries and Poisonings	21
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	186

Date Completed
4/9/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	231	228	195	228	45	231	231	Residents on 1/1/2006	180
Skilled Under 22	0	0	0	0	0		0	Total Admissions 2006	783
Intermediate DD	0	0	0	0	0		0	Total Discharges 2006	777
Sheltered Care	0	0	0	0	0		0	Residents on 12/31/2006	186
TOTAL BEDS	231	228	195	228	45	231	231		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	10425	12.4%	28013	33.2%	28549	66987	79.4%	80.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	10425	12.4%	28013	33.2%	28549	66987	79.4%	80.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	1	0	0	0	0	0	0	2	1	3
45 to 59	8	8	0	0	0	0	0	0	8	8	16
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	7	15	0	0	0	0	0	0	7	15	22
75 to 84	21	49	0	0	0	0	0	0	21	49	70
85+	9	64	0	0	0	0	0	0	9	64	73
TOTALS	48	138	0	0	0	0	0	0	48	138	186

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.

CARLE ARBOURS

302 WEST BURWASH
SAVOY, IL. 61874

Reference Numbers Facility ID 6001457

Health Service Area 004 Planning Service Area 019

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	24	79	0	12	71	0	186
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	79	0	12	71	0	186

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	228	152
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawaiian/Pac. Isl.	0	0	0	0	0
White	170	0	0	0	170
Race Unknown	0	0	0	0	0
Total	186	0	0	0	186

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	186	0	0	0	186
Ethnicity Unknown	0	0	0	0	0
Total	186	0	0	0	186

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	21.00
Certified Aides	68.00
Other Health Staff	7.00
Non-Health Staff	36.00
Totals	145.00

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

GRADER,RICHARD L.
110 SOUTHBROOKE
DECATUR, IL 62521

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/12/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	4
Intermediate DD	16	16	16	16	16	0	0	16	Total Discharges 2006	4
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5589	95.7%	0	5589	95.7%	95.7%	95.7%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5589	95.7%	0	5589	95.7%	95.7%	95.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	1	0	0	0	1	1
18 to 44	0	0	0	0	6	5	0	0	6	5	11
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	8	8	0	0	8	8	16

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.

Carlinville Estates1221 South Plum Street
Carlinville, IL. 62626**Reference Numbers** Facility ID 6012132

Health Service Area 003 Planning Service Area 117

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	14.00
Non-Health Staff	0.00
Totals	14.50

CARLINVILLE REHAB & HCC

751 NORTH OAK STREET
 CARLINVILLE, IL. 62626
Reference Numbers Facility ID 6009336
 Health Service Area 003 Planning Service Area 117

Administrator
 Suzanne Boston

Contact Person and Telephone

Suzanne Boston
 217-854-2511

Registered Agent Information

MAHER,DANIEL
 926 SOUTH 7TH
 SPRINGFIELD , IL 62703

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System	4
Alzheimer Disease	4
Mental Illness	5
Developmental Disability	0
Circulatory System	8
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	55

Date Completed
 4/10/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	98	94	61	94	55	43	98	98	66	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		0		
TOTAL BEDS	98	94	61	94	55	43	98	98	122	55

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3235	9.0%	10639	29.7%	8386	22260	62.2%	64.9%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	3235	9.0%	10639	29.7%	8386	22260	62.2%	64.9%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	4	0	0	0	0	0	0	0	4	4
65 to 74	5	3	0	0	0	0	0	0	5	3	8
75 to 84	3	13	0	0	0	0	0	0	3	13	16
85+	7	19	0	0	0	0	0	0	7	19	26
TOTALS	16	39	0	0	0	0	0	0	16	39	55

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.

CARLINVILLE REHAB & HCC

751 NORTH OAK STREET
 CARLINVILLE, IL. 62626

Reference Numbers Facility ID 6009336

Health Service Area 003 Planning Service Area 117

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	29	0	0	20	0	55
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	29	0	0	20	0	55

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	124	104
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	22.00
Other Health Staff	0.00
Non-Health Staff	15.00
Totals	49.00

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

Registered Agent Information

LEWIS,SUSAN C.;MS.
6633 NORTH LINCOLN AVENUE
LINCOLNWOOD , IL 60645

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	13
Endocrine/Metabolic	20
Blood Disorders	9
*Nervous System	6
Alzheimer Disease	19
Mental Illness	47
Developmental Disability	42
Circulatory System	32
Respiratory System	13
Digestive System	10
Genitourinary System Disorders	8
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	227

Date Completed
5/9/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	244	244	244	244	17	244	244	216	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	0		
TOTAL BEDS	244	244	244	244	17	244	244	240	227

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	5327	6.0%	70126	78.7%	5631	81084	91.0%		91.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	5327	6.0%	70126	78.7%	5631	81084	91.0%		91.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	2	0	0	0	0	0	0	1	2	3
45 to 59	16	18	0	0	0	0	0	0	16	18	34
60 to 64	17	5	0	0	0	0	0	0	17	5	22
65 to 74	22	32	0	0	0	0	0	0	22	32	54
75 to 84	25	38	0	0	0	0	0	0	25	38	63
85+	19	32	0	0	0	0	0	0	19	32	51
TOTALS	100	127	0	0	0	0	0	0	100	127	227

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.

Carlton At The Lake725 West Montrose Avenue
CHICAGO, IL. 60613**Reference Numbers** Facility ID 6001465

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	12	187	14	0	14	0	227
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	187	14	0	14	0	227

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	7	0	0	0	7
Amer. Indian	0	0	0	0	0
Black	57	0	0	0	57
Hawaiian/Pac. Isl.	0	0	0	0	0
White	163	0	0	0	163
Race Unknown	0	0	0	0	0
Total	227	0	0	0	227

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	14	0	0	0	14
Non-Hispanic	213	0	0	0	213
Ethnicity Unknown	0	0	0	0	0
Total	227	0	0	0	227

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	50.00
LPN's	19.00
Certified Aides	77.00
Other Health Staff	48.00
Non-Health Staff	46.00
Totals	243.00

CARLYLE HEALTH CARE

501 CLINTON STREET
CARLYLE, IL. 62231

Reference Numbers Facility ID 6001473
Health Service Area 011 Planning Service Area 027

Administrator

JoAnn Brave

Contact Person and Telephone

JoAnn Brave
618-594-3112

Registered Agent Information

BODEWES, HERMAN G.; MR.
1 W. OLD STATE CAPITOL, STE. 600
SPRINGFIELD, IL 62701

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	23
Mental Illness	3
Developmental Disability	2
Circulatory System	11
Respiratory System	7
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	16
Injuries and Poisonings	4
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	89

Date Completed
3/7/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	119	102	102	89	89	30	63	119	97	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		0		
TOTAL BEDS	119	102	102	89	89	30	63	119		87
										Residents on 12/31/2006
										89

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3391	14.7%	18494	42.6%	12251	34136	78.6%		91.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	3391	14.7%	18494	42.6%	12251	34136	78.6%		91.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	3	0	0	0	0	0	0	1	3	4
75 to 84	8	14	0	0	0	0	0	0	8	14	22
85+	16	46	0	0	0	0	0	0	16	46	62
TOTALS	26	63	0	0	0	0	0	0	26	63	89

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.

CARLYLE HEALTH CARE

501 CLINTON STREET
 CARLYLE, IL. 62231

Reference Numbers Facility ID 6001473

Health Service Area 011 Planning Service Area 027

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	18	40	0	0	31	0	89
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	40	0	0	31	0	89

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	119
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	39.00
Other Health Staff	0.00
Non-Health Staff	35.00
Totals	96.00

CAROLE LANE TERRACE

1641 CAROLE LANE
 SAUK VILLAGE, IL. 60411
Reference Numbers Facility ID 6011969
 Health Service Area 007 Planning Service Area 705

Administrator
 Whitney Oberlink

Contact Person and Telephone

Carol Nally
 309-343-7777, ext. 5081

Registered Agent Information

BLED SOE, TIMOTHY L
 115 EAST SOUTH STREET
 GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
 3/5/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5840	100.0%	0	5840	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	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	6	2	0	0	6	2	8
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	1	0	0	0	1	1
TOTALS	0	0	0	0	8	8	0	0	8	8	16

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.

CAROLE LANE TERRACE

1641 CAROLE LANE
SAUK VILLAGE, IL. 60411

Reference Numbers Facility ID 6011969

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	136	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	7	0	7
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.30
LPN's	0.00
Certified Aides	5.77
Other Health Staff	0.38
Non-Health Staff	1.00
Totals	7.70

FACILITY NOTES

- E-176-05 4/1/2006 Change of ownership occurred.
- E-176-05 2/9/2006 Change of ownership exemption granted.

Carolyn Smith House

910 17th Street
Charleston, IL. 61920

Reference Numbers Facility ID 6006928
Health Service Area 004 Planning Service Area 029

Administrator

Joshua Rieman

Contact Person and Telephone

Josh Rieman
217-345-2922

Registered Agent Information

KRCHAK,DAVID E
30 MAIN STREET, P O BOX 560
CHAMPAIGN , IL 61824

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/29/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	16	0	0	16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5792	99.2%	0	5792	99.2%	99.2%	99.2%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5792	99.2%	0	5792	99.2%	99.2%	99.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	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

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.

Carolyn Smith House

910 17th Street
Charleston, IL. 61920

Reference Numbers Facility ID 6006928

Health Service Area 004 Planning Service Area 029

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	123	123
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	10.00
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	12.50

CARRIER MILLS NURSING HOME

US ROUTE 45-EAST
 CARRIER MILLS, IL. 62917
Reference Numbers Facility ID 6001507
 Health Service Area 005 Planning Service Area 059

Administrator
 ALICE STALLINGS

Contact Person and Telephone
 ALICE STALLINGS
 618-994-2323

Registered Agent Information

HERRIN, ROGER D.; DR.
 607 SOUTH COMMERCIAL ST.
 HARRISBURG, IL 62946

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System	6
Alzheimer Disease	17
Mental Illness	3
Developmental Disability	0
Circulatory System	9
Respiratory System	3
Digestive System	5
Genitourinary System Disorders	9
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	14
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	90

Date Completed
 3/26/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	99	99	94	99	90	9	99	99	86	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0	0	0	96	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0	0	0	92	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0	0	0	90	
TOTAL BEDS	99	99	94	99	90	9	99	99		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3023	8.4%	21829	60.4%	6056	30908	85.5%	85.5%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	3023	8.4%	21829	60.4%	6056	30908	85.5%	85.5%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	1	1	0	0	0	0	0	0	1	1	2
65 to 74	2	5	0	0	0	0	0	0	2	5	7
75 to 84	3	32	0	0	0	0	0	0	3	32	35
85+	7	33	0	0	0	0	0	0	7	33	40
TOTALS	16	74	0	0	0	0	0	0	16	74	90

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.

CARRIER MILLS NURSING HOME

US ROUTE 45-EAST
 CARRIER MILLS, IL. 62917

Reference Numbers Facility ID 6001507

Health Service Area 005 Planning Service Area 059

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	7	61	0	0	22	0	90
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	61	0	0	22	0	90

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	92	87
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	84	0	0	0	84
Race Unknown	0	0	0	0	0
Total	90	0	0	0	90

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	16.00
Certified Aides	31.00
Other Health Staff	2.00
Non-Health Staff	34.00
Totals	90.00

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
 Jennifer Dunk

Contact Person and Telephone

Jennifer Dunk
 815-244-7715

Registered Agent Information

C T CORPORATION SYSTEM
 208 SOUTH LASALLE STREET
 CHICAGO , IL 60604

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System	4
Alzheimer Disease	3
Mental Illness	4
Developmental Disability	0
Circulatory System	15
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	2
Other Medical Conditions	21
Non-Medical Conditions	0
TOTALS	63

Date Completed
 3/20/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	72	72	72	72	63	9	72	72	68	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0	0	0	53	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0	0	0	58	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0	0	0	63	
TOTAL BEDS	72	72	72	72	63	9	72	72		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	878	3.3%	11245	42.8%	10915	23038	87.7%	87.7%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	878	3.3%	11245	42.8%	10915	23038	87.7%	87.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	0	0	0	0	0	0	0	3	3
75 to 84	2	13	0	0	0	0	0	0	2	13	15
85+	8	36	0	0	0	0	0	0	8	36	44
TOTALS	11	52	0	0	0	0	0	0	11	52	63

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.

CARROLL COUNTY GOOD SAMARITAN

1006 NORTH LOWDEN
MOUNT CARROLL, IL. 61053

Reference Numbers Facility ID 6001515

Health Service Area 001 Planning Service Area 015

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	33	0	0	26	0	63
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	33	0	0	26	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	142
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	62	0	0	0	62
Ethnicity Unknown	0	0	0	0	0
Total	63	0	0	0	63

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.83
LPN's	1.63
Certified Aides	23.19
Other Health Staff	3.86
Non-Health Staff	21.88
Totals	60.39

CARTHAGE TERRACE

1205 CENTER STREET
CARTHAGE, IL. 62321

Reference Numbers Facility ID 6012280
Health Service Area 003 Planning Service Area 067

Administrator

Debra Arnett

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/6/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	1	1	16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	15
TOTAL BEDS	16	16	16	16	1	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5475	93.8%	0	5475	93.8%	93.8%	93.8%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5475	93.8%	0	5475	93.8%	93.8%	93.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	2	0	0	4	2	6
45 to 59	0	0	0	0	4	2	0	0	4	2	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	9	6	0	0	9	6	15

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.

CARTHAGE TERRACE

1205 CENTER STREET
 CARTHAGE, IL. 62321

Reference Numbers Facility ID 6012280

Health Service Area 003 Planning Service Area 067

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	110	110
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	7.00
Other Health Staff	1.00
Non-Health Staff	2.00
Totals	10.25

CASA WILLIS

910 WOODBURN AVENUE
STERLING, IL. 61081

Reference Numbers Facility ID 6011902
Health Service Area 001 Planning Service Area 195

Administrator
Susan Miller-White

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/16/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5392	92.3%	0	5392	92.3%	92.3%	92.3%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5392	92.3%	0	5392	92.3%	92.3%	92.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	3	0	0	4	3	7
45 to 59	0	0	0	0	1	6	0	0	1	6	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	6	10	0	0	6	10	16

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.

CASA WILLIS

910 WOODBURN AVENUE
 STERLING, IL. 61081

Reference Numbers Facility ID 6011902

Health Service Area 001 Planning Service Area 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.33
LPN's	0.00
Certified Aides	6.48
Other Health Staff	0.76
Non-Health Staff	2.09
Totals	9.91

CASEY HEALTHCARE CENTER

100 NORTH EAST 15TH
CASEY, IL. 62420

Reference Numbers Facility ID 6000970
Health Service Area 004 Planning Service Area 023

Administrator

Kathy Moore

Contact Person and Telephone

Marikay Snyder
309-689-5880

Registered Agent Information

SNYDER,MARIKAY L.
830 WEST TRAILCREEK DRIVE
PEORIA, IL 61614

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	21
Mental Illness	7
Developmental Disability	3
Circulatory System	3
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	60

Date Completed
4/5/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	69	68	66	68	60	9	0	69	Residents on 1/1/2006	58
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	45
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006	43
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	60
TOTAL BEDS	69	68	66	68	60	9	0	69		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	14543	57.7%	6717	21260	84.4%		85.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	14543	57.7%	6717	21260	84.4%		85.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	4	0	0	0	0	0	0	3	4	7
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	11	12	0	0	0	0	0	0	11	12	23
85+	5	21	0	0	0	0	0	0	5	21	26
TOTALS	20	40	0	0	0	0	0	0	20	40	60

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.

CASEY HEALTHCARE CENTER

100 NORTH EAST 15TH
 CASEY, IL. 62420

Reference Numbers Facility ID 6000970

Health Service Area 004 Planning Service Area 023

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	42	0	0	18	0	60
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	42	0	0	18	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	120	112
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	15.00
Other Health Staff	0.00
Non-Health Staff	8.00
Totals	32.00

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

Sheldon Wolfe
847-982-2300

Registered Agent Information

STERN, ABRAHAM J.
30 SOUTH WACKER DR., STE 2900
CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System	7
Alzheimer Disease	17
Mental Illness	10
Developmental Disability	0
Circulatory System	19
Respiratory System	12
Digestive System	8
Genitourinary System Disorders	7
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	28
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	129

Date Completed
3/27/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	150	150	138	150	129	21	30	150	124	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0	0	0	97	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0	0	0	92	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0	0	0	129	
TOTAL BEDS	150	150	138	150	129	21	30	150		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	4169	38.1%	37489	68.5%	6264	47922	87.5%	87.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	4169	38.1%	37489	68.5%	6264	47922	87.5%	87.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	3	2	0	0	0	0	0	0	3	2	5
65 to 74	5	7	0	0	0	0	0	0	5	7	12
75 to 84	15	35	0	0	0	0	0	0	15	35	50
85+	10	51	0	0	0	0	0	0	10	51	61
TOTALS	33	96	0	0	0	0	0	0	33	96	129

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.

Caseyville Nursing & Rehab Ctr601 West Lincoln
CASEYVILLE, IL. 62232**Reference Numbers** Facility ID 6010227

Health Service Area 011 Planning Service Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	9	103	0	0	17	0	129
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	103	0	0	17	0	129

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	38	0	0	0	38
Hawaiian/Pac. Isl.	0	0	0	0	0
White	91	0	0	0	91
Race Unknown	0	0	0	0	0
Total	129	0	0	0	129

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	127	0	0	0	127
Ethnicity Unknown	0	0	0	0	0
Total	129	0	0	0	129

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.73
LPN's	12.15
Certified Aides	49.28
Other Health Staff	1.43
Non-Health Staff	38.05
Totals	105.64

CEDAR RIDGE HEALTH CARE CENTER

ONE PERRYMAN STREET
LEBANON, IL. 62254
Reference Numbers Facility ID 6002869
Health Service Area 011 Planning Service Area 163

Administrator
Michael Altobella

Contact Person and Telephone
Mike Altobella
618-537-6165

Registered Agent Information
C T CORPORATION SYSTEM
208 SOUTH LASALLE, SUITE 814
CHICAGO, IL 60604

FACILITY OWNERSHIP
FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	19
Endocrine/Metabolic	39
Blood Disorders	10
*Nervous System	0
Alzheimer Disease	0
Mental Illness	3
Developmental Disability	0
Circulatory System	16
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	110

Date Completed
4/5/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	116	116	114	116	6	114	114	Residents on 1/1/2006	111
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	126
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	127
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	110
TOTAL BEDS	116	116	114	116	6	114	114		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	7002	16.8%	15996	38.4%	16200	39198	92.6%	92.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	7002	16.8%	15996	38.4%	16200	39198	92.6%	92.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	2	0	0	0	0	0	0	2	2	4
65 to 74	2	6	0	0	0	0	0	0	2	6	8
75 to 84	10	29	0	0	0	0	0	0	10	29	39
85+	15	42	0	0	0	0	0	0	15	42	57
TOTALS	30	80	0	0	0	0	0	0	30	80	110

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.

CEDAR RIDGE HEALTH CARE CENTER

ONE PERRYMAN STREET
LEBANON, IL. 62254

Reference Numbers Facility ID 6002869

Health Service Area 011 Planning Service Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	19	41	0	2	48	0	110
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	41	0	2	48	0	110

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	107	0	0	0	107
Race Unknown	0	0	0	0	0
Total	110	0	0	0	110

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	46.00
Other Health Staff	0.00
Non-Health Staff	42.00
Totals	114.00

FACILITY NOTES

Bed Change 11/16/2006 Added two nursing care beds, total now 116 nursing care beds.

CENTRAL BAPTIST VILLAGE

4747 NORTH CANFIELD AVENUE
NORRIDGE, IL. 60706

Reference Numbers Facility ID 6001564
Health Service Area 007 Planning Service Area 704

Administrator

Chuck Newton

Contact Person and Telephone

Sandy Hamzo
708-583-8539

Registered Agent Information

NEWTON, CHARLES G; MR
4747 NORTH CANFIELD AVENUE
NORRIDGE, IL 60706

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by 'I'

Date Completed
4/11/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	10
Endocrine/Metabolic	22
Blood Disorders	0
*Nervous System	8
Alzheimer Disease	13
Mental Illness	1
Developmental Disability	0
Circulatory System	40
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	120

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	124	124	111	124	95	29	11	124	132
Skilled Under 22	0	0	0	0	0	0	0	0	40
Intermediate DD	0	0	0	0	0	0	0	0	52
Sheltered Care	30	30	25	30	25	5			120
TOTAL BEDS	154	154	136	154	120	34	11	124	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1918	47.8%	12536	27.7%	24460	38914	86.0%	86.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					8665	8665	79.1%	79.1%	
TOTALS	1918	47.8%	12536	27.7%	33125	47579	84.6%	84.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	10	0	0	0	0	0	1	2	11	13
75 to 84	5	32	0	0	0	0	2	7	7	39	46
85+	4	40	0	0	0	0	0	15	4	55	59
TOTALS	12	83	0	0	0	0	2	23	14	106	120

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.

CENTRAL BAPTIST VILLAGE

4747 NORTH CANFIELD AVENUE
 NORRIDGE, IL. 60706

Reference Numbers Facility ID 6001564

Health Service Area 007 Planning Service Area 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	2	30	0	0	63	0	95
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	25	0	25
TOTALS	2	30	0	0	88	0	120

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	228	208
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	126	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	85	0	0	22	107
Race Unknown	10	0	0	3	13
Total	95	0	0	25	120

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	81	0	0	22	103
Ethnicity Unknown	10	0	0	3	13
Total	95	0	0	25	120

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	12.00
Certified Aides	49.00
Other Health Staff	4.00
Non-Health Staff	89.00
Totals	168.00

Central Nursing Home

2450 North Central Avenue
Chicago, IL 60639

Reference Numbers Facility ID 6001580
Health Service Area 006 Planning Service Area 602

Administrator

Henry Mermelstein

Contact Person and Telephone

Marvin Mermelstein
773-889-1333

Registered Agent Information

MERMELSTEIN, MARVIN; MR.
2450 N CENTRAL AVENUE
CHICAGO, IL 60639

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	12
Endocrine/Metabolic	14
Blood Disorders	6
*Nervous System	10
Alzheimer Disease	10
Mental Illness	60
Developmental Disability	0
Circulatory System	52
Respiratory System	12
Digestive System	11
Genitourinary System Disorders	8
Skin Disorders	6
Musculo-skeletal Disorders	3
Injuries and Poisonings	10
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	218

Date Completed
4/6/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	245	245	245	218	27	11	124	233	
Skilled Under 22	0	0	0	0	0		0	80	
Intermediate DD	0	0	0	0	0		0	95	
Sheltered Care	0	0	0	0	0		0	218	
TOTAL BEDS	245	245	245	218	27	11	124		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	4532	112.9%	79010	174.6%	2621	86163	96.4%	96.4%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	4532	112.9%	79010	174.6%	2621	86163	96.4%	96.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	18	7	0	0	0	0	0	0	18	7	25
45 to 59	47	15	0	0	0	0	0	0	47	15	62
60 to 64	22	10	0	0	0	0	0	0	22	10	32
65 to 74	25	12	0	0	0	0	0	0	25	12	37
75 to 84	25	13	0	0	0	0	0	0	25	13	38
85+	14	10	0	0	0	0	0	0	14	10	24
TOTALS	151	67	0	0	0	0	0	0	151	67	218

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.

Central Nursing Home

2450 North Central Avenue

Chicago, IL. 60639

Reference Numbers Facility ID 6001580

Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	13	196	4	0	5	0	218
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	196	4	0	5	0	218

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	101	0	0	0	101
Hawaiian/Pac. Isl.	0	0	0	0	0
White	103	0	0	0	103
Race Unknown	14	0	0	0	14
Total	218	0	0	0	218

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	29	0	0	0	29
Non-Hispanic	189	0	0	0	189
Ethnicity Unknown	0	0	0	0	0
Total	218	0	0	0	218

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	21.00
LPN's	3.00
Certified Aides	33.00
Other Health Staff	5.00
Non-Health Staff	22.00
Totals	89.00

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
Gwendolyn Washington

Contact Person and Telephone

Rick Duros
847-441-8200

Registered Agent Information

WEINTRAUB,GARY A;MR.
465 CENTRAL AVENUE, SUITE 100
NORTHFIELD , IL 60093

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	251
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	251

Date Completed
4/10/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	260	260	254	260	251	9	0	260	244	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		0		
TOTAL BEDS	260	260	254	260	251	9	0	260	244	100
									Total Admissions 2006	100
									Total Discharges 2006	93
									Residents on 12/31/2006	251

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	88631	93.4%	355	88986	93.8%		93.8%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	88631	93.4%	355	88986	93.8%		93.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	60	19	0	0	0	0	0	0	60	19	79
45 to 59	112	37	0	0	0	0	0	0	112	37	149
60 to 64	9	6	0	0	0	0	0	0	9	6	15
65 to 74	3	4	0	0	0	0	0	0	3	4	7
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	185	66	0	0	0	0	0	0	185	66	251

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.

CENTRAL PLAZA RESIDENTIAL HOME

321-27 NORTH CENTRAL

CHICAGO, IL. 60644

Reference Numbers Facility ID 6001598

Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	251	0	0	0	0	251
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	251	0	0	0	0	251

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	205	0	0	0	205
Hawaiian/Pac. Isl.	0	0	0	0	0
White	44	0	0	0	44
Race Unknown	0	0	0	0	0
Total	251	0	0	0	251

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	245	0	0	0	245
Ethnicity Unknown	0	0	0	0	0
Total	251	0	0	0	251

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	27.00
Non-Health Staff	44.00
Totals	119.00

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

Jerry Nelson

Contact Person and Telephone

Elaine Rommellman
618-533-1200

Registered Agent Information

WILSON, RONALD J
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System	1
Alzheimer Disease	5
Mental Illness	4
Developmental Disability	0
Circulatory System	17
Respiratory System	11
Digestive System	5
Genitourinary System Disorders	2
Skin Disorders	4
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	31
Non-Medical Conditions	0
TOTALS	92

Date Completed
4/10/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	120	120	108	120	28	108	108	99	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	0		214
TOTAL BEDS	120	120	108	120	28	108	108	92	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	6222	15.8%	12865	32.6%	14391	33478	76.4%		76.4%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	6222	15.8%	12865	32.6%	14391	33478	76.4%		76.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	5	0	0	0	0	0	0	1	5	6
75 to 84	9	16	0	0	0	0	0	0	9	16	25
85+	13	46	0	0	0	0	0	0	13	46	59
TOTALS	23	69	0	0	0	0	0	0	23	69	92

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.

CENTRALIA MANOR

1910 EAST MCCORD RTE 161 EAST
CENTRALIA, IL. 62801

Reference Numbers Facility ID 6012355

Health Service Area 005 Planning Service Area 121

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	38	0	0	34	0	92
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	38	0	0	34	0	92

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	131
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	88	0	0	0	88
Race Unknown	0	0	0	0	0
Total	92	0	0	0	92

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	50.00
Other Health Staff	8.00
Non-Health Staff	43.00
Totals	118.00

CHAMNESS SQUARE

340 HERITAGE DRIVE
BOURBONNAIS, IL. 60914

Reference Numbers Facility ID 6010243
Health Service Area 009 Planning Service Area 091

Administrator

Anna Corso

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/6/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	15	16	15	1		16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2006	15
TOTAL BEDS	16	16	15	16	15	1	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%		0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			4155	71.1%	0	4155	71.1%		71.1%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	4155	71.1%	0	4155	71.1%		71.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	6	0	0	6	6	12
45 to 59	0	0	0	0	0	0	0	0	0	0	0
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

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.

CHAMNESS SQUARE

340 HERITAGE DRIVE
BOURBONNAIS, IL. 60914

Reference Numbers Facility ID 6010243

Health Service Area 009 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	126	126
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.17
LPN's	0.00
Certified Aides	7.00
Other Health Staff	0.74
Non-Health Staff	1.77
Totals	9.93

FACILITY NOTES

- E-173-05 4/1/2006 Change of ownership occurred.
- E-173-05 2/9/2006 Change of ownership exemption granted.

CHAMPAIGN COUNTY NURSING HOME

1701 E. MAIN
 URBANA, IL. 61802
Reference Numbers Facility ID 6001630
 Health Service Area 004 Planning Service Area 019

Administrator
 Andrew Buffenbarger

Contact Person and Telephone

Andrew Buffenbarger
 217-384-3784

Registered Agent Information

WY SOCK, BARBARA
 1776 EAST WASHINGTON ST
 URBANA, IL 61802

FACILITY OWNERSHIP
 COUNTY

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	15
Blood Disorders	8
*Nervous System	3
Alzheimer Disease	13
Mental Illness	2
Developmental Disability	0
Circulatory System	49
Respiratory System	13
Digestive System	13
Genitourinary System Disorders	7
Skin Disorders	2
Musculo-skeletal Disorders	10
Injuries and Poisonings	4
Other Medical Conditions	53
Non-Medical Conditions	0
TOTALS	192

Date Completed
 4/25/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	209	199	199	199	24	153	209	197	197
Skilled Under 22	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0		
Sheltered Care	34	10	10	10	27				202
TOTAL BEDS	243	209	209	209	51	153	209	192	192

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	5416	9.7%	43391	56.9%	21377	70184	92.0%	96.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					3206	3206	25.8%	87.8%	
TOTALS	5416	9.7%	43391	56.9%	24583	73390	82.7%	96.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	4	0	0	0	0	0	0	2	4	6
65 to 74	3	8	0	0	0	0	0	0	3	8	11
75 to 84	13	37	0	0	0	0	0	2	13	39	52
85+	16	99	0	0	0	0	0	5	16	104	120
TOTALS	36	149	0	0	0	0	0	7	36	156	192

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.

CHAMPAIGN COUNTY NURSING HOME

1701 E. MAIN
URBANA, IL. 61802

Reference Numbers Facility ID 6001630

Health Service Area 004 Planning Service Area 019

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	115	0	0	57	0	185
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	7	0	7
TOTALS	13	115	0	0	64	0	192

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	148
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	141	141

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pac. Isl.	0	0	0	0	0
White	174	0	0	7	181
Race Unknown	2	0	0	0	2
Total	185	0	0	7	192

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	185	0	0	7	192
Ethnicity Unknown	0	0	0	0	0
Total	185	0	0	7	192

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	16.00
Certified Aides	84.00
Other Health Staff	12.00
Non-Health Staff	93.50
Totals	212.50

FACILITY NOTES

P-03-085 1/23/2006 Permit altered to change 34 sheltered care beds to 34 nursing care beds, total now 243 nursing care beds.

CHAMPAIGN TERRACE

808 NORTH 3RD
ST. JOSEPH, IL. 61873

Reference Numbers Facility ID 6011845
Health Service Area 004 Planning Service Area 019

Administrator

James Wachtel

Contact Person and Telephone

James Wachtel
217-469-8006

Registered Agent Information

KRCHAK, DAVID E
30 MAIN STREET, P O BOX 560
CHAMPAIGN, IL 61824

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

Date Completed
3/27/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	13
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	3
Intermediate DD	16	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5387	92.2%	0	5387	92.2%	92.2%	92.2%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5387	92.2%	0	5387	92.2%	92.2%	92.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	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

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.

CHAMPAIGN TERRACE

808 NORTH 3RD

ST. JOSEPH, IL. 61873

Reference Numbers Facility ID 6011845

Health Service Area 004 Planning Service Area 019

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	250	150
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	2.00
Totals	11.00

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

Registered Agent Information

HOGAN, JAMES A.
 777 JOYCE ROAD
 JOLIET, IL 60436

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
 4/2/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	4
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	4	4	4	4	0	4	4	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	4
TOTAL BEDS	4	4	4	4	0	0	4		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			1395	95.5%	0	1395	95.5%	95.5%	95.5%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	1395	95.5%	0	1395	95.5%	95.5%	95.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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

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.

CHANNAHON

22744 S PARK PLACE DRIVE
 CHANNAHON, IL. 60410

Reference Numbers Facility ID 6013551

Health Service Area 009 Planning Service Area 197

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
Skilled Under 22	0	0	0	0	0	0
ICF/DD		4	0	0	0	4
Sheltered Care			0	0	0	0
TOTALS	0	4	0	0	0	4

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	205	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.25
Registered Nurses	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	5.25
Non-Health Staff	5.00
Totals	11.50

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

Brenda Reed

Contact Person and Telephone

Marikay Snyder
 309-689-5880

Registered Agent Information

SNYDER, MARIKAY
 830 W. TRAILCREEK DRIVE
 PEORIA, IL 61614

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System	3
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	57

Date Completed
 4/9/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	139	94	70	94	57	82	14	139	60	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		0		
TOTAL BEDS	139	94	70	94	57	82	14	139		78
										Residents on 12/31/2006
										57

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2455	48.0%	13357	26.3%	6512	22324	44.0%		65.1%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2455	48.0%	13357	26.3%	6512	22324	44.0%		65.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	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	4	4	0	0	0	0	0	0	4	4	8
75 to 84	7	11	0	0	0	0	0	0	7	11	18
85+	3	20	0	0	0	0	0	0	3	20	23
TOTALS	20	37	0	0	0	0	0	0	20	37	57

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.

CHARLESTON REHAB & HEALTH CARE CENTER

716 18TH STREET

CHARLESTON, IL. 61920

Reference Numbers Facility ID 6001358

Health Service Area 004 Planning Service Area 029

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	2	41	1	0	13	0	57
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	41	1	0	13	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	56	0	0	0	56
Race Unknown	0	0	0	0	0
Total	57	0	0	0	57

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	57	0	0	0	57
Ethnicity Unknown	0	0	0	0	0
Total	57	0	0	0	57

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	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	27.00
Totals	64.00

FACILITY NOTES

Name Change	11/28/2006	Name changed from Prairie View Care Center-Charleston.
E-050-06	11/28/2006	Change of ownership occurred.
E-050-06	8/3/2006	Change of ownership exemption approved.

CHATEAU NRSG & REHAB CENTER

7050 MADISON STREET
 WILLOWBROOK, IL. 60521
Reference Numbers Facility ID 6010367
 Health Service Area 007 Planning Service Area 703

Administrator
 Sherri Mitchell

Contact Person and Telephone

Sherri Mitchell
 630-323-6380

Registered Agent Information

ARONIN, DAVID
 2201 MAIN STREET
 EVANSTON, IL 60202

FACILITY OWNERSHIP
 LIMITED LIABILITY CO

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System	22
Alzheimer Disease	2
Mental Illness	7
Developmental Disability	5
Circulatory System	11
Respiratory System	2
Digestive System	5
Genitourinary System Disorders	10
Skin Disorders	18
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	46
Non-Medical Conditions	0
TOTALS	138

Date Completed
 4/12/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	150	150	145	150	12	150	150	Residents on 1/1/2006	135
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	251
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	248
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	138
TOTAL BEDS	150	150	145	150	12	150	150		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	8452	15.4%	27625	50.5%	12923	49000	89.5%	89.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	8452	15.4%	27625	50.5%	12923	49000	89.5%	89.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	4	0	0	0	0	0	0	5	4	9
75 to 84	19	36	0	0	0	0	0	0	19	36	55
85+	13	60	0	0	0	0	0	0	13	60	73
TOTALS	37	101	0	0	0	0	0	0	37	101	138

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.

CHATEAU NRSG & REHAB CENTER

7050 MADISON STREET
 WILLOWBROOK, IL. 60521

Reference Numbers Facility ID 6010367

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	29	76	0	1	32	0	138
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	29	76	0	1	32	0	138

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	216	185
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	133	0	0	0	133
Race Unknown	0	0	0	0	0
Total	138	0	0	0	138

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	136	0	0	0	136
Ethnicity Unknown	0	0	0	0	0
Total	138	0	0	0	138

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	15.00
Certified Aides	47.00
Other Health Staff	7.00
Non-Health Staff	42.00
Totals	126.00

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

Registered Agent Information

HOGAN, JAMES A.
 777 JOYCE ROAD
 JOLIET, IL 60436

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
 4/2/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	4
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	4	4	4	4	0	4	4	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	4
TOTAL BEDS	4	4	4	4	0	0	4		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			1290	88.4%	0	1290	88.4%	88.4%	88.4%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	1290	88.4%	0	1290	88.4%	88.4%	88.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	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	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	4	0	0	0	4	0	4

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.

CHEROKEE RIDGE

25058 W LIBERTY DRIVE
 CHANNAHON, IL. 60410

Reference Numbers Facility ID 6013593

Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	182	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	0.00
Other Health Staff	4.00
Non-Health Staff	5.00
Totals	10.25

Chestnut Manor

1404 South 14th
Herrin, IL. 62948

Reference Numbers Facility ID 6013056
Health Service Area 005 Planning Service Area 199

Administrator

Susan South

Contact Person and Telephone

Susan South
618-942-4578

Registered Agent Information

CAPE,GRANT
105 S. COMMERCIAL, P.O. BOX 544
HARRISBURG , IL 62946

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/13/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	Total Admissions 2006
Nursing Care	0	0	0	0	0	0	0	0	Total Discharges 2006	0
Skilled Under 22	0	0	0	0	0	0	0	0	Residents on 12/31/2006	16
Intermediate DD	16	16	16	16	16	0	0	16		
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5817	99.6%	0	5817	99.6%	99.6%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	5817	99.6%	0	5817	99.6%	99.6%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	0	0	0	1	0	1
45 to 59	0	0	0	0	5	4	0	0	5	4	9
60 to 64	0	0	0	0	0	3	0	0	0	3	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	8	8	0	0	8	8	16

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.

Chestnut Manor

1404 South 14th
Herrin, IL. 62948

Reference Numbers Facility ID 6013056

Health Service Area 005 Planning Service Area 199

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	110	108
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	11.00
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	13.00

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

SCHWARTZ,LAWRENCE Y
7366 NORTH LINCOLN AVE,STE 404
LINCOLNWOOD , IL 60712

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	56
Blood Disorders	16
*Nervous System	0
Alzheimer Disease	4
Mental Illness	101
Developmental Disability	0
Circulatory System	14
Respiratory System	14
Digestive System	4
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	209

Date Completed
4/12/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	231	231	220	231	22	38	231	208	257
Skilled Under 22	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0		
TOTAL BEDS	231	231	220	231	22	38	231	208	257

**FACILITY UTILIZATION - 2006
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	3925	28.3%	71175	84.4%	2684	77784	92.3%	92.3%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	3925	28.3%	71175	84.4%	2684	77784	92.3%	92.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	56	16	0	0	0	0	0	0	56	16	72
45 to 59	40	16	0	0	0	0	0	0	40	16	56
60 to 64	21	18	0	0	0	0	0	0	21	18	39
65 to 74	6	10	0	0	0	0	0	0	6	10	16
75 to 84	12	8	0	0	0	0	0	0	12	8	20
85+	3	3	0	0	0	0	0	0	3	3	6
TOTALS	138	71	0	0	0	0	0	0	138	71	209

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.

Chicago Ridge Nursing Center10602 Southwest Highway
CHICAGO RIDGE, IL. 60415**Reference Numbers** Facility ID 6001697

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	10	192	0	3	4	0	209
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	192	0	3	4	0	209

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	79	0	0	0	79
Hawaiian/Pac. Isl.	0	0	0	0	0
White	127	0	0	0	127
Race Unknown	0	0	0	0	0
Total	209	0	0	0	209

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	199	0	0	0	199
Ethnicity Unknown	0	0	0	0	0
Total	209	0	0	0	209

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	42.00
Totals	116.00

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
 Janice M. Kurth

Contact Person and Telephone

Janice M. Kurth
 708-596-2220

Registered Agent Information

MARKLE,DAVID;MR.
 121 WEST 154 STREET
 HARVEY, IL 60426

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	60
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	60

Date Completed
 3/9/2006

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	63
Skilled Under 22	67	64	63	64	60	7	67	Total Admissions 2006	8
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	11
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	60
TOTAL BEDS	67	64	63	64	60	7	67		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			22238	90.9%	711	22949	93.8%	98.2%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	22238	90.9%	711	22949	93.8%	98.2%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	26	21	0	0	0	0	26	21	47
18 to 44	0	0	7	6	0	0	0	0	7	6	13
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	33	27	0	0	0	0	33	27	60

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.

CHILDREN'S HABILITATION CENTER

121 WEST 154TH STREET

HARVEY, IL. 60426

Reference Numbers Facility ID 6001705

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	58	0	0	2	0	60
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	58	0	0	2	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	189	189
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	46	0	0	46
Hawaiian/Pac. Isl.	0	1	0	0	1
White	0	8	0	0	8
Race Unknown	0	5	0	0	5
Total	0	60	0	0	60

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	5	0	0	5
Non-Hispanic	0	55	0	0	55
Ethnicity Unknown	0	0	0	0	0
Total	0	60	0	0	60

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	8.46
LPN's	10.41
Certified Aides	62.07
Other Health Staff	19.07
Non-Health Staff	27.76
Totals	130.77

FACILITY NOTES

Bed Change 3/29/2006 Discontinued three Skilled Under 22 nursing care beds, total now 67 Skilled Under 22 nursing care beds.

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

Registered Agent Information

AMBERG,RICHARD L;MR
3415 NORTH SHERIDAN ROAD
PEORIA, IL 61604

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System	4
Alzheimer Disease	35
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	55

Date Completed
4/11/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	78	78	69	78	55	23	0	0	65	
Skilled Under 22	0	0	0	0	0	0	0	0	105	
Intermediate DD	0	0	0	0	0	0	0	0	115	
Sheltered Care	0	0	0	0	0	0	0	0	55	
TOTAL BEDS	78	78	69	78	55	23	0	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	18154	18154	63.8%	63.8%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	0	0.0%	18154	18154	63.8%	63.8%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	8	0	0	0	0	0	0	0	8	8
85+	4	43	0	0	0	0	0	0	4	43	47
TOTALS	4	51	0	0	0	0	0	0	4	51	55

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.

CHRISTIAN BUEHLER MEM HOME

3415 NORTH SHERIDAN ROAD
 PEORIA, IL. 61604

Reference Numbers Facility ID 6001721

Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	55	0	55
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	55	0	55

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	29.00
Other Health Staff	0.00
Non-Health Staff	6.00
Totals	49.00

CHRISTIAN NURSING HOME

1507 7TH STREET
LINCOLN, IL. 62656

Reference Numbers Facility ID 6001739
Health Service Area 003 Planning Service Area 107

Administrator
Charlotte Bennett

Contact Person and Telephone

Charlotte Bennett
217-732-2189

Registered Agent Information

PHILLIPPE,TIMOTHY F
200 N POSTVILLE DR
LINCOLN , IL 62656

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by 'I'

Date Completed
4/12/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System	5
Alzheimer Disease	18
Mental Illness	3
Developmental Disability	0
Circulatory System	20
Respiratory System	3
Digestive System	5
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	6
Other Medical Conditions	28
Non-Medical Conditions	0
TOTALS	101

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	112	112	104	112	101	11	110	105	107	
Skilled Under 22	0	0	0	0	0	0		0	88	
Intermediate DD	0	0	0	0	0	0		0	94	
Sheltered Care	0	0	0	0	0	0		0		101
TOTAL BEDS	112	112	104	112	101	11	110	105		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	3866	9.6%	15278	39.9%	18792	37936	92.8%	92.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	3866	9.6%	15278	39.9%	18792	37936	92.8%	92.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	1	9	0	0	0	0	0	0	1	9	10
75 to 84	7	25	0	0	0	0	0	0	7	25	32
85+	14	44	0	0	0	0	0	0	14	44	58
TOTALS	22	79	0	0	0	0	0	0	22	79	101

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.

CHRISTIAN NURSING HOME

1507 7TH STREET
 LINCOLN, IL. 62656

Reference Numbers Facility ID 6001739

Health Service Area 003 Planning Service Area 107

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	10	42	0	0	49	0	101
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	42	0	0	49	0	101

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	164	152
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	20.00
Certified Aides	50.00
Other Health Staff	4.00
Non-Health Staff	50.00
Totals	133.00

CHURCH CREEK

1200 WEST CENTRAL ROAD
 ARLINGTON HEIGHTS, IL. 60005
Reference Numbers Facility ID 6001754
 Health Service Area 007 Planning Service Area 701

Administrator

James A Boyle

Contact Person and Telephone

James A Boyle
 847-506-3223

Registered Agent Information

Date Completed
 5/31/2007

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

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System	1
Alzheimer Disease	0
Mental Illness	3
Developmental Disability	0
Circulatory System	8
Respiratory System	7
Digestive System	2
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	41

Note: Reported restrictions denoted by 'I'

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	120	63	63	63	41	79	64	0	50	
Skilled Under 22	0	0	0	0	0	0		0	399	
Intermediate DD	0	0	0	0	0	0		0	408	
Sheltered Care	0	0	0	0	0	0		0	41	
TOTAL BEDS	120	63	63	63	41	79	64	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	9204	39.4%	0	0.0%	8383	17587	40.2%	76.5%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	9204	39.4%	0	0.0%	8383	17587	40.2%	76.5%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	9	0	0	0	0	0	0	3	9	12
85+	8	16	0	0	0	0	0	0	8	16	24
TOTALS	12	29	0	0	0	0	0	0	12	29	41

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.

CHURCH CREEK

1200 WEST CENTRAL ROAD
ARLINGTON HEIGHTS, IL. 60005

Reference Numbers Facility ID 6001754

Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	16	0	0	0	25	0	41
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	0	0	0	25	0	41

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	232	189
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	40	0	0	0	40
Race Unknown	0	0	0	0	0
Total	41	0	0	0	41

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	2.00
Other Health Staff	6.00
Non-Health Staff	15.00
Totals	37.00

CISNE REHAB & HEALTH CARE CTR

P.O. BOX 370 WATKINS STREET
CISNE, IL. 62823

Reference Numbers Facility ID 6001770
Health Service Area 005 Planning Service Area 191

Administrator

Jane Owens

Contact Person and Telephone

Marikay Snyder
309-689-5880

Registered Agent Information

SNYDER,MARIKAY L
830 WEST TRAILCREEK DRIVE
PEORIA, IL 61614

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	3
Mental Illness	13
Developmental Disability	1
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	3
Non-Medical Conditions	0
TOTALS	22

Date Completed
4/5/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	35	35	26	35	22	13	0	35	25	23
Skilled Under 22	0	0	0	0	0	0	0	0		26
Intermediate DD	0	0	0	0	0	0	0	0		22
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	35	35	26	35	22	13	0	35		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	6686	52.3%	1711	8397	65.7%		65.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	6686	52.3%	1711	8397	65.7%		65.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	3	0	0	0	0	0	0	2	3	5
75 to 84	1	4	0	0	0	0	0	0	1	4	5
85+	2	8	0	0	0	0	0	0	2	8	10
TOTALS	6	16	0	0	0	0	0	0	6	16	22

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.

CISNE REHAB & HEALTH CARE CTR

P.O. BOX 370 WATKINS STREET

CISNE, IL. 62823

Reference Numbers Facility ID 6001770

Health Service Area 005 Planning Service Area 191

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	19	0	0	3	0	22
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	19	0	0	3	0	22

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	120	105
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	22	0	0	0	22
Race Unknown	0	0	0	0	0
Total	22	0	0	0	22

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	22	0	0	0	22
Ethnicity Unknown	0	0	0	0	0
Total	22	0	0	0	22

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	9.00
Other Health Staff	0.00
Non-Health Staff	13.00
Totals	29.00

CITY CARE CENTER OF ANNA

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

Registered Agent Information

STERN, ABRAHAM J.
10 SOUTH WACKER DRIVE, 40TH FL
CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	13
Mental Illness	6
Developmental Disability	5
Circulatory System	2
Respiratory System	0
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	27
Non-Medical Conditions	0
TOTALS	57

Date Completed
4/10/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	70	70	70	70	57	13	70	70	Total Admissions 2006	51
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2006	50
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2006	44
Sheltered Care	0	0	0	0	0	0	0	0		57
TOTAL BEDS	70	70	70	70	57	13	70	70		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1359	5.3%	15379	60.2%	1655	18393	72.0%		72.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1359	5.3%	15379	60.2%	1655	18393	72.0%		72.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	2	0	0	0	0	0	0	2	2	4
75 to 84	2	19	0	0	0	0	0	0	2	19	21
85+	5	23	0	0	0	0	0	0	5	23	28
TOTALS	10	47	0	0	0	0	0	0	10	47	57

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.

CITY CARE CENTER OF ANNA

315 BRADY MILL ROAD

ANNA, IL. 62906

Reference Numbers Facility ID 6001788

Health Service Area 005 Planning Service Area 181

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	46	0	1	3	0	57
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	46	0	1	3	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	92	87
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	53	0	0	0	53
Race Unknown	1	0	0	0	1
Total	57	0	0	0	57

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	3.00
Non-Health Staff	19.00
Totals	59.00

CITY CARE CENTER OF COBDEN

430 SOUTH FRONT STREET
COBDEN, IL. 62920

Reference Numbers Facility ID 6004469
Health Service Area 005 Planning Service Area 181

Administrator

Terri Hickam

Contact Person and Telephone

Dee Miller
618-893-4214

Registered Agent Information

STERN, ABRAHAM J.
10 S. WACKER DRIVE, 40TH FLOOR
CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	11
Mental Illness	42
Developmental Disability	3
Circulatory System	0
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	2
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	67

Date Completed
3/30/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	74	74	70	74	67	7	10	74	65	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0		0	34	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0		0	32	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0		0	67	
TOTAL BEDS	74	74	70	74	67	7	10	74		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	667	18.3%	19459	72.0%	3824	23950	88.7%	88.7%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	667	18.3%	19459	72.0%	3824	23950	88.7%	88.7%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	11	4	0	0	0	0	0	0	11	4	15
65 to 74	11	5	0	0	0	0	0	0	11	5	16
75 to 84	7	11	0	0	0	0	0	0	7	11	18
85+	3	5	0	0	0	0	0	0	3	5	8
TOTALS	37	30	0	0	0	0	0	0	37	30	67

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.

CITY CARE CENTER OF COBDEN

430 SOUTH FRONT STREET
 COBDEN, IL. 62920

Reference Numbers Facility ID 6004469

Health Service Area 005 Planning Service Area 181

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	1	52	8	0	6	0	67
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	52	8	0	6	0	67

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	93	87
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	61	0	0	0	61
Race Unknown	0	0	0	0	0
Total	67	0	0	0	67

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	66	0	0	0	66
Ethnicity Unknown	0	0	0	0	0
Total	67	0	0	0	67

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	0.00
Non-Health Staff	29.00
Totals	58.00

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
Lawrence J. Putz

Contact Person and Telephone

Lawrence J. Putz
847-465-0200

Registered Agent Information

STERN, ABRAHAM J
10 SOUTH WACKER DRIVE, 40TH FL
CHICAGO, IL 60606

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	8
Blood Disorders	2
*Nervous System	12
Alzheimer Disease	2
Mental Illness	1
Developmental Disability	0
Circulatory System	34
Respiratory System	9
Digestive System	5
Genitourinary System Disorders	14
Skin Disorders	4
Musculo-skeletal Disorders	14
Injuries and Poisonings	25
Other Medical Conditions	35
Non-Medical Conditions	0
TOTALS	167

Date Completed
4/11/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	200	200	179	200	167	33	200	200	176	872
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0				881
TOTAL BEDS	200	200	179	200	167	33	200	200	167	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	18002	24.7%	29344	40.2%	16204	63550	87.1%		87.1%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	18002	24.7%	29344	40.2%	16204	63550	87.1%		87.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	8	8	0	0	0	0	0	0	8	8	16
60 to 64	1	10	0	0	0	0	0	0	1	10	11
65 to 74	6	11	0	0	0	0	0	0	6	11	17
75 to 84	24	24	0	0	0	0	0	0	24	24	48
85+	17	57	0	0	0	0	0	0	17	57	74
TOTALS	56	111	0	0	0	0	0	0	56	111	167

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	42	84	0	3	38	0	167
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	42	84	0	3	38	0	167

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	350	175
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	1	0	0	0	1
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	150	0	0	0	150
Race Unknown	11	0	0	0	11
Total	167	0	0	0	167

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	156	0	0	0	156
Ethnicity Unknown	0	0	0	0	0
Total	167	0	0	0	167

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	25.24
LPN's	10.25
Certified Aides	70.93
Other Health Staff	10.67
Non-Health Staff	60.93
Totals	181.02

Claridge Healthcare Center

700 Jenkisson Avenue
Lake Bluff, IL 60044

Reference Numbers Facility ID 6005144
Health Service Area 008 Planning Service Area 097

Administrator

R. Scott O'Brien

Contact Person and Telephone

R. Scott O'Brien
847-295-3900

Registered Agent Information

Date Completed
5/22/2007

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

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	12
Blood Disorders	2
*Nervous System	12
Alzheimer Disease	10
Mental Illness	28
Developmental Disability	0
Circulatory System	22
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	4
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	110

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	Total Admissions 2006
Nursing Care	231	204	121	204	110	121	160	231	118	58
Skilled Under 22	0	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	231	204	121	204	110	121	160	231	110	66

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	2584	4.4%	32319	38.3%	5603	40506	48.0%	54.4%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2584	4.4%	32319	38.3%	5603	40506	48.0%	54.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	5	0	0	0	0	0	0	7	5	12
60 to 64	5	3	0	0	0	0	0	0	5	3	8
65 to 74	12	5	0	0	0	0	0	0	12	5	17
75 to 84	12	27	0	0	0	0	0	0	12	27	39
85+	2	32	0	0	0	0	0	0	2	32	34
TOTALS	38	72	0	0	0	0	0	0	38	72	110

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.

Claridge Healthcare Center

700 Jenkisson Avenue

Lake Bluff, IL. 60044

Reference Numbers Facility ID 6005144

Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	7	87	0	0	16	0	110
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	87	0	0	16	0	110

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	142
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	16	0	0	0	16
Amer. Indian	0	0	0	0	0
Black	11	0	0	0	11
Hawaiian/Pac. Isl.	0	0	0	0	0
White	82	0	0	0	82
Race Unknown	1	0	0	0	1
Total	110	0	0	0	110

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	104	0	0	0	104
Ethnicity Unknown	1	0	0	0	1
Total	110	0	0	0	110

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	12.00
Other Health Staff	7.00
Non-Health Staff	36.00
Totals	71.00

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 SCHLICHTING

Contact Person and Telephone
 MAUREEN A. ZUGER
 773-338-8778

Registered Agent Information
 SCHNELL,JACK
 7433 NORTH CLARK STREET
 CHICAGO , IL 60626

FACILITY OWNERSHIP
 FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

Date Completed
 4/5/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	16
Endocrine/Metabolic	21
Blood Disorders	5
*Nervous System	4
Alzheimer Disease	3
Mental Illness	54
Developmental Disability	5
Circulatory System	42
Respiratory System	27
Digestive System	12
Genitourinary System Disorders	11
Skin Disorders	9
Musculo-skeletal Disorders	3
Injuries and Poisonings	2
Other Medical Conditions	5
Non-Medical Conditions	2
TOTALS	221

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK	PEAK	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2006	Total Admissions 2006
Nursing Care	267	267	230	267	221	46	32	267	227
Skilled Under 22	0	0	0	0	0	0	0	0	401
Intermediate DD	0	0	0	0	0	0	0	0	407
Sheltered Care	0	0	0	0	0	0	0	0	221
TOTAL BEDS	267	267	230	267	221	46	32	267	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	4585	39.3%	75078	77.0%	2021	81684	83.8%	83.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	4585	39.3%	75078	77.0%	2021	81684	83.8%	83.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	33	13	0	0	0	0	0	0	33	13	46
60 to 64	17	14	0	0	0	0	0	0	17	14	31
65 to 74	38	28	0	0	0	0	0	0	38	28	66
75 to 84	21	26	0	0	0	0	0	0	21	26	47
85+	4	23	0	0	0	0	0	0	4	23	27
TOTALS	116	105	0	0	0	0	0	0	116	105	221

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.

CLARK MANOR CONVALESCENT CTR

7433 NORTH CLARK STREET

CHICAGO, IL. 60626

Reference Numbers Facility ID 6001796

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	12	198	1	0	10	0	221
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	198	1	0	10	0	221

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	110	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	71	0	0	0	71
Hawaiian/Pac. Isl.	0	0	0	0	0
White	148	0	0	0	148
Race Unknown	0	0	0	0	0
Total	221	0	0	0	221

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	5.00
Certified Aides	63.00
Other Health Staff	9.00
Non-Health Staff	67.00
Totals	162.00

FACILITY NOTES

Bed Change 7/31/2006 Facility discontinued six nursing care beds, total now 267 nursing care beds.

CLARK-LINDSEY VILLAGE

101 WEST WINDSOR ROAD
URBANA, IL. 61802

Reference Numbers Facility ID 6001804
Health Service Area 004 Planning Service Area 019

Administrator
CLIFFORD E. INGERSOLL

Contact Person and Telephone

Debra S. Reardanz
217-344-2144

Registered Agent Information

PAINE,GLEN;MR.
502 WEST WINDSOR,P.O.BOX 3309
CHAMPAIGN , IL 61826

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	20
Alzheimer Disease	16
Mental Illness	15
Developmental Disability	0
Circulatory System	20
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	85

Date Completed
4/6/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	76	76	63	76	62	14	15	0	71	110
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	40	40	29	30	23	17				96
TOTAL BEDS	116	116	92	106	85	31	15	0	85	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2132	38.9%	0	0.0%	17846	19978	72.0%		72.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					9093	9093	62.3%		62.3%	
TOTALS	2132	38.9%	0	0.0%	26939	29071	68.7%		68.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	0	0	0	0	0	0	1	3	1	4
75 to 84	1	8	0	0	0	0	1	5	2	13	15
85+	16	33	0	0	0	0	6	10	22	43	65
TOTALS	20	42	0	0	0	0	7	16	27	58	85

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.

CLARK-LINDSEY VILLAGE
 101 WEST WINDSOR ROAD
 URBANA, IL. 61802

Reference Numbers Facility ID 6001804
 Health Service Area 004 Planning Service Area 019

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	10	0	0	0	52	0	62
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	23	0	23
TOTALS	10	0	0	0	75	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	314	200
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	179	142

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	61	0	0	23	84
Race Unknown	0	0	0	0	0
Total	62	0	0	23	85

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	62	0	0	23	85
Ethnicity Unknown	0	0	0	0	0
Total	62	0	0	23	85

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	37.00
Other Health Staff	10.00
Non-Health Staff	62.00
Totals	132.00

Classic Residence by Hyatt Care Center

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

ILLINOIS CORP SERVICE COMPANY
801 ADLAI STEVENSON DRIVE
SPRINGFIELD, IL 62703

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System	2
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	6
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	20

Date Completed
4/12/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	38	27	22	27	20	18	38	0	18	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		0		
TOTAL BEDS	38	27	22	27	20	18	38	0	Resident on 12/31/2006	20

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	105	0.8%	0	0.0%	6680	6785	48.9%		68.8%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	105	0.8%	0	0.0%	6680	6785	48.9%		68.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	7	0	0	0	0	0	0	0	7	7
85+	6	7	0	0	0	0	0	0	6	7	13
TOTALS	6	14	0	0	0	0	0	0	6	14	20

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.

Classic Residence by Hyatt Care Center2401 Indigo Lane
GLENVIEW, IL. 60026

Reference Numbers Facility ID 6015689

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	0	0	0	15	0	20
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	0	0	0	15	0	20

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	286	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.10
Director of Nursing	1.00
Registered Nurses	4.20
LPN's	0.00
Certified Aides	9.80
Other Health Staff	0.00
Non-Health Staff	17.50
Totals	33.60

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
 Bonnie Breese

Contact Person and Telephone

Bonnie Breese
 309-785-5012

Registered Agent Information

MONARI,SANDRA J.
 P.O. BOX 226
 LEWISTOWN , IL 61542

FACILITY OWNERSHIP
 COUNTY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	12
Mental Illness	6
Developmental Disability	1
Circulatory System	15
Respiratory System	1
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	42

Date Completed
 4/9/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	49	49	49	49	42	7	0	49	48	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0	0	0	24	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0	0	0	30	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0	0	0	42	
TOTAL BEDS	49	49	49	49	42	7	0	49		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	11928	66.7%	5057	16985	95.0%	95.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	11928	66.7%	5057	16985	95.0%	95.0%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	0	0	0	0	0	0	0	1	0	1
65 to 74	3	0	0	0	0	0	0	0	3	0	3
75 to 84	3	8	0	0	0	0	0	0	3	8	11
85+	2	24	0	0	0	0	0	0	2	24	26
TOTALS	10	32	0	0	0	0	0	0	10	32	42

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.

CLAYBERG-FULTON CO NURSING

625 EAST MONROE STREET
 CUBA, IL. 61427

Reference Numbers Facility ID 6001838

Health Service Area 002 Planning Service Area 057

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	24	0	0	18	0	42
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	24	0	0	18	0	42

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	18.00
Other Health Staff	1.00
Non-Health Staff	21.00
Totals	49.00

CLAYTON RESIDENTIAL HOME

2026 NORTH CLARK STREET
CHICAGO, IL. 60614

Reference Numbers Facility ID 6001846
Health Service Area 006 Planning Service Area 602

Administrator
Barbara J. Thomas

Contact Person and Telephone

Rick Duros
847-441-8200

Registered Agent Information

SHLOFROCK,LEON;MR.
465 CENTRAL AVENUE, SUITE 100
NORTHFIELD , IL 60093

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	227
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	227

Date Completed
4/5/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	247	247	240	246	227	20	0	252	240
Skilled Under 22	0	0	0	0	0	0	0	0	54
Intermediate DD	0	0	0	0	0	0	0	0	67
Sheltered Care	0	0	0	0	0	0	0	0	227
TOTAL BEDS	247	247	240	246	227	20	0	252	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	84453	91.8%	201	84654	93.9%	93.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	0	0.0%	84453	91.8%	201	84654	93.9%	93.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	39	11	0	0	0	0	0	0	39	11	50
45 to 59	88	50	0	0	0	0	0	0	88	50	138
60 to 64	10	7	0	0	0	0	0	0	10	7	17
65 to 74	13	6	0	0	0	0	0	0	13	6	19
75 to 84	1	1	0	0	0	0	0	0	1	1	2
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	151	76	0	0	0	0	0	0	151	76	227

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.

CLAYTON RESIDENTIAL HOME

2026 NORTH CLARK STREET
 CHICAGO, IL. 60614

Reference Numbers Facility ID 6001846

Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	227	0	0	0	0	227
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	227	0	0	0	0	227

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	0	0	0	0	0
Black	73	0	0	0	73
Hawaiian/Pac. Isl.	1	0	0	0	1
White	149	0	0	0	149
Race Unknown	0	0	0	0	0
Total	227	0	0	0	227

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	14	0	0	0	14
Non-Hispanic	213	0	0	0	213
Ethnicity Unknown	0	0	0	0	0
Total	227	0	0	0	227

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	3.90
Certified Aides	38.00
Other Health Staff	37.50
Non-Health Staff	28.50
Totals	113.90

CLEARBROOK CENTER

3201 CAMPBELL STREET
ROLLING MEADOWS, IL. 60008

Reference Numbers Facility ID 6001853
Health Service Area 007 Planning Service Area 701

Administrator

Joe Lawler

Contact Person and Telephone

JOE LAWLER
847-255-0120 x119

Registered Agent Information

LAMELL,CARL
1835 WEST CENTRAL ROAD
ARLINGTON HEIGHT, IL 60005

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/10/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	91
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	6
Intermediate DD	92	92	92	92	91	1		92	Total Discharges 2006	6
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2006	91
TOTAL BEDS	92	92	92	92	91	1	0	92		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%		0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			32610	97.1%	0	32610	97.1%		97.1%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	32610	97.1%	0	32610	97.1%		97.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	25	22	0	0	25	22	47
45 to 59	0	0	0	0	17	14	0	0	17	14	31
60 to 64	0	0	0	0	2	1	0	0	2	1	3
65 to 74	0	0	0	0	5	3	0	0	5	3	8
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	51	40	0	0	51	40	91

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.

CLEARBROOK CENTER

3201 CAMPBELL STREET
 ROLLING MEADOWS, IL. 60008

Reference Numbers Facility ID 6001853

Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		91	0	0	0	0	91
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	0	0
Skilled Under 22	0	0
Intermediate DD	150	150
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	2	0	2
Amer. Indian	0	0	0	0	0
Black	0	0	7	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	82	0	82
Race Unknown	0	0	0	0	0
Total	0	0	91	0	91

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	3	0	3
Non-Hispanic	0	0	88	0	88
Ethnicity Unknown	0	0	0	0	0
Total	0	0	91	0	91

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	43.00
Other Health Staff	0.00
Non-Health Staff	27.00
Totals	81.00

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
Steven St. Louis

Contact Person and Telephone
Steven St. Louis
847-473-2891

Registered Agent Information

LAMELL,CARL
1835 WEST CENTRAL ROAD
ARLINGTON HEIGHT, IL 60005

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/10/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5803	99.4%	0	5803	99.4%	99.4%	99.4%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5803	99.4%	0	5803	99.4%	99.4%	99.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	2	0	0	0	2	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	0	16	0	0	0	16	16

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.

CLEARBROOK EAST

3802 SOUTH OLD WILKE ROAD
 ROLLING MEADOWS, IL. 60008

Reference Numbers Facility ID 6010508

Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.15
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	12.50
Other Health Staff	1.00
Non-Health Staff	2.00
Totals	17.65

CLEARBROOK WEST

3980 FAIRFAX
 ROLLING MEADOWS, IL. 60008
Reference Numbers Facility ID 6010516
 Health Service Area 007 Planning Service Area 701

Administrator
 Steven St. Louis

Contact Person and Telephone
 Steven St. Louis
 847-473-2891

Registered Agent Information

LAMELL,CARL A.
 1835 WEST CENTRAL ROAD
 ARLINGTON HEIGHT, IL 60005

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
 4/10/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	15	1	16	16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	15
TOTAL BEDS	16	16	16	16	15	1	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5640	96.6%	0	5640	96.6%	96.6%	96.6%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5640	96.6%	0	5640	96.6%	96.6%	96.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	15	0	0	0	15	0	15

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.

CLEARBROOK WEST

3980 FAIRFAX

ROLLING MEADOWS, IL. 60008

Reference Numbers Facility ID 6010516

Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.15
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	12.50
Other Health Staff	1.00
Non-Health Staff	2.00
Totals	17.65

CLEARBROOK-WRIGHT HOME

34377 NORTH ALMOND ROAD
GURNEE, IL. 60031

Reference Numbers Facility ID 6013296
Health Service Area 008 Planning Service Area 097

Administrator
Steven St. Louis

Contact Person and Telephone

Steven St. Louis
847-473-2891

Registered Agent Information

LAMELL,CARL M
1835 WEST CENTRAL ROAD
ARLINGTON HEIGHT, IL 60005

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/10/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	16	0	0	15	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	16	0	0	15		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5774	105.5%	0	5774	98.9%	98.9%	98.9%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5774	105.5%	0	5774	98.9%	98.9%	98.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	5	0	0	6	5	11
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	9	7	0	0	9	7	16

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.

CLEARBROOK-WRIGHT HOME

34377 NORTH ALMOND ROAD
GURNEE, IL. 60031

Reference Numbers Facility ID 6013296

Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	169	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.15
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	2.00
Certified Aides	12.50
Other Health Staff	1.00
Non-Health Staff	3.00
Totals	22.65

CLINTON MANOR - DD

111 EAST ILLINOIS STREET
NEW BADEN, IL. 62265

Reference Numbers Facility ID 6016075
Health Service Area 011 Planning Service Area 027

Administrator

Michael Brave

Contact Person and Telephone

Michael Brave
618-588-2066

Registered Agent Information

BODEWES,HERMAN G
1 W OLD STATE CAPITOL PLZ #600
SPRINGFIELD , IL 62701

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

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

Date Completed
4/10/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	47	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0	0	0	7	Total Discharges 2006
Intermediate DD	50	50	50	50	49	1	0	0	5	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0	0	0	49	
TOTAL BEDS	50	50	50	50	49	1	0	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			16982	#Div/0!	0	16982	93.1%	93.1%	93.1%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	16982	0.0%	0	16982	93.1%	93.1%	93.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	15	0	0	5	15	20
45 to 59	0	0	0	0	4	13	0	0	4	13	17
60 to 64	0	0	0	0	1	2	0	0	1	2	3
65 to 74	0	0	0	0	3	2	0	0	3	2	5
75 to 84	0	0	0	0	1	1	0	0	1	1	2
85+	0	0	0	0	1	1	0	0	1	1	2
TOTALS	0	0	0	0	15	34	0	0	15	34	49

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.

CLINTON MANOR - DD

111 EAST ILLINOIS STREET
 NEW BADEN, IL. 62265

Reference Numbers Facility ID 6016075

Health Service Area 011 Planning Service Area 027

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		49	0	0	0	0	49
Sheltered Care			0	0	0	0	0
TOTALS	0	49	0	0	0	0	49

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	5	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	44	0	44
Race Unknown	0	0	0	0	0
Total	0	0	49	0	49

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	49	0	49
Ethnicity Unknown	0	0	0	0	0
Total	0	0	49	0	49

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	30.00
Other Health Staff	4.00
Non-Health Staff	22.00
Totals	64.00

CLINTON MANOR LIVING CENTER SNF

111 EAST ILLINOIS STREET
NEW BADEN, IL. 62265

Reference Numbers Facility ID 6001887
Health Service Area 011 Planning Service Area 027

Administrator
Michael Brave

Contact Person and Telephone

Michael Brave
618-588-2066

Registered Agent Information

OKAZAKI,ROBERT;MR.
1841 BUSSE HIGHWAY
DES PLAINES , IL 60016

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	13
Mental Illness	4
Developmental Disability	3
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	0
Non-Medical Conditions	0
TOTALS	35

Date Completed
4/10/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	35	35	35	35	35	0	35	35	30	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0	0	0	21	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0	0	0	16	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0	0	0	35	
TOTAL BEDS	35	35	35	35	35	0	35	35		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	858	6.7%	7125	55.8%	3339	11322	88.6%	88.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	858	6.7%	7125	55.8%	3339	11322	88.6%	88.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	2	0	0	0	0	0	0	0	2	2
65 to 74	0	3	0	0	0	0	0	0	0	3	3
75 to 84	4	7	0	0	0	0	0	0	4	7	11
85+	1	15	0	0	0	0	0	0	1	15	16
TOTALS	7	28	0	0	0	0	0	0	7	28	35

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.

CLINTON MANOR LIVING CENTER SNF

111 EAST ILLINOIS STREET
 NEW BADEN, IL. 62265

Reference Numbers Facility ID 6001887

Health Service Area 011 Planning Service Area 027

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	1	24	0	0	10	0	35
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	24	0	0	10	0	35

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	105
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	34	0	0	0	34
Race Unknown	0	0	0	0	0
Total	35	0	0	0	35

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.50
LPN's	4.00
Certified Aides	9.00
Other Health Staff	0.00
Non-Health Staff	22.00
Totals	38.50

FACILITY NOTES

Bed Change 7/1/2006 Added two nursing care beds, total now 35 nursing care beds.

COLLINS SQUARE

145 SOUTH CROSSWELL AVENUE
BRADLEY, IL. 60915

Reference Numbers Facility ID 6001911
Health Service Area 009 Planning Service Area 091

Administrator

Anna Corso

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/7/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	12
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	2
Intermediate DD	16	16	12	16	5		16	Total Discharges 2006	3
Sheltered Care	0	0	0	0	0			Residents on 12/31/2006	11
TOTAL BEDS	16	16	12	16	5	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			2726	46.7%	0	2726	46.7%	46.7%	46.7%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	2726	46.7%	0	2726	46.7%	46.7%	46.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	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	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	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	7	0	0	4	7	11

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.

COLLINS SQUARE

145 SOUTH CROSSWELL AVENUE
BRADLEY, IL. 60915

Reference Numbers Facility ID 6001911

Health Service Area 009 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	126	126
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.18
LPN's	0.00
Certified Aides	6.55
Other Health Staff	0.63
Non-Health Staff	1.79
Totals	9.40

FACILITY NOTES

- E-175-05 4/1/2006 Change of ownership occurred.
- E-175-05 2/9/2006 Change of ownership exemption granted.

COLLINSVILLE REHAB & H.C.C.

614 NORTH SUMMIT
 COLLINSVILLE, IL. 62234
Reference Numbers Facility ID 6007496
 Health Service Area 011 Planning Service Area 119

Administrator

Verna Germanceri

Contact Person and Telephone

Marikay Snyder
 309-689-5880

Registered Agent Information

SNYDER,MARIKAY
 830 W. TRAILCREEK DRIVE
 PEORIA, IL 61614

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System	2
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	2
Circulatory System	13
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	3
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	55

Date Completed
 4/7/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	100	100	59	100	55	45	11	100	59	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		0		
TOTAL BEDS	100	100	59	100	55	45	11	100	59	29
									Total Admissions 2006	29
									Total Discharges 2006	33
									Residents on 12/31/2006	55

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	714	17.8%	16547	45.3%	3750	21011	57.6%		57.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	714	17.8%	16547	45.3%	3750	21011	57.6%		57.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	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	6	4	0	0	0	0	0	0	6	4	10
75 to 84	4	16	0	0	0	0	0	0	4	16	20
85+	4	17	0	0	0	0	0	0	4	17	21
TOTALS	15	40	0	0	0	0	0	0	15	40	55

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.

COLLINSVILLE REHAB & H.C.C.

614 NORTH SUMMIT
 COLLINSVILLE, IL. 62234

Reference Numbers Facility ID 6007496

Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	1	44	0	0	10	0	55
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	44	0	0	10	0	55

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	51	0	0	0	51
Race Unknown	0	0	0	0	0
Total	55	0	0	0	55

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	54	0	0	0	54
Ethnicity Unknown	0	0	0	0	0
Total	55	0	0	0	55

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	17.00
Other Health Staff	16.00
Non-Health Staff	2.00
Totals	44.00

FACILITY NOTES

- Name Change 9/14/2006 Name changed from Collinsville Care Center.
- E-026-06 9/14/2006 Change of ownership occurred.
- E-026-06 5/18/2006 Change of ownership exemption approved.

Colonial Apartments

920 West Fourth Street
CENTRALIA, IL. 62801

Reference Numbers Facility ID 6001937
Health Service Area 011 Planning Service Area 027

Administrator

Cara Patterson

Contact Person and Telephone

Cara Patterson
618-533-1199

Registered Agent Information

CRAIN,WILLIAM P;MR
623 EAST BROADWAY
CENTRALIA , IL 62801

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/20/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	13
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	4
Intermediate DD	16	16	16	16	15	1		16	Total Discharges 2006	2
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2006	15
TOTAL BEDS	16	16	16	16	15	1	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%		0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			5231	89.6%	0	5231	89.6%		89.6%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	5231	89.6%	0	5231	89.6%		89.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	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	10	5	0	0	10	5	15

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.

Colonial Apartments920 West Fourth Street
CENTRALIA, IL. 62801**Reference Numbers** Facility ID 6001937

Health Service Area 011 Planning Service Area 027

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	111	111
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	10.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	13.00

COLONIAL HALL REHAB & NRSRG CENTER

515 BUREAU VALLEY PARKWAY
PRINCETON, IL. 61356

Reference Numbers Facility ID 6001945
Health Service Area 002 Planning Service Area 011

Administrator

Robert Yearian

Contact Person and Telephone

Robert Yearian
815-875-3347

Registered Agent Information

SCHWARTZ,LAWRENCE Y
7366 NORTH LINCOLN, SUITE 404
LINCOLNWOOD , IL 60712

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System	6
Alzheimer Disease	2
Mental Illness	4
Developmental Disability	0
Circulatory System	22
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	10
Injuries and Poisonings	6
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	79

Date Completed
4/9/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	88	88	85	87	79	9	88	88	Total Admissions 2006	119
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2006	110
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2006	79
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	88	88	85	87	79	9	88	88		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	4352	13.5%	14623	45.5%	8877	27852	86.7%		86.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	4352	13.5%	14623	45.5%	8877	27852	86.7%		86.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	3	0	0	0	0	0	0	0	3	3
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+	11	33	0	0	0	0	0	0	11	33	44
TOTALS	21	58	0	0	0	0	0	0	21	58	79

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.

COLONIAL HALL REHAB & NRSNG CENTER

515 BUREAU VALLEY PARKWAY
 PRINCETON, IL. 61356

Reference Numbers Facility ID 6001945

Health Service Area 002 Planning 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	8	39	0	1	31	0	79
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	39	0	1	31	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	169	122
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	78	0	0	0	78
Ethnicity Unknown	0	0	0	0	0
Total	79	0	0	0	79

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	9.00
Certified Aides	28.00
Other Health Staff	1.00
Non-Health Staff	23.00
Totals	71.00

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

Mark Black
217-446-0660

Registered Agent Information

HART,CRAIG
115 W JEFFERSON STR, POB 3188
BLOOMINGTON , IL 61701

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System	8
Alzheimer Disease	11
Mental Illness	17
Developmental Disability	0
Circulatory System	15
Respiratory System	2
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	71

Date Completed
4/10/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	83	82	81	82	71	12	83	83	74	146
Skilled Under 22	0	0	0	0	0	0		0		149
Intermediate DD	0	0	0	0	0	0		0		71
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	83	82	81	82	71	12	83	83		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3827	12.6%	12672	41.8%	10802	27301	90.1%		91.2%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	3827	12.6%	12672	41.8%	10802	27301	90.1%		91.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	0	23	0	0	0	0	0	0	0	23	23
85+	2	43	0	0	0	0	0	0	2	43	45
TOTALS	2	69	0	0	0	0	0	0	2	69	71

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.

COLONIAL MANOR

620 WARRINGTON
 DANVILLE, IL. 61832

Reference Numbers Facility ID 6001952

Health Service Area 004 Planning Service Area 183

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	11	31	0	0	29	0	71
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	31	0	0	29	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	176	153
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	70	0	0	0	70
Race Unknown	0	0	0	0	0
Total	71	0	0	0	71

ETHNICITY	Nursing	SkilUnd22	ICF/DD	Shelter	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

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	0.00
Non-Health Staff	24.00
Totals	59.00

Colonial Manor

300 Church Street
Ziegler, IL. 62999

Reference Numbers Facility ID 6010151
Health Service Area 005 Planning Service Area 055

Administrator

Linda Gregory

Contact Person and Telephone

Greg Moore
618-596-6635

Registered Agent Information

RENDELMAN,JOHN S.
2001 WEST MAIN STREET,STE 1570
CARBONDALE , IL 62901

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

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

Date Completed
4/16/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	43
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	5
Intermediate DD	49	49	45	49	43	6		49	Total Discharges 2006	5
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2006	43
TOTAL BEDS	49	49	45	49	43	6	0	49		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%		0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			16015	89.5%	7	16022	89.6%		89.6%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	16015	89.5%	7	16022	89.6%		89.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	13	11	0	0	13	11	24
60 to 64	0	0	0	0	1	3	0	0	1	3	4
65 to 74	0	0	0	0	3	3	0	0	3	3	6
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	22	21	0	0	22	21	43

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.

Colonial Manor

300 Church Street

Ziegler, IL. 62999

Reference Numbers Facility ID 6010151

Health Service Area 005 Planning Service Area 055

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		43	0	0	0	0	43
Sheltered Care			0	0	0	0	0
TOTALS	0	43	0	0	0	0	43

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	117	117
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	39	0	39
Race Unknown	0	0	0	0	0
Total	0	0	43	0	43

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	41	0	41
Ethnicity Unknown	0	0	0	0	0
Total	0	0	43	0	43

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	5.00
Certified Aides	24.00
Other Health Staff	3.00
Non-Health Staff	12.00
Totals	46.00

COLONIAL PLAZA

618 WEST GOODNER STREET
NASHVILLE, IL. 62263

Reference Numbers Facility ID 6001978
Health Service Area 005 Planning Service Area 189

Administrator

Deborah A. Williams

Contact Person and Telephone

James T. Dodson
618-327-9846

Registered Agent Information

DODSON,JANE M.
15755 NIXON ROAD
NASHVILLE , IL 62863

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/22/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	8	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0	0	4	Total Discharges 2006
Intermediate DD	16	16	10	16	4	12	16	4	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0			
TOTAL BEDS	16	16	10	16	4	12	0	16	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			2534	43.4%	0	2534	43.4%	43.4%	43.4%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	2534	43.4%	0	2534	43.4%	43.4%	43.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	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	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	0	4	0	0	0	4	4

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.

COLONIAL PLAZA

618 WEST GOODNER STREET
 NASHVILLE, IL. 62263

Reference Numbers Facility ID 6001978

Health Service Area 005 Planning Service Area 189

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	108	108
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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

COLUMBIA CONVALESCENT CENTER

253 BRADINGTON DRIVE
COLUMBIA, IL. 62236

Reference Numbers Facility ID 6013106
Health Service Area 011 Planning Service Area 133

Administrator

David Wendler

Contact Person and Telephone

LISA KRAUS
618-281-6800

Registered Agent Information

WOLF,STEVEN C;MR
2810 FRANK SCOTT PKWY W,STE820
BELLEVILLE , IL 62223

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	4
*Nervous System	9
Alzheimer Disease	1
Mental Illness	15
Developmental Disability	0
Circulatory System	16
Respiratory System	2
Digestive System	4
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	8
Injuries and Poisonings	38
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	102

Date Completed
4/10/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	119	115	115	115	102	17	18	80	104
Skilled Under 22	0	0	0	0	0	0	0	0	103
Intermediate DD	0	0	0	0	0	0	0	0	105
Sheltered Care	0	0	0	0	0	0	0	0	102
TOTAL BEDS	119	115	115	115	102	17	18	80	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1996	30.4%	20253	69.4%	17346	39595	91.2%	94.3%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	1996	30.4%	20253	69.4%	17346	39595	91.2%	94.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	4	0	0	0	0	0	0	1	4	5
75 to 84	10	21	0	0	0	0	0	0	10	21	31
85+	8	55	0	0	0	0	0	0	8	55	63
TOTALS	20	82	0	0	0	0	0	0	20	82	102

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.

COLUMBIA CONVALESCENT CENTER253 BRADINGTON DRIVE
COLUMBIA, IL. 62236

Reference Numbers Facility ID 6013106

Health Service Area 011 Planning Service Area 133

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	3	51	0	0	48	0	102
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	51	0	0	48	0	102

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	201	146
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	102	0	0	0	102
Ethnicity Unknown	0	0	0	0	0
Total	102	0	0	0	102

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	14.00
Certified Aides	48.00
Other Health Staff	52.00
Non-Health Staff	0.00
Totals	120.00

Columbus Manor Residential

5107-21 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

O'BRIEN,PATRICK J.;MR.
5107 WEST JACKSON BOULEVARD
CHICAGO , IL 60644

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/26/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	189	189	154	189	44	54	216	154	
Skilled Under 22	0	0	0	0	0		0	67	
Intermediate DD	0	0	0	0	0		0	76	
Sheltered Care	0	0	0	0	0			145	
TOTAL BEDS	189	189	154	189	44	54	216		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	56210	285.2%	0	0.0%	0	56210	81.5%	81.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	56210	285.2%	0	0.0%	0	56210	81.5%	81.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	20	6	0	0	0	0	0	0	20	6	26
45 to 59	35	20	0	0	0	0	0	0	35	20	55
60 to 64	11	7	0	0	0	0	0	0	11	7	18
65 to 74	8	13	0	0	0	0	0	0	8	13	21
75 to 84	7	13	0	0	0	0	0	0	7	13	20
85+	0	5	0	0	0	0	0	0	0	5	5
TOTALS	81	64	0	0	0	0	0	0	81	64	145

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.

Columbus Manor Residential

5107-21 West Jackson Blvd
CHICAGO, IL. 60644

Reference Numbers Facility ID 6001994

Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	145	0	0	0	0	145
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	145	0	0	0	0	145

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	77	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	92	0	0	0	92
Hawaiian/Pac. Isl.	0	0	0	0	0
White	50	0	0	0	50
Race Unknown	3	0	0	0	3
Total	145	0	0	0	145

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	142	0	0	0	142
Ethnicity Unknown	0	0	0	0	0
Total	145	0	0	0	145

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	16.00
Other Health Staff	0.00
Non-Health Staff	21.00
Totals	47.00

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
Martin Lee

Contact Person and Telephone

Martin Lee
773-287-5959

Registered Agent Information

ROTHNER, ERIC A.
2201 MAIN STREET
EVANSTON, IL 60202

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	10
Endocrine/Metabolic	18
Blood Disorders	8
*Nervous System	3
Alzheimer Disease	8
Mental Illness	62
Developmental Disability	4
Circulatory System	32
Respiratory System	32
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	193

Date Completed
4/11/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	216	216	210	216	23	108	216	Residents on 1/1/2006	188
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	82
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	77
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	193
TOTAL BEDS	216	216	210	216	23	108	216		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	2699	6.8%	67749	85.9%	748	71196	90.3%	90.3%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2699	6.8%	67749	85.9%	748	71196	90.3%	90.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	20	24	0	0	0	0	0	0	20	24	44
45 to 59	29	34	0	0	0	0	0	0	29	34	63
60 to 64	9	7	0	0	0	0	0	0	9	7	16
65 to 74	13	17	0	0	0	0	0	0	13	17	30
75 to 84	10	13	0	0	0	0	0	0	10	13	23
85+	7	10	0	0	0	0	0	0	7	10	17
TOTALS	88	105	0	0	0	0	0	0	88	105	193

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.

COLUMBUS PARK N & REHAB CENTER901 SOUTH AUSTIN
CHICAGO, IL. 60644

Reference Numbers Facility ID 6002067

Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	184	0	0	1	0	193
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	184	0	0	1	0	193

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	111	0	0	0	111
Hawaiian/Pac. Isl.	0	0	0	0	0
White	79	0	0	0	79
Race Unknown	0	0	0	0	0
Total	193	0	0	0	193

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	190	0	0	0	190
Ethnicity Unknown	0	0	0	0	0
Total	193	0	0	0	193

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	11.00
LPN's	12.00
Certified Aides	57.00
Other Health Staff	6.00
Non-Health Staff	46.00
Totals	136.00

Community Care

4314 South Wabash Avenue
 CHICAGO, IL. 60653
Reference Numbers Facility ID 6002026
 Health Service Area 006 Planning Service Area 603

Administrator

Denise Martin

Contact Person and Telephone

DENISE JACKSON
 773-538-8300

Registered Agent Information

WEINFELD,AVRUM
 6865 N. LINCOLN AVE.
 LINCOLNWOOD, IL 60712

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	25
Blood Disorders	4
*Nervous System	18
Alzheimer Disease	6
Mental Illness	42
Developmental Disability	0
Circulatory System	31
Respiratory System	15
Digestive System	7
Genitourinary System Disorders	9
Skin Disorders	10
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	188

Date Completed
 5/15/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	Total Admissions 2006
Nursing Care	204	204	188	204	188	16	56	204	201	113
Skilled Under 22	0	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	204	204	188	204	188	16	56	204		188

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	6205	30.4%	62415	83.8%	0	68620	92.2%	92.2%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	6205	30.4%	62415	83.8%	0	68620	92.2%	92.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	12	20	0	0	0	0	0	0	12	20	32
45 to 59	30	10	0	0	0	0	0	0	30	10	40
60 to 64	14	18	0	0	0	0	0	0	14	18	32
65 to 74	13	12	0	0	0	0	0	0	13	12	25
75 to 84	34	15	0	0	0	0	0	0	34	15	49
85+	4	6	0	0	0	0	0	0	4	6	10
TOTALS	107	81	0	0	0	0	0	0	107	81	188

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.

Community Care

4314 South Wabash Avenue
CHICAGO, IL. 60653

Reference Numbers Facility ID 6002026

Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	17	171	0	0	0	0	188
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	171	0	0	0	0	188

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	110	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	180	0	0	0	180
Hawaiian/Pac. Isl.	0	0	0	0	0
White	8	0	0	0	8
Race Unknown	0	0	0	0	0
Total	188	0	0	0	188

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	186	0	0	0	186
Ethnicity Unknown	0	0	0	0	0
Total	188	0	0	0	188

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	58.00
Other Health Staff	15.00
Non-Health Staff	65.00
Totals	158.00

FACILITY NOTES

Name Change	10/31/2006	Name changed from Community Care Center.
E-061-06	10/31/2006	Change of ownership occurred.
E-061-06	8/26/2006	Change of ownership exemption approved.

COMMUNITY MED. CTR. OF WESTERN

1000 WEST HARLEM AVENUE
 MONMOUTH, IL. 61462
Reference Numbers Facility ID 6002042
 Health Service Area 002 Planning Service Area 071

Administrator
 SUSAN A. HIGBEE

Contact Person and Telephone

SUSAN A. HIGBEE
 309-734-1408, ext. 437

Registered Agent Information

Date Completed
 4/12/2007

ADMISSION RESTRICTIONS

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

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System	1
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	34

Note: Reported restrictions denoted by 'I'

FACILITY OWNERSHIP
 OTHER NON-PROFIT

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	45	43	36	43	34	11	15	10	35	56
Skilled Under 22	0	0	0	0	0	0		0		57
Intermediate DD	0	0	0	0	0	0		0		34
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	45	43	36	43	34	11	15	10		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	333	6.1%	0	0.0%	11793	12126	73.8%	77.3%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	333	6.1%	0	0.0%	11793	12126	73.8%	77.3%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	0	7	0	0	0	0	0	0	0	7	7
85+	3	22	0	0	0	0	0	0	3	22	25
TOTALS	3	31	0	0	0	0	0	0	3	31	34

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.

COMMUNITY MED. CTR. OF WESTERN

1000 WEST HARLEM AVENUE
 MONMOUTH, IL. 61462

Reference Numbers Facility ID 6002042

Health Service Area 002 Planning Service Area 071

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	2	0	0	0	32	0	34
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	0	0	0	32	0	34

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	149	127
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.40
LPN's	8.70
Certified Aides	16.70
Other Health Staff	0.80
Non-Health Staff	1.50
Totals	33.10

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
 Steve Jeremias

Contact Person and Telephone

Steve Jeremias
 630-355-3300

Registered Agent Information

STERN, ABRAHAM J
 10 SOUTH WACKER DRIVE, 40TH FL
 CHICAGO, IL 60606

FACILITY OWNERSHIP
 LIMITED LIABILITY CO

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	23
Mental Illness	0
Developmental Disability	1
Circulatory System	22
Respiratory System	21
Digestive System	6
Genitourinary System Disorders	8
Skin Disorders	0
Musculo-skeletal Disorders	28
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	122

Date Completed
 4/12/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	153	149	148	149	31	153	153	143	216
Skilled Under 22	0	0	0	0	0		0		237
Intermediate DD	0	0	0	0	0		0		122
Sheltered Care	0	0	0	0	0				
TOTAL BEDS	153	149	148	149	31	153	153		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	5474	9.8%	35707	63.9%	8387	49568	88.8%	91.1%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	5474	9.8%	35707	63.9%	8387	49568	88.8%	91.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	4	7	0	0	0	0	0	0	4	7	11
60 to 64	1	5	0	0	0	0	0	0	1	5	6
65 to 74	2	6	0	0	0	0	0	0	2	6	8
75 to 84	8	29	0	0	0	0	0	0	8	29	37
85+	11	48	0	0	0	0	0	0	11	48	59
TOTALS	27	95	0	0	0	0	0	0	27	95	122

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.

COMMUNITY NSG & REHAB CENTER1136 NORTH MILL STREET
NAPERVILLE, IL. 60563

Reference Numbers Facility ID 6006175

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	7	91	0	0	24	0	122
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	91	0	0	24	0	122

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	177
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	116	0	0	0	116
Race Unknown	0	0	0	0	0
Total	122	0	0	0	122

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	120	0	0	0	120
Ethnicity Unknown	0	0	0	0	0
Total	122	0	0	0	122

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	43.00
Other Health Staff	0.00
Non-Health Staff	46.00
Totals	113.00

CONCORD EXTENDED CARE

9401 SOUTH RIDGELAND AVENUE
OAK LAWN, IL. 60453

Reference Numbers Facility ID 6002059
Health Service Area 007 Planning Service Area 705

Administrator
David Berkowitz

Contact Person and Telephone

David Berkowitz
708-599-6700

Registered Agent Information

MAGENCE,MEYER
8320 SKOKIE BOULEVARD
SKOKIE, IL 60077

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System	11
Alzheimer Disease	12
Mental Illness	3
Developmental Disability	0
Circulatory System	42
Respiratory System	4
Digestive System	5
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	11
Injuries and Poisonings	0
Other Medical Conditions	9
Non-Medical Conditions	1
TOTALS	106

Date Completed
4/16/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	134	134	121	134	28	134	134	Residents on 1/1/2006	106
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	143
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	143
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	106
TOTAL BEDS	134	134	121	134	28	134	134		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	4099	8.4%	27210	55.6%	8856	40165	82.1%		82.1%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	4099	8.4%	27210	55.6%	8856	40165	82.1%		82.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	2	7	0	0	0	0	0	0	2	7	9
60 to 64	5	3	0	0	0	0	0	0	5	3	8
65 to 74	6	8	0	0	0	0	0	0	6	8	14
75 to 84	9	26	0	0	0	0	0	0	9	26	35
85+	5	34	0	0	0	0	0	0	5	34	39
TOTALS	27	79	0	0	0	0	0	0	27	79	106

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.

CONCORD EXTENDED CARE

9401 SOUTH RIDGELAND AVENUE
OAK LAWN, IL. 60453

Reference Numbers Facility ID 6002059

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	13	76	0	0	17	0	106
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	76	0	0	17	0	106

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	151	119
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	47	0	0	0	47
Hawaiian/Pac. Isl.	0	0	0	0	0
White	57	0	0	0	57
Race Unknown	1	0	0	0	1
Total	106	0	0	0	106

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	101	0	0	0	101
Ethnicity Unknown	0	0	0	0	0
Total	106	0	0	0	106

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.50
LPN's	17.00
Certified Aides	42.00
Other Health Staff	3.50
Non-Health Staff	45.00
Totals	113.00

CONTINENTAL CARE CENTER

5336 NORTH WESTERN AVENUE
CHICAGO, IL. 60625

Reference Numbers Facility ID 6002075
Health Service Area 006 Planning Service Area 601

Administrator
David Cheplowitz

Contact Person and Telephone

David Cheplowitz
773-271-5600

Registered Agent Information

MEISELS, DAVID
5336 NORTH WESTERN AVENUE
CHICAGO, IL 60625

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	7
Blood Disorders	4
*Nervous System	0
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	33
Respiratory System	16
Digestive System	6
Genitourinary System Disorders	0
Skin Disorders	8
Musculo-skeletal Disorders	3
Injuries and Poisonings	8
Other Medical Conditions	27
Non-Medical Conditions	0
TOTALS	115

Date Completed
5/1/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	208	185	142	185	115	93	208	208	139	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		0		
TOTAL BEDS	208	185	142	185	115	93	208	208	111	115

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	4099	5.4%	31801	41.9%	10406	46306	61.0%		68.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	4099	5.4%	31801	41.9%	10406	46306	61.0%		68.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	4	0	0	0	0	0	0	3	4	7
45 to 59	7	5	0	0	0	0	0	0	7	5	12
60 to 64	7	15	0	0	0	0	0	0	7	15	22
65 to 74	9	16	0	0	0	0	0	0	9	16	25
75 to 84	11	19	0	0	0	0	0	0	11	19	30
85+	7	12	0	0	0	0	0	0	7	12	19
TOTALS	44	71	0	0	0	0	0	0	44	71	115

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.

CONTINENTAL CARE CENTER5336 NORTH WESTERN AVENUE
CHICAGO, IL. 60625

Reference Numbers Facility ID 6002075

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	11	102	0	0	2	0	115
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	102	0	0	2	0	115

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	0	0	0	0	0
Black	11	0	0	0	11
Hawaiian/Pac. Isl.	0	0	0	0	0
White	100	0	0	0	100
Race Unknown	0	0	0	0	0
Total	115	0	0	0	115

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	30	0	0	0	30
Non-Hispanic	85	0	0	0	85
Ethnicity Unknown	0	0	0	0	0
Total	115	0	0	0	115

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	6.25
LPN's	11.50
Certified Aides	32.50
Other Health Staff	4.00
Non-Health Staff	28.00
Totals	85.25

CORNERSTONE HOME

1009 SOUTH IRVING
MONTICELLO, IL. 61856

Reference Numbers Facility ID 6011506
Health Service Area 004 Planning Service Area 147

Administrator

James Wachtel

Contact Person and Telephone

James Wachtel
217-762-5326

Registered Agent Information

KRCHAK, DAVID E.
30 MAIN ST., PO BOX 560
CHAMPAIGN, IL 61820

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/27/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5839	100.0%	0	5839	100.0%	100.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	5839	100.0%	0	5839	100.0%	100.0%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	5	0	0	3	5	8
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	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

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.

CORNERSTONE HOME1009 SOUTH IRVING
MONTICELLO, IL. 61856

Reference Numbers Facility ID 6011506

Health Service Area 004 Planning Service Area 147

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	250	150
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	9.50
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	12.00

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

Roxann Summers
618-544-3192

Registered Agent Information

WANNEMACHER, STEVEN J.
115 W JEFFERSON ST., STE. 401
BLOOMINGTON, IL 61701

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	7
Blood Disorders	1
*Nervous System	4
Alzheimer Disease	2
Mental Illness	2
Developmental Disability	0
Circulatory System	20
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	6
TOTALS	65

Date Completed
4/11/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	73	73	73	72	65	8	18	73	70	88
Skilled Under 22	0	0	0	0	0	0	0	0		93
Intermediate DD	0	0	0	0	0	0	0	0		65
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	73	73	73	72	65	8	18	73		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	4055	61.7%	12644	47.5%	8214	24913	93.5%		93.5%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	4055	61.7%	12644	47.5%	8214	24913	93.5%		93.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	9	16	0	0	0	0	0	0	9	16	25
85+	7	28	0	0	0	0	0	0	7	28	35
TOTALS	16	49	0	0	0	0	0	0	16	49	65

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.

COTILLION RIDGE NURSING CENTER

600 EAST ROBINWOOD DRIVE

ROBINSON, IL. 62454

Reference Numbers Facility ID 6002125

Health Service Area 005 Planning Service Area 033

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	11	32	1	0	21	0	65
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	32	1	0	21	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	124	114
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	65	0	0	0	65
Ethnicity Unknown	0	0	0	0	0
Total	65	0	0	0	65

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	5.00
Certified Aides	20.00
Other Health Staff	2.00
Non-Health Staff	19.00
Totals	50.00

COULTERVILLE CARE CENTER

13138 STATE ROUTE 13
 COULTERVILLE, IL. 62237
Reference Numbers Facility ID 6015200
 Health Service Area 005 Planning Service Area 157

Administrator

Jessica Fritz

Contact Person and Telephone

Sheila Shelton
 618-758-2256

Registered Agent Information

FARRIS,ALAN R.
 221 S. MARKET ST., PO BOX 314
 SPARTA , IL 62286

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System	4
Alzheimer Disease	7
Mental Illness	1
Developmental Disability	3
Circulatory System	23
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	3
Musculo-skeletal Disorders	3
Injuries and Poisonings	4
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	74

Date Completed
 4/12/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	75	75	75	75	74	1	75	75	Residents on 1/1/2006 75
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006 61
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006 62
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006 74
TOTAL BEDS	75	75	75	75	74	1	75	75	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	4680	17.1%	12785	46.7%	8503	25968	94.9%	94.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	4680	17.1%	12785	46.7%	8503	25968	94.9%	94.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	3	7	0	0	0	0	0	0	3	7	10
75 to 84	5	22	0	0	0	0	0	0	5	22	27
85+	6	28	0	0	0	0	0	0	6	28	34
TOTALS	15	59	0	0	0	0	0	0	15	59	74

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.

COULTERVILLE CARE CENTER

13138 STATE ROUTE 13
 COULTERVILLE, IL. 62237

Reference Numbers Facility ID 6015200

Health Service Area 005 Planning Service Area 157

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	11	37	0	0	26	0	74
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	37	0	0	26	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	105	129
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.50
LPN's	7.50
Certified Aides	22.50
Other Health Staff	1.50
Non-Health Staff	23.00
Totals	58.00

Country Club Terrace

4900 West 183rd Street
Cntry Club Hill, IL. 60478

Reference Numbers Facility ID 6012868
Health Service Area 007 Planning Service Area 705

Administrator

Patricia O'Brien

Contact Person and Telephone

Patricia O'Brien
708-798-6520

Registered Agent Information

KOTTMEYER,WAYNE;MR.
18350 CROSSING DRIVE
TINLEY PARK , IL 60477

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/17/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5840	100.0%	0	5840	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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

Country Club Terrace

4900 West 183rd Street
Cntry Club Hill, IL. 60478

Reference Numbers Facility ID 6012868

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	142
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	8.50
Other Health Staff	1.00
Non-Health Staff	1.00
Totals	13.50

COUNTRY HEALTH

2304 CR 3000 N
GIFFORD, IL. 61847

Reference Numbers Facility ID 6002141
Health Service Area 004 Planning Service Area 019

Administrator
Carol Ruthenberg

Contact Person and Telephone

Carol Ruthenberg R.N.
217-568-7362

Registered Agent Information

ATER,CRAIG L.
R. R. #1
GIFFORD , IL 61847

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	7
Alzheimer Disease	5
Mental Illness	2
Developmental Disability	0
Circulatory System	19
Respiratory System	9
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	2
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	66

Date Completed
3/5/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	89	88	75	88	66	23	81	89	Total Admissions 2006	140
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2006	145
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2006	66
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	89	88	75	88	66	23	81	89		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2704	9.1%	11022	33.9%	10652	24378	75.0%		75.9%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2704	9.1%	11022	33.9%	10652	24378	75.0%		75.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	18	0	0	0	0	0	0	5	18	23
85+	5	35	0	0	0	0	0	0	5	35	40
TOTALS	10	56	0	0	0	0	0	0	10	56	66

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.

COUNTRY HEALTH2304 CR 3000 N
GIFFORD, IL. 61847

Reference Numbers Facility ID 6002141

Health Service Area 004 Planning Service Area 019

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	35	0	0	26	0	66
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	35	0	0	26	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	126
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	16.00
Non-Health Staff	0.00
Totals	43.00

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
847-896-4686

Registered Agent Information

BENJAMIN, MARC ;;ESQUIRE
801 SKOKIE BOULEVARD
NORTHBROOK, IL 60062

FACILITY OWNERSHIP

LIMITED PARTNERSHIP

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 restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System	10
Alzheimer Disease	105
Mental Illness	0
Developmental Disability	1
Circulatory System	21
Respiratory System	19
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	21
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	197

Date Completed
4/2/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	207	207	205	207	10	131	207	187	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	0		
TOTAL BEDS	207	207	205	207	10	131	207	241	197

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	5937	12.4%	46710	61.8%	18684	71331	94.4%	94.4%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	5937	12.4%	46710	61.8%	18684	71331	94.4%	94.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	10	5	0	0	0	0	0	0	10	5	15
60 to 64	4	4	0	0	0	0	0	0	4	4	8
65 to 74	14	13	0	0	0	0	0	0	14	13	27
75 to 84	17	38	0	0	0	0	0	0	17	38	55
85+	14	78	0	0	0	0	0	0	14	78	92
TOTALS	59	138	0	0	0	0	0	0	59	138	197

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.

COUNTRYSIDE CARE CENTRE

2330 WEST GALENA BOULEVARD

AURORA, IL. 60506

Reference Numbers Facility ID 6002174

Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	14	145	0	7	31	0	197
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	145	0	7	31	0	197

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	165
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	17	0	0	0	17
Hawaiian/Pac. Isl.	0	0	0	0	0
White	178	0	0	0	178
Race Unknown	1	0	0	0	1
Total	197	0	0	0	197

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	196	0	0	0	196
Ethnicity Unknown	0	0	0	0	0
Total	197	0	0	0	197

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	26.00
LPN's	16.00
Certified Aides	75.00
Other Health Staff	4.00
Non-Health Staff	68.00
Totals	191.00

COUNTRYSIDE HEALTHCARE CENTER

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
 CALLIE GRAHAM
 708-841-9550

Registered Agent Information

MAGENCE,MEYER
 8320 SKOKIE BOULEVARD
 SKOKIE, IL 60077

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	35
Blood Disorders	7
*Nervous System	5
Alzheimer Disease	3
Mental Illness	95
Developmental Disability	2
Circulatory System	17
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	180

Date Completed
 4/6/2006

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	197	197	180	197	180	17	100	197	153	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		0		
TOTAL BEDS	197	197	180	197	180	17	100	197		180

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2291	6.3%	61485	85.5%	0	63776	88.7%		88.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2291	6.3%	61485	85.5%	0	63776	88.7%		88.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	37	12	0	0	0	0	0	0	37	12	49
45 to 59	71	11	0	0	0	0	0	0	71	11	82
60 to 64	12	6	0	0	0	0	0	0	12	6	18
65 to 74	13	6	0	0	0	0	0	0	13	6	19
75 to 84	3	3	0	0	0	0	0	0	3	3	6
85+	2	4	0	0	0	0	0	0	2	4	6
TOTALS	138	42	0	0	0	0	0	0	138	42	180

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.

COUNTRYSIDE HEALTHCARE CENTER

1635 EAST 154TH STREET

DOLTON, IL. 60419

Reference Numbers Facility ID 6002190

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	7	173	0	0	0	0	180
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	173	0	0	0	0	180

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	121
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	143	0	0	0	143
Hawaiian/Pac. Isl.	0	0	0	0	0
White	37	0	0	0	37
Race Unknown	0	0	0	0	0
Total	180	0	0	0	180

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	176	0	0	0	176
Ethnicity Unknown	0	0	0	0	0
Total	180	0	0	0	180

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	8.00
LPN's	20.00
Certified Aides	36.00
Other Health Staff	8.00
Non-Health Staff	49.00
Totals	125.00

COUNTRYVIEW CARE CENTER OF MACOMB

400 WEST GRANT STREET
 MACOMB, IL. 61455
Reference Numbers Facility ID 6005631
 Health Service Area 002 Planning Service Area 109

Administrator
 Tammy Bonney

Contact Person and Telephone

Marikay Snyder
 309-689-5880

Registered Agent Information

SNYDER,MARIKAY L
 830 WEST TRAILCREEK DRIVE
 PEORIA, IL 61614

FACILITY OWNERSHIP
 LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System	8
Alzheimer Disease	5
Mental Illness	1
Developmental Disability	0
Circulatory System	4
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	46

Date Completed
 4/6/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	62	56	46	56	16	0	62	Residents on 1/1/2006	36
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	55
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	45
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	46
TOTAL BEDS	62	56	46	56	16	0	62		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1094	0.0%	13349	59.0%	1738	16181	71.5%		79.2%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1094	0.0%	13349	59.0%	1738	16181	71.5%		79.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	6	0	0	0	0	0	0	0	6	6
60 to 64	0	4	0	0	0	0	0	0	0	4	4
65 to 74	4	3	0	0	0	0	0	0	4	3	7
75 to 84	7	8	0	0	0	0	0	0	7	8	15
85+	2	12	0	0	0	0	0	0	2	12	14
TOTALS	13	33	0	0	0	0	0	0	13	33	46

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.

COUNTRYVIEW CARE CENTER OF MACOMB

400 WEST GRANT STREET

MACOMB, IL. 61455

Reference Numbers Facility ID 6005631

Health Service Area 002 Planning Service Area 109

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	2	38	0	0	6	0	46
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	38	0	0	6	0	46

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	120	103
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	44	0	0	0	44
Race Unknown	0	0	0	0	0
Total	46	0	0	0	46

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	18.00
Other Health Staff	1.00
Non-Health Staff	21.00
Totals	48.00

COUNTRYVIEW HOME

503 SOUTH BOURNE STREET
TOLONO, IL. 61880

Reference Numbers Facility ID 6012223
Health Service Area 004 Planning Service Area 019

Administrator

James Wachtel

Contact Person and Telephone

James Wachtel
217-485-5580

Registered Agent Information

KRCHAK,DAVID E
30 MAIN STREET, P O BOX 560
CHAMPAIGN , IL 61824

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/27/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5840	100.0%	0	5840	100.0%	100.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	3	0	0	6	3	9
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	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

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.

COUNTRYVIEW HOME

503 SOUTH BOURNE STREET
 TOLONO, IL. 61880

Reference Numbers Facility ID 6012223

Health Service Area 004 Planning Service Area 019

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	250	150
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	9.50
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	13.00

COUNTRYVIEW TERRACE

P.O. BOX 116
 LOUISVILLE, IL. 62858
Reference Numbers Facility ID 6002158
 Health Service Area 005 Planning Service Area 025

Administrator

Pam Allen

Contact Person and Telephone

Marikay Snyder
 309-689-5880

Registered Agent Information

SNYDER, MARIKAY L.
 830 WEST TRAILCREEK DRIVE
 PEORIA, IL 61614

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
 4/6/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	3
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	2
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5529	94.7%	0	5529	94.7%	94.7%	94.7%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5529	94.7%	0	5529	94.7%	94.7%	94.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	0	0	0	4	0	4
45 to 59	0	0	0	0	3	5	0	0	3	5	8
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	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

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.

COUNTRYVIEW TERRACE

P.O. BOX 116
 LOUISVILLE, IL. 62858

Reference Numbers Facility ID 6002158

Health Service Area 005 Planning Service Area 025

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	95	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	7.00
Non-Health Staff	0.00
Totals	9.00

Covenant Care of O'Fallon

700 WEBER DRIVE
O'FALLON, IL. 62269

Reference Numbers Facility ID 6007215
Health Service Area 011 Planning Service Area 163

Administrator

JAI MOORE

Contact Person and Telephone

Jai Moore
618-632-3511

Registered Agent Information

NATIONAL REIGSTERED AGENTS INC
200 WEST ADAMS STREET
CHICAGO, IL 60606

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System	6
Alzheimer Disease	11
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	12
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	5
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	69

Date Completed
5/15/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	145	145	77	88	69	76	104	145	70
Skilled Under 22	0	0	0	0	0	0	0	0	94
Intermediate DD	0	0	0	0	0	0	0	0	95
Sheltered Care	0	0	0	0	0	0	0	0	69
TOTAL BEDS	145	145	77	88	69	76	104	145	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1197	3.2%	9547	18.0%	7454	18198	34.4%	34.4%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	1197	3.2%	9547	18.0%	7454	18198	34.4%	34.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	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	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	7	14	0	0	0	0	0	0	7	14	21
85+	5	33	0	0	0	0	0	0	5	33	38
TOTALS	17	52	0	0	0	0	0	0	17	52	69

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.

Covenant Care of O'Fallon

700 WEBER DRIVE
O'FALLON, IL. 62269

Reference Numbers Facility ID 6007215

Health Service Area 011 Planning Service Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	35	0	0	26	0	69
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	35	0	0	26	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	131	109
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	11	0	0	0	11
Hawaiian/Pac. Isl.	0	0	0	0	0
White	58	0	0	0	58
Race Unknown	0	0	0	0	0
Total	69	0	0	0	69

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	12.00
Certified Aides	33.00
Other Health Staff	7.00
Non-Health Staff	37.00
Totals	98.00

FACILITY NOTES

- Name Change 8/1/2006 Name changed from O'Fallon Health Care Center.
- Name Change 8/29/2006 Name changed from O'Fallon Healthcare.
- E-024-06 8/29/2006 Change of ownership occurred.
- E-024-06 5/5/2006 Change of ownership exemption approved.

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

Jeanne Heid-Grubman

Contact Person and Telephone

Jeanne Heid-Grubman
630-879-4300

Registered Agent Information

ERICKSON, GRANT D.; MR.
1625 SHERMER ROAD
NORTHBROOK, IL 60062

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System	3
Alzheimer Disease	4
Mental Illness	6
Developmental Disability	0
Circulatory System	21
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	9
Skin Disorders	2
Musculo-skeletal Disorders	7
Injuries and Poisonings	17
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	95

Date Completed
4/11/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	99	99	99	99	95	4	99	99	95	95
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	49	0	0	0	0	49				
TOTAL BEDS	148	99	99	99	95	53	99	99	95	95

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2114	5.9%	11636	32.2%	21871	35621	98.6%		98.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2114	5.9%	11636	32.2%	21871	35621	65.9%		98.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	21	0	0	0	0	0	0	3	21	24
85+	9	61	0	0	0	0	0	0	9	61	70
TOTALS	12	83	0	0	0	0	0	0	12	83	95

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.

Covenant Health Care Center831 N. Batavia Avenue
BATAVIA, IL. 60510**Reference Numbers** Facility ID 6002208

Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	4	37	0	0	54	0	95
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	37	0	0	54	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	281	208
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	2.00
Certified Aides	41.00
Other Health Staff	3.00
Non-Health Staff	37.00
Totals	103.00

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

ERICKSON, GRANT D.; MR.
 2155 PFINGSTEN ROAD
 NORTHBROOK, IL 60062

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	3
*Nervous System	8
Alzheimer Disease	48
Mental Illness	9
Developmental Disability	1
Circulatory System	40
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	3
Musculo-skeletal Disorders	12
Injuries and Poisonings	4
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	150

Date Completed
 4/12/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	102	102	99	102	97	5	102	102	138
Skilled Under 22	0	0	0	0	0	0	0	0	236
Intermediate DD	0	0	0	0	0	0	0	0	224
Sheltered Care	64	64	53	64	53	11			150
TOTAL BEDS	166	166	152	166	150	16	102	102	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	3056	8.2%	8902	23.9%	21417	33375	89.6%	89.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					18269	18269	78.2%	78.2%	
TOTALS	3056	8.2%	8902	23.9%	39686	51644	85.2%	85.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	0	0	0	0	0	0	0	1	0	1
75 to 84	5	17	0	0	0	0	3	8	8	25	33
85+	7	67	0	0	0	0	11	31	18	98	116
TOTALS	13	84	0	0	0	0	14	39	27	123	150

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.

COVENANT HEALTH CARE CENTER

2155 PFINGSTEN ROAD
 NORTHBROOK, IL. 60062

Reference Numbers Facility ID 6001093

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	9	21	0	0	67	0	97
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	48	5	53
TOTALS	9	21	0	0	115	5	150

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	347	205
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	135	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	2	2
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	84	0	0	51	135
Race Unknown	12	0	0	0	12
Total	97	0	0	53	150

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	1	2
Non-Hispanic	96	0	0	52	148
Ethnicity Unknown	0	0	0	0	0
Total	97	0	0	53	150

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	2.40
Certified Aides	45.60
Other Health Staff	5.90
Non-Health Staff	48.20
Totals	119.10

COVENTRY LIVING CENTER, LLC

612 WEST ST. MARY'S STREET
STERLING, IL. 61081

Reference Numbers Facility ID 6011373
Health Service Area 001 Planning Service Area 195

Administrator

Bob Talbott

Contact Person and Telephone

Barak Baver
773-202-0000

Registered Agent Information

GILMAN, PAUL A
ONE IBM PLAZA, SUITE 3000
CHICAGO, IL 60611

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	20
Mental Illness	1
Developmental Disability	1
Circulatory System	23
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	71

Date Completed
4/12/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	124	124	87	124	68	56	48	124	82	152
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	6	6	3	6	3	3				163
TOTAL BEDS	130	130	90	130	71	59	48	124		71

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3936	22.5%	18519	40.9%	10360	32815	72.5%		72.5%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					1332	1332	60.8%		60.8%	
TOTALS	3936	22.5%	18519	40.9%	11692	34147	72.0%		72.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	4	1	0	0	0	0	0	0	4	1	5
60 to 64	0	5	0	0	0	0	0	0	0	5	5
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	6	18	0	0	0	0	1	1	7	19	26
85+	4	21	0	0	0	0	0	1	4	22	26
TOTALS	18	50	0	0	0	0	1	2	19	52	71

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.

COVENTRY LIVING CENTER, LLC

612 WEST ST. MARY'S STREET
 STERLING, IL. 61081

Reference Numbers Facility ID 6011373

Health Service Area 001 Planning Service Area 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	13	41	0	0	14	0	68
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	3	0	3
TOTALS	13	41	0	0	17	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	128	118
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	98	79

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	68	0	0	3	71
Race Unknown	0	0	0	0	0
Total	68	0	0	3	71

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	67	0	0	3	70
Ethnicity Unknown	0	0	0	0	0
Total	68	0	0	3	71

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	32.00
Other Health Staff	0.00
Non-Health Staff	34.00
Totals	81.00

FACILITY NOTES

E-102-05 3/21/2006 Change of ownership occurred.

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

MILLER,DWIGHT;MR.
203 W PLUM
ROBINSON , IL 62454

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System	4
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	2
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	3
Non-Medical Conditions	0
TOTALS	30

Date Completed
3/20/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	54	54	37	54	30	24	0	54	37	37
Skilled Under 22	0	0	0	0	0	0		0	3	3
Intermediate DD	0	0	0	0	0	0		0	10	10
Sheltered Care	0	0	0	0	0	0		0	30	30
TOTAL BEDS	54	54	37	54	30	24	0	54		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	9891	50.2%	1809	11700	59.4%		59.4%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	9891	50.2%	1809	11700	59.4%		59.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	5	0	0	0	0	0	0	2	5	7
75 to 84	3	8	0	0	0	0	0	0	3	8	11
85+	2	8	0	0	0	0	0	0	2	8	10
TOTALS	7	23	0	0	0	0	0	0	7	23	30

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.

Crawford County Conv Center

902 West Mefford Street

ROBINSON, IL. 62454

Reference Numbers Facility ID 6002232

Health Service Area 005 Planning Service Area 033

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	27	0	0	3	0	30
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	27	0	0	3	0	30

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	68	90
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	1.00
Certified Aides	17.00
Other Health Staff	0.00
Non-Health Staff	10.00
Totals	36.00

CRAWFORD MEMORIAL LONG TERM CARE

1000 N ALLEN
 ROBINSON, IL. 62454
Reference Numbers Facility ID 6011209
 Health Service Area 005 Planning Service Area 033

Administrator

Don Annis

Contact Person and Telephone

Debbie Hale MSW, LSW
 618-546-2649

Registered Agent Information

Date Completed
 4/11/2007

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

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	7
Mental Illness	1
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	1
Non-Medical Conditions	0
TOTALS	20

FACILITY OWNERSHIP

HOSPITAL DISTRICT

Note: Reported restrictions denoted by '1'

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	48	39	31	39	20	28	0	0	29	26
Skilled Under 22	0	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	48	39	31	39	20	28	0	0	35	20

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	9729	9729	55.5%	68.3%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	0	0.0%	9729	9729	55.5%	68.3%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	0	0	3	4	7
85+	4	9	0	0	0	0	0	0	4	9	13
TOTALS	7	13	0	0	0	0	0	0	7	13	20

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.

CRAWFORD MEMORIAL LONG TERM CARE

1000 N ALLEN
ROBINSON, IL. 62454

Reference Numbers Facility ID 6011209

Health Service Area 005 Planning Service Area 033

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	20	0	20
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	20	0	20

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.10
LPN's	2.10
Certified Aides	13.20
Other Health Staff	1.00
Non-Health Staff	1.60
Totals	23.00

CRESTWOOD CARE CENTRE

14255 SOUTH CICERO AVENUE
CRESTWOOD, IL. 60445

Reference Numbers Facility ID 6002265
Health Service Area 007 Planning Service Area 705

Administrator

Judy Dumont

Contact Person and Telephone

Judy Dumont
708-371-0400

Registered Agent Information

BENJAMIN, MARC A.
801 SKOKIE BLVD. SUITE 100
NORTHBROOK, IL 60062

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	24
Blood Disorders	0
*Nervous System	17
Alzheimer Disease	18
Mental Illness	61
Developmental Disability	3
Circulatory System	81
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	18
Skin Disorders	6
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	246

Date Completed
4/11/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	303	303	265	303	246	57	303	303	245
Skilled Under 22	0	0	0	0	0	0	0	0	421
Intermediate DD	0	0	0	0	0	0	0	0	420
Sheltered Care	0	0	0	0	0	0	0	0	246
TOTAL BEDS	303	303	265	303	246	57	303	303	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	11679	10.6%	55263	50.0%	24393	91335	82.6%		82.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	11679	10.6%	55263	50.0%	24393	91335	82.6%		82.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	20	8	0	0	0	0	0	0	20	8	28
60 to 64	7	12	0	0	0	0	0	0	7	12	19
65 to 74	21	42	0	0	0	0	0	0	21	42	63
75 to 84	25	45	0	0	0	0	0	0	25	45	70
85+	13	52	0	0	0	0	0	0	13	52	65
TOTALS	86	160	0	0	0	0	0	0	86	160	246

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.

CRESTWOOD CARE CENTRE

14255 SOUTH CICERO AVENUE
 CRESTWOOD, IL. 60445

Reference Numbers Facility ID 6002265

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	33	158	2	7	46	0	246
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	33	158	2	7	46	0	246

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	193	154
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	107	0	0	0	107
Hawaiian/Pac. Isl.	0	0	0	0	0
White	128	0	0	0	128
Race Unknown	11	0	0	0	11
Total	246	0	0	0	246

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	235	0	0	0	235
Ethnicity Unknown	0	0	0	0	0
Total	246	0	0	0	246

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	36.00
Certified Aides	92.00
Other Health Staff	10.00
Non-Health Staff	75.00
Totals	234.00

CRESTWOOD TERRACE

13301 SOUTH CENTRAL AVENUE
CRESTWOOD, IL. 60445

Reference Numbers Facility ID 6002273
Health Service Area 007 Planning Service Area 705

Administrator
Mildred Prero

Contact Person and Telephone
Mildred Prero
708-597-5251

Registered Agent Information

WINFELD,AVRUM
6865 N. LINCOLN AVE.
LINCOLNWOOD , IL 60712

FACILITY OWNERSHIP
LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	9
Alzheimer Disease	14
Mental Illness	63
Developmental Disability	0
Circulatory System	23
Respiratory System	12
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	121

Date Completed
4/27/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK	PEAK	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2006	
Nursing Care	126	126	126	126	121	5	0	126	120
Skilled Under 22	0	0	0	0	0	0	0	0	35
Intermediate DD	0	0	0	0	0	0	0	0	34
Sheltered Care	0	0	0	0	0	0	0	0	121
TOTAL BEDS	126	126	126	126	121	5	0	126	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	37230	81.0%	6935	44165	96.0%	96.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	37230	81.0%	6935	44165	96.0%	96.0%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	7	3	0	0	0	0	0	0	7	3	10
45 to 59	16	13	0	0	0	0	0	0	16	13	29
60 to 64	10	7	0	0	0	0	0	0	10	7	17
65 to 74	9	11	0	0	0	0	0	0	9	11	20
75 to 84	14	15	0	0	0	0	0	0	14	15	29
85+	5	11	0	0	0	0	0	0	5	11	16
TOTALS	61	60	0	0	0	0	0	0	61	60	121

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.

CRESTWOOD TERRACE

13301 SOUTH CENTRAL AVENUE
 CRESTWOOD, IL. 60445

Reference Numbers Facility ID 6002273

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	102	12	0	7	0	121
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	102	12	0	7	0	121

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	119	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	50	0	0	0	50
Hawaiian/Pac. Isl.	0	0	0	0	0
White	71	0	0	0	71
Race Unknown	0	0	0	0	0
Total	121	0	0	0	121

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	116	0	0	0	116
Ethnicity Unknown	0	0	0	0	0
Total	121	0	0	0	121

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	30.00
Other Health Staff	1.00
Non-Health Staff	32.00
Totals	72.00

FACILITY NOTES

- E-062-06 10/31/2006 Change of ownership occurred.
- E-062-06 8/26/2006 Change of ownership exemption approved.

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

Irene Glass

Contact Person and Telephone

Irene Glass
815-459-7791

Registered Agent Information

MAHER,DANIEL
926 SOUTH SEVENTH
SPRINGFIELD , IL 62703

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	9
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	57
Respiratory System	12
Digestive System	1
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	19
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	104

Date Completed
4/9/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	114	111	111	111	104	10	114	114	105
Skilled Under 22	0	0	0	0	0	0	0	0	144
Intermediate DD	0	0	0	0	0	0	0	0	145
Sheltered Care	0	0	0	0	0	0	0	0	104
TOTAL BEDS	114	111	111	111	104	10	114	114	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	5059	12.2%	24060	57.8%	9062	38181	91.8%	94.2%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	5059	12.2%	24060	57.8%	9062	38181	91.8%	94.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	2	0	0	0	0	0	0	0	2	2
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	4	6	0	0	0	0	0	0	4	6	10
75 to 84	8	23	0	0	0	0	0	0	8	23	31
85+	7	51	0	0	0	0	0	0	7	51	58
TOTALS	20	84	0	0	0	0	0	0	20	84	104

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	15	59	0	0	30	0	104
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	59	0	0	30	0	104

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	156
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	103	0	0	0	103
Race Unknown	0	0	0	0	0
Total	104	0	0	0	104

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	5.00
Certified Aides	29.00
Other Health Staff	11.00
Non-Health Staff	21.00
Totals	76.00

CTR HOME FOR HISPANIC ELDERLY

1401 NORTH CALIFORNIA
 CHICAGO, IL. 60622
Reference Numbers Facility ID 6001523
 Health Service Area 006 Planning Service Area 602

Administrator
 Francisco J. Guajardo Jr.

Contact Person and Telephone

Luisa Valladares
 (773) 782-8700

Registered Agent Information

Date Completed
 6/1/1973

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

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	25
Blood Disorders	0
*Nervous System	11
Alzheimer Disease	7
Mental Illness	15
Developmental Disability	0
Circulatory System	33
Respiratory System	12
Digestive System	5
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	1
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	124

FACILITY OWNERSHIP
 LIMITED LIABILITY CO

Note: Reported restrictions denoted by '1'

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	156	156	150	156	32	98	156	Residents on 1/1/2006	127
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	114
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	117
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	124
TOTAL BEDS	156	156	150	156	32	98	156		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	5879	16.4%	41994	73.8%	4303	52176	91.6%	91.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	5879	16.4%	41994	73.8%	4303	52176	91.6%	91.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	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	4	3	0	0	0	0	0	0	4	3	7
65 to 74	18	10	0	0	0	0	0	0	18	10	28
75 to 84	19	35	0	0	0	0	0	0	19	35	54
85+	6	23	0	0	0	0	0	0	6	23	29
TOTALS	51	73	0	0	0	0	0	0	51	73	124

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.

CTR HOME FOR HISPANIC ELDERLY

1401 NORTH CALIFORNIA
CHICAGO, IL. 60622

Reference Numbers Facility ID 6001523

Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	116	0	0	3	0	124
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	116	0	0	3	0	124

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	124	0	0	0	124
Race Unknown	0	0	0	0	0
Total	124	0	0	0	124

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	121	0	0	0	121
Non-Hispanic	3	0	0	0	3
Ethnicity Unknown	0	0	0	0	0
Total	124	0	0	0	124

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	32.00
Other Health Staff	1.00
Non-Health Staff	43.00
Totals	92.00

FACILITY NOTES

Name Change 10/24/2006 Name changed from Ctr Home for Hispanic Elderly.
 E-071-06 10/24/2006 Change of ownership occurred.
 E-071-06 9/26/2006 Change of ownership exemption approved.

CUMBERLAND REHAB & HEALTH CARE CENTER

300 NORTH MARIETTA STREET
GREENUP, IL. 62428

Reference Numbers Facility ID 6002307
Health Service Area 004 Planning Service Area 029

Administrator
Suzanne McKibben

Contact Person and Telephone

Marikay Snyder
309-689-5880

Registered Agent Information

SNYDER, MARIKAY
830 W. TRAILCREEK DRIVE
PEORIA, IL 61614

FACILITY OWNERSHIP
LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System	1
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	31

Date Completed
4/7/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	54	54	37	54	31	23	0	54	30	27
Skilled Under 22	0	0	0	0	0	0		0		26
Intermediate DD	0	0	0	0	0	0		0		31
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	54	54	37	54	31	23	0	54		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	8446	42.9%	3448	11894	60.3%		60.3%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	8446	42.9%	3448	11894	60.3%		60.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	2	0	0	0	0	0	0	1	2	3
75 to 84	1	5	0	0	0	0	0	0	1	5	6
85+	2	17	0	0	0	0	0	0	2	17	19
TOTALS	6	25	0	0	0	0	0	0	6	25	31

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.

CUMBERLAND REHAB & HEALTH CARE CENTER300 NORTH MARIETTA STREET
GREENUP, IL. 62428

Reference Numbers Facility ID 6002307

Health Service Area 004 Planning Service Area 029

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	22	0	0	9	0	31
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	22	0	0	9	0	31

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	123	113
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	8.00
Other Health Staff	0.00
Non-Health Staff	11.00
Totals	28.00

FACILITY NOTES

Name Change	9/22/2006	Name changed from Cumberland Nursing Center.
E-047-06	9/22/2006	Change of ownership occurred.
E-047-06	7/26/2006	Change of ownership exemption approved.
Bed Change	9/19/2006	Discontinued six nursing care beds, total now 54 nursing care beds.

CURTISS COURT

2883 SOUTH TAYLOR AVENUE
 SPRINGFIELD, IL 62703

Reference Numbers Facility ID 6013197
 Health Service Area 003 Planning Service Area 167

Administrator

Laura Kelly

Contact Person and Telephone

Laura Kelly
 217 / 585-1199

Registered Agent Information

BLEDSONE, TIMOTHY L.
 115 EAST SOUTH STREET
 GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
 3/7/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	3
Intermediate DD	16	16	16	16	15	1	16	Total Discharges 2006	3
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	15
TOTAL BEDS	16	16	16	16	15	1	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5755	98.5%	0	5755	98.5%	98.5%	98.5%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5755	98.5%	0	5755	98.5%	98.5%	98.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	8	0	0	2	8	10
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	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	12	0	0	3	12	15

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.

CURTISS COURT

2883 SOUTH TAYLOR AVENUE
 SPRINGFIELD, IL. 62703

Reference Numbers Facility ID 6013197

Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.30
Certified Aides	6.50
Other Health Staff	0.75
Non-Health Staff	2.00
Totals	9.80

DAMMERT GERIATRIC CENTER

726 COMMUNITY DRIVE
 BELLEVILLE, IL. 62223

Reference Numbers Facility ID 6002349
 Health Service Area 011 Planning Service Area 163

Administrator
 D. Robert McCardle

Contact Person and Telephone

Cathy Kehoe
 618-394-6419

Registered Agent Information

STUDER, LOUIS B.
 442 SOUTH DE MAZENOD DRIVE
 BELLEVILLE, IL 62223

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	5
Blood Disorders	2
*Nervous System	8
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	7
Digestive System	3
Genitourinary System Disorders	7
Skin Disorders	1
Musculo-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	81

Date Completed
 3/30/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	57	57	57	57	56	1	0	77	20
Skilled Under 22	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0		
Sheltered Care	38	38	30	30	25	13			16
TOTAL BEDS	95	95	87	87	81	14	0	81	81

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	19536	19536	93.9%	93.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					9863	9863	71.1%	71.1%	
TOTALS	0	0.0%	0	0.0%	29399	29399	84.8%	84.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	12	0	0	0	0	2	4	6	16	22
85+	9	30	0	0	0	0	1	18	10	48	58
TOTALS	13	43	0	0	0	0	3	22	16	65	81

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.

DAMMERT GERIATRIC CENTER

726 COMMUNITY DRIVE
 BELLEVILLE, IL. 62223

Reference Numbers Facility ID 6002349

Health Service Area 011 Planning Service Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	54	2	56
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	25	0	25
TOTALS	0	0	0	0	79	2	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	152
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	105	105

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	1	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	56	0	0	24	80
Race Unknown	0	0	0	0	0
Total	56	0	0	25	81

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	56	0	0	25	81
Ethnicity Unknown	0	0	0	0	0
Total	56	0	0	25	81

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	5.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	8.00
Certified Aides	24.00
Other Health Staff	2.00
Non-Health Staff	8.00
Totals	55.00

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
773-602-2660

Registered Agent Information

GOLEMBIEWSKI, ADRIENNE
725 SOUTH WELLS, SUITE 1-A
CHICAGO, IL 60607

FACILITY OWNERSHIP

NON-PROF CORPORATION

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	1
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/10/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	15	15	15	15	0	0	15	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	15
TOTAL BEDS	15	15	15	15	0	0	15		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5217	95.3%	0	5217	95.3%	95.3%	95.3%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5217	95.3%	0	5217	95.3%	95.3%	95.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	6	0	0	3	6	9
45 to 59	0	0	0	0	0	6	0	0	0	6	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	3	12	0	0	3	12	15

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.

Danforth House
 4540 South Michigan
 CHICAGO, IL. 60653

Reference Numbers Facility ID 6002356
 Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	140	129
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	14	0	14
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	0.00
Non-Health Staff	2.00
Totals	11.00

DANVILLE CARE

1701 NORTH BOWMAN
DANVILLE, IL. 61832

Reference Numbers Facility ID 6002364
Health Service Area 004 Planning Service Area 183

Administrator

Clinton D. McDaniel

Contact Person and Telephone

Clinton D. McDaniel
217-443-2955

Registered Agent Information

SHERWIN, JUDITH S.
111 EAST WACKER DR. SUITE 2800
CHICAGO, IL 60601

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	17
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	9
Mental Illness	17
Developmental Disability	6
Circulatory System	34
Respiratory System	2
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	107

Date Completed
4/9/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	Total Admissions 2006
Nursing Care	200	200	123	186	107	93	118	200	118	451
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	200	200	123	186	107	93	118	200		107

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	4490	10.4%	30247	41.4%	5111	39848	54.6%		54.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	4490	10.4%	30247	41.4%	5111	39848	54.6%		54.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	1	0	0	0	0	0	0	2	1	3
45 to 59	10	3	0	0	0	0	0	0	10	3	13
60 to 64	5	8	0	0	0	0	0	0	5	8	13
65 to 74	8	16	0	0	0	0	0	0	8	16	24
75 to 84	8	17	0	0	0	0	0	0	8	17	25
85+	4	25	0	0	0	0	0	0	4	25	29
TOTALS	37	70	0	0	0	0	0	0	37	70	107

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.

DANVILLE CARE1701 NORTH BOWMAN
DANVILLE, IL. 61832

Reference Numbers Facility ID 6002364

Health Service Area 004 Planning Service Area 183

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	13	77	3	0	14	0	107
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	77	3	0	14	0	107

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	136	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	24	0	0	0	24
Hawaiian/Pac. Isl.	0	0	0	0	0
White	83	0	0	0	83
Race Unknown	0	0	0	0	0
Total	107	0	0	0	107

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	42.00
Other Health Staff	0.00
Non-Health Staff	52.00
Totals	108.00

DAVIES SQUARE

1817 CRESENT DRIVE
PEKIN, IL. 61554

Reference Numbers Facility ID 6002398
Health Service Area 002 Planning Service Area 179

Administrator

Danette Bezik

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/5/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	1	1	16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	15
TOTAL BEDS	16	16	16	16	1	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5703	97.7%	0	5703	97.7%	97.7%	97.7%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5703	97.7%	0	5703	97.7%	97.7%	97.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	4	0	0	6	4	10
45 to 59	0	0	0	0	0	1	0	0	0	1	1
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	7	8	0	0	7	8	15

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.

DAVIES SQUARE

1817 CRESENT DRIVE
 PEKIN, IL. 61554

Reference Numbers Facility ID 6002398

Health Service Area 002 Planning Service Area 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	108	108
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.10
Certified Aides	6.50
Other Health Staff	0.75
Non-Health Staff	2.00
Totals	9.60

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
773-602-2660

Registered Agent Information

GOLEMBIEWSKI,ADDRIENNE
725 SOUTH WELLS, SUITE 1-A
CHICAGO , IL 60607

FACILITY OWNERSHIP

NON-PROF CORPORATION

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	1
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/10/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	Total Admissions 2006
Nursing Care	0	0	0	0	0	0	0	0	14	1
Skilled Under 22	0	0	0	0	0	0	0	0		1
Intermediate DD	15	15	14	15	14	1		15		14
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	15	15	14	15	14	1	0	15		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			4806	87.8%	0	4806	87.8%	87.8%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	4806	87.8%	0	4806	87.8%	87.8%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	4	0	0	4	4	8
45 to 59	0	0	0	0	1	3	0	0	1	3	4
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	7	7	0	0	7	7	14

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.

DAVIS HOUSE

4237 SOUTH INDIANA AVENUE
CHICAGO, IL. 60653

Reference Numbers Facility ID 6002406

Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	130	122
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	12	0	12
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	1	0	1
Race Unknown	0	0	1	0	1
Total	0	0	14	0	14

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	0.00
Non-Health Staff	2.00
Totals	11.00

DAYSTAR CARE CENTER

2001 CEDAR ST
CAIRO, IL. 62914

Reference Numbers Facility ID 6010342
Health Service Area 005 Planning Service Area 003

Administrator
Fredrick L. Bernstein

Contact Person and Telephone

Angie Simmons
618-734-1700

Registered Agent Information

HARTMANN,RITA;MS.
2001 CEDAR STREET
CAIRO, IL 62914

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	4
Blood Disorders	2
*Nervous System	7
Alzheimer Disease	6
Mental Illness	11
Developmental Disability	0
Circulatory System	11
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	2
Injuries and Poisonings	5
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	68

Date Completed
4/24/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	83	83	73	83	68	15	83	83	Residents on 1/1/2006 69
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006 50
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006 51
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006 68
TOTAL BEDS	83	83	73	83	68	15	83	83	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1895	6.3%	18969	62.6%	5013	25877	85.4%		85.4%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1895	6.3%	18969	62.6%	5013	25877	85.4%		85.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	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	2	1	0	0	0	0	0	0	2	1	3
65 to 74	4	4	0	0	0	0	0	0	4	4	8
75 to 84	6	12	0	0	0	0	0	0	6	12	18
85+	6	28	0	0	0	0	0	0	6	28	34
TOTALS	18	50	0	0	0	0	0	0	18	50	68

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.

DAYSTAR CARE CENTER2001 CEDAR ST
CAIRO, IL. 62914

Reference Numbers Facility ID 6010342

Health Service Area 005 Planning Service Area 003

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	3	54	2	1	8	0	68
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	54	2	1	8	0	68

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	96	83
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	30	0	0	0	30
Hawaiian/Pac. Isl.	0	0	0	0	0
White	38	0	0	0	38
Race Unknown	0	0	0	0	0
Total	68	0	0	0	68

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.25
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	7.00
Certified Aides	42.00
Other Health Staff	2.00
Non-Health Staff	32.00
Totals	87.25

DEARBORN COURT

520 S. DEARBORN STREET
KANKAKEE, IL. 60901

Reference Numbers Facility ID 6013726
Health Service Area 009 Planning Service Area 091

Administrator

Anna Corso

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLED SOE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/7/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	6
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	6	6	6	6	6	0	6	6	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	6
TOTAL BEDS	6	6	6	6	6	0	0	6		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			1647	75.2%	0	1647	75.2%	75.2%	75.2%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	1647	75.2%	0	1647	75.2%	75.2%	75.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	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	1	0	0	0	1	1
TOTALS	0	0	0	0	2	4	0	0	2	4	6

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.

DEARBORN COURT

520 S. DEARBORN STREET
KANKAKEE, IL. 60901

Reference Numbers Facility ID 6013726

Health Service Area 009 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	192	192
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.16
LPN's	0.00
Certified Aides	6.34
Other Health Staff	0.40
Non-Health Staff	1.02
Totals	8.17

DECATUR MEMORIAL HOSPITAL

2300 NORTH EDWARD STREET
DECATUR, IL. 62526

Reference Numbers Facility ID 6002455
Health Service Area 004 Planning Service Area 115

Administrator
Sarah J. Coulter

Contact Person and Telephone

Sarah J. Coulter
217-876-6401

Registered Agent Information

Date Completed
3/29/2007

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

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	3
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	13

Note: Reported restrictions denoted by '1'

FACILITY OWNERSHIP
OTHER NON-PROFIT

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	69	54	34	54	13	56	54	0	23	659
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	69	54	34	54	13	56	54	0	13	669

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	5878	29.8%	0	0.0%	3360	9238	36.7%	46.9%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	5878	29.8%	0	0.0%	3360	9238	36.7%	46.9%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	6	0	0	0	0	0	0	1	6	7
85+	2	2	0	0	0	0	0	0	2	2	4
TOTALS	4	9	0	0	0	0	0	0	4	9	13

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.

DECATUR MEMORIAL HOSPITAL

2300 NORTH EDWARD STREET
 DECATUR, IL. 62526

Reference Numbers Facility ID 6002455

Health Service Area 004 Planning Service Area 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	10	0	0	2	1	0	13
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	0	0	2	1	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	203	175
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	13.00
Other Health Staff	9.00
Non-Health Staff	3.00
Totals	46.00

DECATUR REHAB & HEALTH CARE CENTER

136 SOUTH DIPPER LANE
 DECATUR, IL. 62522
Reference Numbers Facility ID 6003081
 Health Service Area 004 Planning Service Area 115

Administrator

Lynette Green

Contact Person and Telephone

Marikay Snyder
 309-689-5880

Registered Agent Information

SNYDER, MARIKAY L
 830 WEST TRAILCREEK DRIVE
 PEORIA, IL 61614

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System	1
Alzheimer Disease	13
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	3
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	1
TOTALS	44

Date Completed
 4/5/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	58	50	49	50	44	14	0	58	Residents on 1/1/2006	44
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	41
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006	41
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	44
TOTAL BEDS	58	50	49	50	44	14	0	58		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	17000	80.3%	708	17708	83.6%	97.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	17000	80.3%	708	17708	83.6%	97.0%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	5	3	0	0	0	0	0	0	5	3	8
60 to 64	3	0	0	0	0	0	0	0	3	0	3
65 to 74	10	6	0	0	0	0	0	0	10	6	16
75 to 84	3	7	0	0	0	0	0	0	3	7	10
85+	3	3	0	0	0	0	0	0	3	3	6
TOTALS	24	20	0	0	0	0	0	0	24	20	44

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.

DECATUR REHAB & HEALTH CARE CENTER

136 SOUTH DIPPER LANE

DECATUR, IL. 62522

Reference Numbers Facility ID 6003081

Health Service Area 004 Planning Service Area 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	42	2	0	0	0	44
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	42	2	0	0	0	44

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	13	0	0	0	13
Hawaiian/Pac. Isl.	0	0	0	0	0
White	31	0	0	0	31
Race Unknown	0	0	0	0	0
Total	44	0	0	0	44

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	7.00
Certified Aides	16.00
Other Health Staff	1.00
Non-Health Staff	10.00
Totals	36.00

DEERBROOK CARE CENTRE

306 NORTH LARKIN AVENUE
JOLIET, IL. 60435

Reference Numbers Facility ID 6002463
Health Service Area 009 Planning Service Area 197

Administrator

Judy D. June

Contact Person and Telephone

Judy June
815-744-5560

Registered Agent Information

MILSTEIN,ALBERT
35 WEST WACKER DRIVE
CHICAGO , IL 60601

FACILITY OWNERSHIP

LIMITED PARTNERSHIP

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

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	15
Blood Disorders	0
*Nervous System	6
Alzheimer Disease	29
Mental Illness	32
Developmental Disability	0
Circulatory System	45
Respiratory System	11
Digestive System	3
Genitourinary System Disorders	12
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	3
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	176

Date Completed
3/30/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	214	214	181	214	176	38	214	214	171	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				193
TOTAL BEDS	214	214	181	214	176	38	214	214		176

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	8164	10.5%	39805	51.0%	13769	61738	79.0%		79.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	8164	10.5%	39805	51.0%	13769	61738	79.0%		79.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	9	9	0	0	0	0	0	0	9	9	18
60 to 64	11	8	0	0	0	0	0	0	11	8	19
65 to 74	13	22	0	0	0	0	0	0	13	22	35
75 to 84	14	45	0	0	0	0	0	0	14	45	59
85+	4	41	0	0	0	0	0	0	4	41	45
TOTALS	51	125	0	0	0	0	0	0	51	125	176

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.

DEERBROOK CARE CENTRE

306 NORTH LARKIN AVENUE

JOLIET, IL. 60435

Reference Numbers Facility ID 6002463

Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	24	126	0	0	26	0	176
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	126	0	0	26	0	176

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	170
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	26	0	0	0	26
Hawaiian/Pac. Isl.	0	0	0	0	0
White	150	0	0	0	150
Race Unknown	0	0	0	0	0
Total	176	0	0	0	176

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	174	0	0	0	174
Ethnicity Unknown	0	0	0	0	0
Total	176	0	0	0	176

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	15.00
Certified Aides	51.00
Other Health Staff	11.00
Non-Health Staff	43.00
Totals	139.00

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
BOCKMAN,RAY;;CO ADMINISTRATOR
110 E SYCAMORE,DEKALB CO BLDG
SYCAMORE , IL 60178

FACILITY OWNERSHIP
COUNTY

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

Note: Reported restrictions denoted by 'I'

Date Completed
4/5/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System	9
Alzheimer Disease	2
Mental Illness	16
Developmental Disability	0
Circulatory System	26
Respiratory System	16
Digestive System	6
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	1
Other Medical Conditions	79
Non-Medical Conditions	0
TOTALS	176

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	171
Nursing Care	190	190	187	190	176	14	190	190	Total Admissions 2006	269
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2006	264
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2006	176
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	190	190	187	190	176	14	190	190		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	5674	8.2%	32286	46.6%	21689	59649	86.0%		86.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	5674	8.2%	32286	46.6%	21689	59649	86.0%		86.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
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	3	5	0	0	0	0	0	0	3	5	8
75 to 84	21	47	0	0	0	0	0	0	21	47	68
85+	23	70	0	0	0	0	0	0	23	70	93
TOTALS	50	126	0	0	0	0	0	0	50	126	176

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	96	0	0	69	0	176
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	96	0	0	69	0	176

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	161	161
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	173	0	0	0	173
Race Unknown	0	0	0	0	0
Total	176	0	0	0	176

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	174	0	0	0	174
Ethnicity Unknown	0	0	0	0	0
Total	176	0	0	0	176

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	65.00
Other Health Staff	4.00
Non-Health Staff	75.00
Totals	178.00

DIAMONDVIEW

338 COUNTRY CLUB ROAD
CENTRALIA, IL. 62801

Reference Numbers Facility ID 6013494
Health Service Area 005 Planning Service Area 121

Administrator

Cara Patterson

Contact Person and Telephone

Jennifer Ruscher
618-532-9630

Registered Agent Information

CRAIN,WILLIAM P.
623 E. BROADWAY
CENTRALIA , IL 62801

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/21/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5725	98.0%	0	5725	98.0%	98.0%	98.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5725	98.0%	0	5725	98.0%	98.0%	98.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	3	0	0	3	3	6
45 to 59	0	0	0	0	5	4	0	0	5	4	9
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

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.

DIAMONDVIEW

338 COUNTRY CLUB ROAD
CENTRALIA, IL. 62801

Reference Numbers Facility ID 6013494

Health Service Area 005 Planning Service Area 121

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	119	119
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	11.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	13.00

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

MCCLAIN,ARLAN L.
500 ANCHOR ROAD, P. O. BOX 366
DIXON , IL 61021

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/17/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	6
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	6	6	6	6	6	0	6	6	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	6
TOTAL BEDS	6	6	6	6	6	0	0	6		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			2190	100.0%	0	2190	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	2190	100.0%	0	2190	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	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	4	0	0	2	4	6

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.

Division Street Home317 West Division Street
Amboy, IL. 61310**Reference Numbers** Facility ID 6013643

Health Service Area 001 Planning Service Area 103

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	187	178
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.25
Certified Aides	5.00
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	6.50

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

KOHN,CHARLOTTE;MS.
120 DODGE
EVANSTON , IL 60202

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	2
*Nervous System	9
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	38
Respiratory System	2
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	86

Date Completed
4/11/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	97	97	93	97	86	11	97	97	83	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				86
TOTAL BEDS	97	97	93	97	86	11	97	97		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1626	4.6%	18533	52.3%	11663	31822	89.9%		89.9%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1626	4.6%	18533	52.3%	11663	31822	89.9%		89.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	18	0	0	0	0	0	0	4	18	22
85+	9	55	0	0	0	0	0	0	9	55	64
TOTALS	13	73	0	0	0	0	0	0	13	73	86

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.

Dobson Plaza

120 Dodge Avenue
EVANSTON, IL. 60202

Reference Numbers Facility ID 6002521

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	4	58	0	0	24	0	86
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	58	0	0	24	0	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	265	170
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	81	0	0	0	81
Race Unknown	0	0	0	0	0
Total	86	0	0	0	86

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	3.00
Certified Aides	27.00
Other Health Staff	7.00
Non-Health Staff	12.00
Totals	71.00

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

Maily J. Eaker
 618-548-4884

Registered Agent Information

HEDGES, ROBERT G.
 1625 S. 6TH STREET
 SPRINGFIELD, IL 62703

FACILITY OWNERSHIP
 LIMITED LIABILITY CO

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	8
Blood Disorders	2
*Nervous System	9
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	38
Digestive System	5
Genitourinary System Disorders	1
Skin Disorders	3
Musculo-skeletal Disorders	19
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	110

Date Completed
 4/12/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	120	118	111	118	110	10	120	120	107
Skilled Under 22	0	0	0	0	0	0	0	0	120
Intermediate DD	0	0	0	0	0	0	0	0	117
Sheltered Care	0	0	0	0	0	0	0	0	110
TOTAL BEDS	120	118	111	118	110	10	120	120	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	7856	17.9%	24872	56.8%	5995	38723	88.4%	89.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	7856	17.9%	24872	56.8%	5995	38723	88.4%	89.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	9	2	0	0	0	0	0	0	9	2	11
45 to 59	4	3	0	0	0	0	0	0	4	3	7
60 to 64	6	2	0	0	0	0	0	0	6	2	8
65 to 74	7	12	0	0	0	0	0	0	7	12	19
75 to 84	5	16	0	0	0	0	0	0	5	16	21
85+	8	36	0	0	0	0	0	0	8	36	44
TOTALS	39	71	0	0	0	0	0	0	39	71	110

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.

DOCTORS NURSING & REHAB CENTER

1201 HAWTHORNE ROAD
SALEM, IL. 62881

Reference Numbers Facility ID 6002539

Health Service Area 005 Planning Service Area 121

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	20	76	1	0	13	0	110
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	76	1	0	13	0	110

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	38.00
Other Health Staff	14.00
Non-Health Staff	22.00
Totals	96.00

DOLTON COURT

644 SHERIDAN ROAD
DOLTON, IL. 60419

Reference Numbers Facility ID 6014013
Health Service Area 007 Planning Service Area 705

Administrator
Whitney Oberlink

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/5/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	Total Admissions 2006
Nursing Care	0	0	0	0	0	0	0	Total Discharges 2006	0
Skilled Under 22	0	0	0	0	0	0	0	Residents on 12/31/2006	4
Intermediate DD	4	4	4	4	0	0	4		
Sheltered Care	0	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	0	0	4		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			1278	87.5%	0	1278	87.5%	87.5%	87.5%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	1278	87.5%	0	1278	87.5%	87.5%	87.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	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	0	1	0	0	0	1	1
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	1	3	0	0	1	3	4

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.

DOLTON COURT

644 SHERIDAN ROAD

DOLTON, IL. 60419

Reference Numbers Facility ID 6014013

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	243
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.07
LPN's	0.00
Certified Aides	3.56
Other Health Staff	0.14
Non-Health Staff	0.45
Totals	4.47

DOLTON HEALTHCARE CENTRE

14325 SOUTH BLACKSTONE
 DOLTON, IL. 60419
Reference Numbers Facility ID 6002547
 Health Service Area 007 Planning Service Area 705

Administrator

Safet Keljalic

Contact Person and Telephone

Safet Keljalic
 708-849-5000

Registered Agent Information

MILSTEIN,ALBERT
 35 WEST WACKER DRIVE, STE 4200
 CHICAGO , IL 60601

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	4
Alzheimer Disease	13
Mental Illness	2
Developmental Disability	0
Circulatory System	33
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	70

Date Completed
 3/21/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	80	80	78	80	70	10	39	73	74	40
Skilled Under 22	0	0	0	0	0	0		0		44
Intermediate DD	0	0	0	0	0	0		0		70
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	80	80	78	80	70	10	39	73		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	4036	28.4%	21256	79.8%	1777	27069	92.7%		92.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	4036	28.4%	21256	79.8%	1777	27069	92.7%		92.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	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	2	0	0	0	0	0	0	0	2	2
65 to 74	3	1	0	0	0	0	0	0	3	1	4
75 to 84	11	13	0	0	0	0	0	0	11	13	24
85+	3	33	0	0	0	0	0	0	3	33	36
TOTALS	19	51	0	0	0	0	0	0	19	51	70

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.

DOLTON HEALTHCARE CENTRE

14325 SOUTH BLACKSTONE

DOLTON, IL. 60419

Reference Numbers Facility ID 6002547

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	63	0	0	2	0	70
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	63	0	0	2	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	196	176
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	52	0	0	0	52
Hawaiian/Pac. Isl.	0	0	0	0	0
White	18	0	0	0	18
Race Unknown	0	0	0	0	0
Total	70	0	0	0	70

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	68	0	0	0	68
Ethnicity Unknown	0	0	0	0	0
Total	70	0	0	0	70

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.90
LPN's	5.10
Certified Aides	24.80
Other Health Staff	0.00
Non-Health Staff	26.30
Totals	67.10

DOUGLAS REHAB & CARE CENTER

3516 POWELL LANE
MATTOON, IL. 61938

Reference Numbers Facility ID 6002570
Health Service Area 004 Planning Service Area 029

Administrator

Dianna Spence

Contact Person and Telephone

Dianna Spence
217-234-6401

Registered Agent Information

HEDGES, ROBERT G.
1625 S. 6TH STREET
SPRINGFIELD, IL 62703

FACILITY OWNERSHIP

NON-PROFIT TRUST

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

Note: Reported restrictions denoted by '1'

Date Completed
4/11/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	1
Alzheimer Disease	11
Mental Illness	15
Developmental Disability	0
Circulatory System	13
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	63

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	79	70	63	70	63	16	79	79	64	
Skilled Under 22	0	0	0	0	0	0		0	39	
Intermediate DD	0	0	0	0	0	0		0	40	
Sheltered Care	0	0	0	0	0	0		0	63	
TOTAL BEDS	79	70	63	70	63	16	79	79		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1800	6.2%	15801	54.8%	4742	22343	77.5%		87.4%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1800	6.2%	15801	54.8%	4742	22343	77.5%		87.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	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	2	0	0	0	0	0	0	0	2	2
65 to 74	2	4	0	0	0	0	0	0	2	4	6
75 to 84	2	19	0	0	0	0	0	0	2	19	21
85+	8	24	0	0	0	0	0	0	8	24	32
TOTALS	13	50	0	0	0	0	0	0	13	50	63

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.

DOUGLAS REHAB & CARE CENTER

3516 POWELL LANE
 MATTOON, IL. 61938

Reference Numbers Facility ID 6002570

Health Service Area 004 Planning Service Area 029

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	44	0	0	14	0	63
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	44	0	0	14	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	147	119
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	63	0	0	0	63
Total	63	0	0	0	63

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	28.00
Other Health Staff	3.00
Non-Health Staff	25.00
Totals	74.00

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

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSON, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/6/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5819	99.6%	0	5819	99.6%	99.6%	99.6%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5819	99.6%	0	5819	99.6%	99.6%	99.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	5	0	0	5	5	10
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	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	1	0	0	0	1	1
TOTALS	0	0	0	0	10	6	0	0	10	6	16

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.

DOUGLAS TERRACE

324 EAST DOUGLAS AVENUE
 JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6012389

Health Service Area 003 Planning Service Area 137

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	115	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	7.50
Other Health Staff	0.70
Non-Health Staff	1.80
Totals	10.25

DUPAGE CONVALESCENT CENTER

400 N COUNTY FARM RD
WHEATON, IL. 60187

Reference Numbers Facility ID 6002612
Health Service Area 007 Planning Service Area 703

Administrator

Beth Welch

Contact Person and Telephone

Barbara Hyde
630-665-6400

Registered Agent Information

SCHILLERSTROM,ROBERT
421 COUNTY FARM ROAD
WHEATON, IL 60187

FACILITY OWNERSHIP
COUNTY

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System	78
Alzheimer Disease	61
Mental Illness	1
Developmental Disability	8
Circulatory System	74
Respiratory System	9
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	12
Injuries and Poisonings	22
Other Medical Conditions	44
Non-Medical Conditions	0
TOTALS	328

Date Completed
4/10/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	508	360	341	360	180	50	508	327	408
Skilled Under 22	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0				
TOTAL BEDS	508	360	341	360	180	50	508	327	407

Residents on 12/31/2006 328

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	9478	51.9%	92659	50.0%	17499	119636	64.5%	91.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	9478	51.9%	92659	50.0%	17499	119636	64.5%	91.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	18	9	0	0	0	0	0	0	18	9	27
45 to 59	31	28	0	0	0	0	0	0	31	28	59
60 to 64	2	8	0	0	0	0	0	0	2	8	10
65 to 74	20	11	0	0	0	0	0	0	20	11	31
75 to 84	32	47	0	0	0	0	0	0	32	47	79
85+	17	105	0	0	0	0	0	0	17	105	122
TOTALS	120	208	0	0	0	0	0	0	120	208	328

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.

DUPAGE CONVALESCENT CENTER

400 N COUNTY FARM RD
 WHEATON, IL. 60187

Reference Numbers Facility ID 6002612

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	18	243	0	4	63	0	328
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	243	0	4	63	0	328

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	195
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	7	0	0	0	7
Amer. Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	315	0	0	0	315
Race Unknown	0	0	0	0	0
Total	328	0	0	0	328

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	327	0	0	0	327
Ethnicity Unknown	0	0	0	0	0
Total	328	0	0	0	328

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	34.00
LPN's	17.00
Certified Aides	135.00
Other Health Staff	33.00
Non-Health Staff	193.00
Totals	415.00

DYBALL SUNSHINE HOME

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

HEADLEE,DENNIS K.;MR.
 2025B BROADWAY, P. O. BOX 2369
 MT. VERNON , IL 62864

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
 4/11/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5825	99.7%	0	5825	99.7%	99.7%	99.7%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5825	99.7%	0	5825	99.7%	99.7%	99.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

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

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.

DYBALL SUNSHINE HOME

P.O. BOX 176
 FAIRFIELD, IL. 62837

Reference Numbers Facility ID 6002620

Health Service Area 005 Planning Service Area 191

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	1.00
Non-Health Staff	0.00
Totals	14.00

EAGLE COURT

1890 EAST EAGLE STREET
KANKAKEE, IL. 60901

Reference Numbers Facility ID 6013882
Health Service Area 009 Planning Service Area 091

Administrator

Anna Corso

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/7/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	5	
Skilled Under 22	0	0	0	0	0	0	0	0	1	
Intermediate DD	6	6	6	6	6	0	6	6	0	
Sheltered Care	0	0	0	0	0	0	0	0	0	
TOTAL BEDS	6	6	6	6	6	0	0	6	6	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			1651	75.4%	0	1651	75.4%	75.4%	75.4%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	1651	75.4%	0	1651	75.4%	75.4%	75.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	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

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.

EAGLE COURT

1890 EAST EAGLE STREET
KANKAKEE, IL. 60901

Reference Numbers Facility ID 6013882

Health Service Area 009 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	179	179
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.15
LPN's	0.00
Certified Aides	6.51
Other Health Staff	0.39
Non-Health Staff	1.01
Totals	8.31

East Bank Center, LLC.

6131 Park Ridge Road
ROCKFORD, IL. 61111

Reference Numbers Facility ID 6003222
Health Service Area 001 Planning Service Area 201

Administrator

Edna Lopez

Contact Person and Telephone

Edna Lopez
815-633-6810

Registered Agent Information

HOVDE, MICHAEL D
107 SOUTH THIRD STREET
BLOOMINGDALE, IL 60108

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	9

Date Completed
4/12/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	54	54	21	15	9	45	54	10	20	165
Skilled Under 22	0	0	0	0	0	0		0		176
Intermediate DD	0	0	0	0	0	0		0		9
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	54	54	21	15	9	45	54	10		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	3499	17.8%	2173	59.5%	1807	7479	37.9%	37.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	3499	17.8%	2173	59.5%	1807	7479	37.9%	37.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	2	0	0	0	0	0	0	0	2	2
75 to 84	1	1	0	0	0	0	0	0	1	1	2
85+	2	2	0	0	0	0	0	0	2	2	4
TOTALS	3	6	0	0	0	0	0	0	3	6	9

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.

East Bank Center, LLC.6131 Park Ridge Road
ROCKFORD, IL. 61111**Reference Numbers** Facility ID 6003222

Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	1	0	0	2	0	9
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	1	0	0	2	0	9

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	8	0	0	0	8
Race Unknown	0	0	0	0	0
Total	9	0	0	0	9

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	9	0	0	0	9
Ethnicity Unknown	0	0	0	0	0
Total	9	0	0	0	9

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	12.00
Other Health Staff	0.00
Non-Health Staff	9.00
Totals	32.00

EAST PEORIA GARDENS HLTHCR CTR

1910 SPRINGFIELD ROAD
 EAST PEORIA, IL. 61611
Reference Numbers Facility ID 6003701
 Health Service Area 002 Planning Service Area 179

Administrator
 Tammy Stoneberger

Contact Person and Telephone

Tammy Stoneberger
 309-694-1435

Registered Agent Information

MEGENCE,MEYER
 8320 SKOKIE BOULEVARD
 SKOKIE, IL 60077

FACILITY OWNERSHIP
 LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System	6
Alzheimer Disease	3
Mental Illness	25
Developmental Disability	0
Circulatory System	13
Respiratory System	3
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	75

Date Completed
 5/8/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	103	103	81	103	75	28	0	103	60
Skilled Under 22	0	0	0	0	0	0	0	0	113
Intermediate DD	0	0	0	0	0	0	0	0	98
Sheltered Care	0	0	0	0	0	0	0	0	75
TOTAL BEDS	103	103	81	103	75	28	0	103	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	2307	0.0%	19593	52.1%	2090	23990	63.8%	63.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2307	0.0%	19593	52.1%	2090	23990	63.8%	63.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	5	2	0	0	0	0	0	0	5	2	7
45 to 59	17	11	0	0	0	0	0	0	17	11	28
60 to 64	2	6	0	0	0	0	0	0	2	6	8
65 to 74	7	11	0	0	0	0	0	0	7	11	18
75 to 84	1	6	0	0	0	0	0	0	1	6	7
85+	2	5	0	0	0	0	0	0	2	5	7
TOTALS	34	41	0	0	0	0	0	0	34	41	75

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.

EAST PEORIA GARDENS HLTHCR CTR

1910 SPRINGFIELD ROAD

EAST PEORIA, IL. 61611

Reference Numbers Facility ID 6003701

Health Service Area 002 Planning Service Area 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	67	0	0	2	0	75
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	67	0	0	2	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	143	116
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	21	0	0	0	21
Hawaiian/Pac. Isl.	0	0	0	0	0
White	54	0	0	0	54
Race Unknown	0	0	0	0	0
Total	75	0	0	0	75

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	24.00
Other Health Staff	4.00
Non-Health Staff	24.00
Totals	69.00

East Side Terrace

3850 East Fulton
Decatur, IL. 62521

Reference Numbers Facility ID 6012926
Health Service Area 004 Planning Service Area 115

Administrator

Pamela Rosenkranz

Contact Person and Telephone

Pamela Rosenkranz
217-422-4884

Registered Agent Information

KRECKMAN,ALFRED
908 NORTH MAIN ST, P O BOX 10
PARIS, IL 61944

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/3/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	15	16	15	1		16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2006	15
TOTAL BEDS	16	16	15	16	15	1	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5462	93.5%	0	5462	93.5%	93.5%	93.5%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5462	93.5%	0	5462	93.5%	93.5%	93.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	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

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.

East Side Terrace3850 East Fulton
Decatur, IL. 62521**Reference Numbers** Facility ID 6012926

Health Service Area 004 Planning Service Area 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	115
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.19
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.14
LPN's	0.00
Certified Aides	9.54
Other Health Staff	1.00
Non-Health Staff	0.54
Totals	11.41

EASTERN STAR AT MACON

9890 STAR LANE PO BOX 258
MACON, IL 62544

Reference Numbers Facility ID 6002653
Health Service Area 004 Planning Service Area 115

Administrator

Teri Jo Lynch, RN/BSN/LNHA

Contact Person and Telephone

Teri Jo Lynch RN/BSN/LNHA
217-764-3348

Registered Agent Information

SHANK, JANICE M.
9894 STAR LANE, P.O. BOX 317
MACON, IL 62544

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	30

Date Completed
4/12/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	44	35	24	35	23	21	0	0	33
Skilled Under 22	0	0	0	0	0	0	0	0	8
Intermediate DD	0	0	0	0	0	0	0	0	11
Sheltered Care	26	12	9	12	7	19	0	0	30
TOTAL BEDS	70	47	33	47	30	40	0	0	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	8286	8286	51.6%		64.9%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					3188	3188	33.6%		72.8%	
TOTALS	0	0.0%	0	0.0%	11474	11474	44.9%		66.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	0	2	2
75 to 84	0	0	0	0	0	0	0	5	0	5	5
85+	0	22	0	0	0	0	0	1	0	23	23
TOTALS	0	23	0	0	0	0	0	7	0	30	30

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.

EASTERN STAR AT MACON

9890 STAR LANE PO BOX 258
 MACON, IL. 62544

Reference Numbers Facility ID 6002653

Health Service Area 004 Planning Service Area 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	16	0	7	0	23
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			6	0	1	0	7
TOTALS	0	0	22	0	8	0	30

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	140	140

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	23	0	0	7	30
Race Unknown	0	0	0	0	0
Total	23	0	0	7	30

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	23	0	0	7	30
Ethnicity Unknown	0	0	0	0	0
Total	23	0	0	7	30

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	15.00
Other Health Staff	0.00
Non-Health Staff	30.00
Totals	59.00

EASTSIDE HEALTH & REHAB CENTER

1400 EAST WASHINGTON
 PITTSFIELD, IL. 62363
Reference Numbers Facility ID 6007025
 Health Service Area 003 Planning Service Area 013

Administrator
 Teresa Bauer

Contact Person and Telephone

Marikay Snyder
 309-689-5880

Registered Agent Information

SNYDER,MARIKAY L
 830 WEST TRAILCREEK DRIVE
 PEORIA, IL 61614

FACILITY OWNERSHIP
 LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	1
Mental Illness	19
Developmental Disability	0
Circulatory System	13
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	1
Injuries and Poisonings	5
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	59

Date Completed
 4/6/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	92	92	60	92	59	33	92	92	52	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		0		
TOTAL BEDS	92	92	60	92	59	33	92	92		131
										Residents on 12/31/2006
										59

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1662	4.9%	15185	45.2%	3164	20011	59.6%		59.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1662	4.9%	15185	45.2%	3164	20011	59.6%		59.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	5	0	0	0	0	0	0	0	5	5
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	3	4	0	0	0	0	0	0	3	4	7
75 to 84	3	12	0	0	0	0	0	0	3	12	15
85+	4	27	0	0	0	0	0	0	4	27	31
TOTALS	11	48	0	0	0	0	0	0	11	48	59

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.

EASTSIDE HEALTH & REHAB CENTER

1400 EAST WASHINGTON
 PITTSFIELD, IL. 62363

Reference Numbers Facility ID 6007025

Health Service Area 003 Planning Service Area 013

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	9	41	0	0	9	0	59
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	41	0	0	9	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	16.00
Other Health Staff	1.00
Non-Health Staff	12.00
Totals	40.00

FACILITY NOTES

Bed Change 12/13/2006 Discontinued seven nursing care beds, total now 92 nursing care beds.

EASTVIEW TERRACE

EAST VIEW PLACE
SULLIVAN, IL. 61951

Reference Numbers Facility ID 6009237
Health Service Area 004 Planning Service Area 139

Administrator

Bonnie Hayden

Contact Person and Telephone

Marikay Snyder
309-689-5880

Registered Agent Information

SNYDER, MARIKAY L.
830 WEST TRAILCREEK DRIVE
PEORIA, IL 61614

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	2
*Nervous System	0
Alzheimer Disease	20
Mental Illness	4
Developmental Disability	4
Circulatory System	7
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	1
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	61

Date Completed
4/4/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	63	63	63	63	2	0	63	57	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	0		
TOTAL BEDS	63	63	63	63	2	0	63	49	61

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1523	0.0%	16037	69.7%	3416	20976	91.2%		91.2%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1523	0.0%	16037	69.7%	3416	20976	91.2%		91.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	2	0	0	0	0	0	0	0	2	2
45 to 59	4	5	0	0	0	0	0	0	4	5	9
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	4	6	0	0	0	0	0	0	4	6	10
75 to 84	11	10	0	0	0	0	0	0	11	10	21
85+	5	11	0	0	0	0	0	0	5	11	16
TOTALS	24	37	0	0	0	0	0	0	24	37	61

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.

EASTVIEW TERRACE

EAST VIEW PLACE
 SULLIVAN, IL. 61951

Reference Numbers Facility ID 6009237

Health Service Area 004 Planning Service Area 139

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	4	45	0	0	12	0	61
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	45	0	0	12	0	61

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	1	0	0	0	1
Black	2	0	0	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	15.00
Other Health Staff	0.00
Non-Health Staff	18.00
Totals	45.00

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
Jane Hamilton Rubin

Contact Person and Telephone

Jane Hamilton Rubin
618-288-5014

Registered Agent Information

OATES, DAVID
400 SOUTH STATION ROAD
GLEN CARBON, IL 62034

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	2
*Nervous System	8
Alzheimer Disease	51
Mental Illness	7
Developmental Disability	1
Circulatory System	24
Respiratory System	5
Digestive System	6
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	8
Injuries and Poisonings	6
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	128

Date Completed
4/12/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	138	138	128	138	128	10	138	110	111	184
Skilled Under 22	0	0	0	0	0	0		0		167
Intermediate DD	0	0	0	0	0	0		0		128
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	138	138	128	138	128	10	138	110		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3205	6.4%	16627	41.4%	24804	44636	88.6%		88.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	3205	6.4%	16627	41.4%	24804	44636	88.6%		88.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	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	0	6	0	0	0	0	0	0	0	6	6
75 to 84	12	36	0	0	0	0	0	0	12	36	48
85+	5	68	0	0	0	0	0	0	5	68	73
TOTALS	18	110	0	0	0	0	0	0	18	110	128

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.

EDEN VILLAGE CARE CENTER400 SOUTH STATION ROAD
GLEN CARBON, IL. 62034

Reference Numbers Facility ID 6002679

Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	13	45	0	0	70	0	128
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	45	0	0	70	0	128

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	212	142
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	126	0	0	0	126
Race Unknown	0	0	0	0	0
Total	128	0	0	0	128

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	128	0	0	0	128
Ethnicity Unknown	0	0	0	0	0
Total	128	0	0	0	128

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	16.50
Certified Aides	63.00
Other Health Staff	3.00
Non-Health Staff	75.00
Totals	162.50

Edwardsville Nursing & Rehab

401 St. Mary's Drive
EDWARDSVILLE, IL. 62025

Reference Numbers Facility ID 6002729
Health Service Area 011 Planning Service Area 119

Administrator

John Law

Contact Person and Telephone

John Law
618-692-1330

Registered Agent Information

SCHWARTZ,LAWRENCE Y
7366 NORTH LINCOLN AVENUE
LINCOLNWOOD , IL 60712

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System	8
Alzheimer Disease	34
Mental Illness	10
Developmental Disability	2
Circulatory System	12
Respiratory System	12
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	7
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	101

Date Completed
4/10/2006

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	120	120	107	120	19	32	120	Residents on 1/1/2006	90
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	213
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	202
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	101
TOTAL BEDS	120	120	107	120	19	32	120		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	2385	20.4%	25305	57.8%	7592	35282	80.6%	80.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2385	20.4%	25305	57.8%	7592	35282	80.6%	80.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	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	3	3	0	0	0	0	0	0	3	3	6
65 to 74	13	10	0	0	0	0	0	0	13	10	23
75 to 84	5	22	0	0	0	0	0	0	5	22	27
85+	4	28	0	0	0	0	0	0	4	28	32
TOTALS	31	70	0	0	0	0	0	0	31	70	101

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.

Edwardsville Nursing & Rehab

401 St. Mary's Drive
 EDWARDSVILLE, IL. 62025

Reference Numbers Facility ID 6002729

Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	69	4	22	0	0	101
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	69	4	22	0	0	101

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pac. Isl.	0	0	0	0	0
White	93	0	0	0	93
Race Unknown	0	0	0	0	0
Total	101	0	0	0	101

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	37.00
Other Health Staff	8.00
Non-Health Staff	34.00
Totals	97.00

EDWARDSVILLE TERRACE

808 SOUTHWEST PLACE
EDWARDSVILLE, IL. 62025

Reference Numbers Facility ID 6013783
Health Service Area 011 Planning Service Area 119

Administrator
Angela Hnatowich

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY LL.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/5/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5475	93.8%	365	5840	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5475	93.8%	365	5840	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	7	4	0	0	7	4	11
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	10	6	0	0	10	6	16

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.

EDWARDSVILLE TERRACE

808 SOUTHWEST PLACE
EDWARDSVILLE, IL. 62025

Reference Numbers Facility ID 6013783

Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	135	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	7.00
Other Health Staff	0.75
Non-Health Staff	2.00
Totals	10.00

EFFINGHAM REHAB & HEALTH C CTR

1610 NORTH LAKEWOOD DRIVE
 EFFINGHAM, IL. 62401
Reference Numbers Facility ID 6009559
 Health Service Area 005 Planning Service Area 049

Administrator

Lola White

Contact Person and Telephone

Marikay Snyder
 309-253-9874

Registered Agent Information

SNYDER,MARIKAY L
 830 WEST TRAILCREEK DRIVE
 PEORIA, IL 61614

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	2
Alzheimer Disease	11
Mental Illness	2
Developmental Disability	0
Circulatory System	20
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	45

Date Completed
 4/7/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	62	62	47	62	17	16	62	Residents on 1/1/2006	41
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	44
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	40
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	45
TOTAL BEDS	62	62	47	62	17	16	62		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2199	37.7%	9296	41.1%	3876	15371	67.9%		67.9%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2199	37.7%	9296	41.1%	3876	15371	67.9%		67.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	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	2	0	0	0	0	0	0	0	2	0	2
65 to 74	4	6	0	0	0	0	0	0	4	6	10
75 to 84	5	8	0	0	0	0	0	0	5	8	13
85+	8	9	0	0	0	0	0	0	8	9	17
TOTALS	21	24	0	0	0	0	0	0	21	24	45

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.

EFFINGHAM REHAB & HEALTH C CTR

1610 NORTH LAKEWOOD DRIVE

EFFINGHAM, IL. 62401

Reference Numbers Facility ID 6009559

Health Service Area 005 Planning Service Area 049

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	7	24	0	0	14	0	45
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	24	0	0	14	0	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	100	95
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	9.00
Totals	31.00

EFFINGHAM TERRACE

1101 SOUTH 3RD STREET
EFFINGHAM, IL. 62401

Reference Numbers Facility ID 6002737
Health Service Area 005 Planning Service Area 049

Administrator
Gregory Baumgardner

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSON, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/8/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	13
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	5
Intermediate DD	16	16	16	16	14	2	16	Total Discharges 2006	4
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	14
TOTAL BEDS	16	16	16	16	14	2	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			4850	83.0%	0	4850	83.0%	83.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	0	0.0%	4850	83.0%	0	4850	83.0%	83.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	1	0	0	0	1	0	1
18 to 44	0	0	0	0	5	5	0	0	5	5	10
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	9	5	0	0	9	5	14

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.

EFFINGHAM TERRACE1101 SOUTH 3RD STREET
EFFINGHAM, IL. 62401

Reference Numbers Facility ID 6002737

Health Service Area 005 Planning Service Area 049

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	104	104
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	7.00
Other Health Staff	0.70
Non-Health Staff	2.60
Totals	10.55

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

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLED SOE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/6/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	0		16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0			Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%		0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			5674	97.2%	0	5674	97.2%		97.2%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	5674	97.2%	0	5674	97.2%		97.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	9	2	0	0	9	2	11
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	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	12	4	0	0	12	4	16

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.

EISENHOWER TERRACE

#2 EISENHOWER DRIVE

JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6013692

Health Service Area 003 Planning Service Area 137

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	125	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	8.00
Other Health Staff	0.64
Non-Health Staff	2.00
Totals	10.89

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

Ruth Swift

Contact Person and Telephone

Marikay Snyder
309-689-5880

Registered Agent Information

SNYDER, MARIKAY L.
830 WEST TRAILCREEK DRIVE
PEORIA, IL 61614

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	2
Alzheimer Disease	0
Mental Illness	108
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	0
Non-Medical Conditions	1
TOTALS	114

Date Completed
4/5/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	123	120	120	114	114	9	0	123	Residents on 1/1/2006	118
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	31
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006	35
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	114
TOTAL BEDS	123	120	120	114	114	9	0	123		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	538	0.0%	37090	82.6%	4890	42518	94.7%	97.1%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	538	0.0%	37090	82.6%	4890	42518	94.7%	97.1%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	13	5	0	0	0	0	0	0	13	5	18
45 to 59	22	20	0	0	0	0	0	0	22	20	42
60 to 64	7	6	0	0	0	0	0	0	7	6	13
65 to 74	14	6	0	0	0	0	0	0	14	6	20
75 to 84	2	14	0	0	0	0	0	0	2	14	16
85+	1	4	0	0	0	0	0	0	1	4	5
TOTALS	59	55	0	0	0	0	0	0	59	55	114

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	100	0	7	7	0	114
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	100	0	7	7	0	114

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	23.00
Other Health Staff	2.00
Non-Health Staff	30.00
Totals	67.00

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
312-666-4511

Registered Agent Information

ALLOCCO,VINCENT A.
1850 WEST 21ST ST
CHICAGO , IL 60608

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/3/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	11	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0	0	0	0	Total Discharges 2006
Intermediate DD	12	12	12	12	12	0	12	12	12	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	12	0	0	12		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			4380	100.0%	0	4380	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	4380	100.0%	0	4380	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	2	0	0	5	2	7
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	7	5	0	0	7	5	12

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.

EL VALOR RESIDENCE1931 WEST 19TH STREET
CHICAGO, IL. 60608

Reference Numbers Facility ID 6002752

Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	5	0	5
Non-Hispanic	0	0	7	0	7
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	6.25
Other Health Staff	0.00
Non-Health Staff	2.50
Totals	11.75

ELDERCARE OF ALTON

3523 WICKENHAUSER
ALTON, IL. 62002

Reference Numbers Facility ID 6002778
Health Service Area 011 Planning Service Area 119

Administrator
Deborah Cutright

Contact Person and Telephone

Deborah Cutright
618-465-8887

Registered Agent Information

WOLF,STEVEN C;MR
2810 FRANK SCOTT PKWY W,STE820
BELLEVILLE , IL 62223

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System	12
Alzheimer Disease	49
Mental Illness	8
Developmental Disability	5
Circulatory System	20
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	124

Date Completed
4/6/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	Total Admissions 2006
Nursing Care	181	160	135	160	124	57	37	181	128	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		0		
TOTAL BEDS	181	160	135	160	124	57	37	181		238
										Residents on 12/31/2006 124

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1611	11.9%	40636	61.5%	4553	46800	70.8%		80.1%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1611	11.9%	40636	61.5%	4553	46800	70.8%		80.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	5	3	0	0	0	0	0	0	5	3	8
60 to 64	3	5	0	0	0	0	0	0	3	5	8
65 to 74	6	9	0	0	0	0	0	0	6	9	15
75 to 84	12	34	0	0	0	0	0	0	12	34	46
85+	5	41	0	0	0	0	0	0	5	41	46
TOTALS	31	93	0	0	0	0	0	0	31	93	124

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.

ELDERCARE OF ALTON

3523 WICKENHAUSER

ALTON, IL. 62002

Reference Numbers Facility ID 6002778

Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	111	0	0	8	0	124
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	111	0	0	8	0	124

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	26	0	0	0	26
Hawaiian/Pac. Isl.	0	0	0	0	0
White	98	0	0	0	98
Race Unknown	0	0	0	0	0
Total	124	0	0	0	124

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	124	0	0	0	124
Ethnicity Unknown	0	0	0	0	0
Total	124	0	0	0	124

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	30.00
Other Health Staff	9.00
Non-Health Staff	41.00
Totals	100.00

ELIZABETH NURSING HOME

540 PLEASANT STREET
 ELIZABETH, IL. 61028
Reference Numbers Facility ID 6002810
 Health Service Area 001 Planning Service Area 085

Administrator
 James G. Harkness

Contact Person and Telephone

JAMES G. HARKNESS
 815-858-2275

Registered Agent Information

VINCENT, JAMES B.; MR.
 540 PLEASANT STREET
 ELIZABETH, IL 61038

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System	1
Alzheimer Disease	5
Mental Illness	17
Developmental Disability	0
Circulatory System	11
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	43

Date Completed
 4/2/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	49	49	49	43	6	0	49	Residents on 1/1/2006	45
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	26
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	28
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	43
TOTAL BEDS	49	49	49	43	6	0	49		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	4163	23.3%	12390	16553	92.6%	92.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	0	0.0%	4163	23.3%	12390	16553	92.6%	92.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	7	6	0	0	0	0	0	0	7	6	13
85+	5	23	0	0	0	0	0	0	5	23	28
TOTALS	13	30	0	0	0	0	0	0	13	30	43

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.

ELIZABETH NURSING HOME

540 PLEASANT STREET
 ELIZABETH, IL. 61028

Reference Numbers Facility ID 6002810

Health Service Area 001 Planning Service Area 085

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	14	0	4	25	0	43
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	4	25	0	43

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	126	136
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	33.00
Non-Health Staff	12.00
Totals	71.00

ELLNER TERRACE

801 MARKET STREET
EVANSVILLE, IL. 62242

Reference Numbers Facility ID 6010409
Health Service Area 005 Planning Service Area 157

Administrator

Randi Leone

Contact Person and Telephone

Karla Rogers
618-853-4451

Registered Agent Information

EVERSON,VINCENT M
2020 W WAR MEMORIAL DR,STE 103
PEORIA , IL 61614

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/7/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	Total Admissions 2006
Nursing Care	0	0	0	0	0	0	0	0	Total Discharges 2006	0
Skilled Under 22	0	0	0	0	0	0	0	0	Residents on 12/31/2006	15
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		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5062	86.7%	0	5062	86.7%	86.7%	86.7%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5062	86.7%	0	5062	86.7%	86.7%	86.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	2	0	0	1	2	3
45 to 59	0	0	0	0	6	4	0	0	6	4	10
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	7	0	0	8	7	15

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.

ELLNER TERRACE

801 MARKET STREET
EVANSVILLE, IL. 62242

Reference Numbers Facility ID 6010409

Health Service Area 005 Planning Service Area 157

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	218	109
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	10.00
Non-Health Staff	0.00
Totals	10.00

FACILITY NOTES

- E-151-05 3/9/2006 Change of ownership occurred.
- E-151-05 1/30/2006 Change of ownership exemption approved.

ELM BROOK HLTH C & REHAB CTRE

127 WEST DIVERSEY AVENUE
ELMHURST, IL. 60126

Reference Numbers Facility ID 6010144
Health Service Area 007 Planning Service Area 703

Administrator
Connie Sherman RN MS

Contact Person and Telephone

Connie Sherman RN MS
630-530-5225

Registered Agent Information

ZUNG,LAURENCE
3520 WEST THORNDALE
CHICAGO, IL 60659

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	18
Blood Disorders	1
*Nervous System	33
Alzheimer Disease	18
Mental Illness	14
Developmental Disability	6
Circulatory System	27
Respiratory System	7
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	19
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	154

Date Completed
3/29/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2006	
Nursing Care	180	180	154	180	26	63	180	Residents on 1/1/2006	167
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	330
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	343
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	154
TOTAL BEDS	180	180	154	180	26	63	180		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	6902	30.0%	42372	64.5%	6936	56210	85.6%		85.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	6902	30.0%	42372	64.5%	6936	56210	85.6%		85.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	7	5	0	0	0	0	0	0	7	5	12
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	10	11	0	0	0	0	0	0	10	11	21
75 to 84	21	38	0	0	0	0	0	0	21	38	59
85+	11	47	0	0	0	0	0	0	11	47	58
TOTALS	51	103	0	0	0	0	0	0	51	103	154

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.

ELM BROOK HLTH C & REHAB CTRE

127 WEST DIVERSEY AVENUE

ELMHURST, IL. 60126

Reference Numbers Facility ID 6010144

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	18	106	6	0	24	0	154
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	106	6	0	24	0	154

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	227	206
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	135	0	0	0	135
Race Unknown	12	0	0	0	12
Total	154	0	0	0	154

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	12	0	0	0	12
Non-Hispanic	142	0	0	0	142
Ethnicity Unknown	0	0	0	0	0
Total	154	0	0	0	154

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.25
Director of Nursing	1.00
Registered Nurses	21.30
LPN's	2.50
Certified Aides	58.60
Other Health Staff	0.00
Non-Health Staff	92.10
Totals	176.75

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

Karen Moorefield
630-516-5000

Registered Agent Information

ALBIN, MAURICE; MR.
77 W WASHINGTON SUITE 1018
CHICAGO, IL 60602

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System	6
Alzheimer Disease	0
Mental Illness	9
Developmental Disability	0
Circulatory System	10
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	7
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	8
Other Medical Conditions	14
Non-Medical Conditions	3
TOTALS	78

Date Completed
4/6/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	112	108	96	105	78	34	39	39	89	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		0		
TOTAL BEDS	112	108	96	105	78	34	39	39	169	78

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	5723	40.2%	3219	22.6%	22009	30951	75.7%		78.5%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	5723	40.2%	3219	22.6%	22009	30951	75.7%		78.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	0	4	0	0	0	0	0	0	0	4	4
75 to 84	7	19	0	0	0	0	0	0	7	19	26
85+	5	42	0	0	0	0	0	0	5	42	47
TOTALS	13	65	0	0	0	0	0	0	13	65	78

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.

ELMHURST EXTENDED CARE CENTER200 EAST LAKE STREET
ELMHURST, IL. 60126

Reference Numbers Facility ID 6002828

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	13	11	0	0	54	0	78
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	11	0	0	54	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	177	156
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	76	0	0	0	76
Race Unknown	2	0	0	0	2
Total	78	0	0	0	78

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	76	0	0	0	76
Ethnicity Unknown	0	0	0	0	0
Total	78	0	0	0	78

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	36.00
Other Health Staff	4.00
Non-Health Staff	28.00
Totals	90.00

ELMHURST MEMORIAL HOSPITAL

200 BERTEAU AVENUE
ELMHURST, IL. 60126

Reference Numbers Facility ID 6014310
Health Service Area 007 Planning Service Area 703

Administrator
Kenneth Bowman

Contact Person and Telephone

Donna Ramadan
630-833-1400 x44719

Registered Agent Information

Date Completed
4/24/2007

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	2
Digestive System	7
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	38

FACILITY OWNERSHIP
OTHER NON-PROFIT

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	38	38	38	38	0	38	38	Residents on 1/1/2006	36
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	942
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	940
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	38
TOTAL BEDS	38	38	38	38	0	38	38		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	9285	66.9%	15	0.1%	988	10288	74.2%	74.2%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	9285	66.9%	15	0.1%	988	10288	74.2%	74.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	12	0	0	0	0	0	0	2	12	14
65 to 74	5	7	0	0	0	0	0	0	5	7	12
75 to 84	6	5	0	0	0	0	0	0	6	5	11
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	13	25	0	0	0	0	0	0	13	25	38

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.

ELMHURST MEMORIAL HOSPITAL

200 BERTEAU AVENUE
ELMHURST, IL. 60126

Reference Numbers Facility ID 6014310

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	33	0	0	5	0	0	38
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	33	0	0	5	0	0	38

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	988	988
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.80
LPN's	1.00
Certified Aides	18.50
Other Health Staff	2.00
Non-Health Staff	4.50
Totals	41.80

ELMWOOD CARE

7733 GRAND AVENUE
 ELMWOOD PARK, IL. 60707
Reference Numbers Facility ID 6008270
 Health Service Area 007 Planning Service Area 704

Administrator

Lori Barrish

Contact Person and Telephone

Lori Barrish
 708-452-9200

Registered Agent Information

ROTHNER, ERIC A.
 2201 MAIN STREET
 EVANSTON, IL 60202

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	6
Blood Disorders	3
*Nervous System	9
Alzheimer Disease	34
Mental Illness	25
Developmental Disability	3
Circulatory System	29
Respiratory System	38
Digestive System	3
Genitourinary System Disorders	8
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	7
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	179

Date Completed
 4/6/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	185
Nursing Care	245	245	198	245	179	66	245	245	Total Admissions 2006	202
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2006	208
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2006	179
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	245	245	198	245	179	66	245	245		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	6666	7.5%	56070	62.7%	5286	68022	76.1%		76.1%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	6666	7.5%	56070	62.7%	5286	68022	76.1%		76.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	5	8	0	0	0	0	0	0	5	8	13
45 to 59	16	18	0	0	0	0	0	0	16	18	34
60 to 64	13	9	0	0	0	0	0	0	13	9	22
65 to 74	18	30	0	0	0	0	0	0	18	30	48
75 to 84	23	23	0	0	0	0	0	0	23	23	46
85+	5	11	0	0	0	0	0	0	5	11	16
TOTALS	80	99	0	0	0	0	0	0	80	99	179

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.

ELMWOOD CARE

7733 GRAND AVENUE

ELMWOOD PARK, IL. 60707

Reference Numbers Facility ID 6008270

Health Service Area 007 Planning Service Area 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	21	143	2	4	9	0	179
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	143	2	4	9	0	179

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	7	0	0	0	7
Amer. Indian	1	0	0	0	1
Black	54	0	0	0	54
Hawaiian/Pac. Isl.	3	0	0	0	3
White	114	0	0	0	114
Race Unknown	0	0	0	0	0
Total	179	0	0	0	179

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	16	0	0	0	16
Non-Hispanic	163	0	0	0	163
Ethnicity Unknown	0	0	0	0	0
Total	179	0	0	0	179

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	45.00
Other Health Staff	11.00
Non-Health Staff	62.00
Totals	145.00

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 Dixon-Rudd, RN

Contact Person and Telephone

Sherri Dixon-Rudd
618-344-7750

Registered Agent Information

SCHWARTZ,LAWRENCE Y.
7366 NORTH LINCOLN, #404
LINCOLNWOOD , IL 60646

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	24
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	71

Date Completed
4/4/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	104	104	76	104	71	33	13	104	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		0		
TOTAL BEDS	104	104	76	104	71	33	13	104		75
										Residents on 12/31/2006
										71

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	3599	75.8%	17709	46.7%	5871	27179	71.6%	71.6%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	3599	75.8%	17709	46.7%	5871	27179	71.6%	71.6%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	2	0	0	0	0	0	0	0	2	2
45 to 59	7	0	0	0	0	0	0	0	7	0	7
60 to 64	5	4	0	0	0	0	0	0	5	4	9
65 to 74	11	10	0	0	0	0	0	0	11	10	21
75 to 84	11	12	0	0	0	0	0	0	11	12	23
85+	1	8	0	0	0	0	0	0	1	8	9
TOTALS	35	36	0	0	0	0	0	0	35	36	71

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.

ELMWOOD NRSG. & REHAB CENTER

152 WILMA DRIVE
 MARYVILLE, IL. 62062

Reference Numbers Facility ID 6005961

Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	59	0	0	7	0	71
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	59	0	0	7	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	138	102
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pac. Isl.	1	0	0	0	1
White	63	0	0	0	63
Race Unknown	0	0	0	0	0
Total	71	0	0	0	71

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	68	0	0	0	68
Total	71	0	0	0	71

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	26.00
Other Health Staff	0.00
Non-Health Staff	20.00
Totals	60.00

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 hill

Contact Person and Telephone

Cathy Hill
708-897-3100

Registered Agent Information

SCHWARTZ,LARRY
7366 NORTH LINCOLN AVE,STE 404
LINCOLNWOOD , IL 60712

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	13
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	1
Circulatory System	20
Respiratory System	11
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	52

Date Completed
4/3/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	68	68	54	68	52	16	68	68	Residents on 1/1/2006	30
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	76
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006	54
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	52
TOTAL BEDS	68	68	54	68	52	16	68	68		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2386	9.6%	10107	40.7%	1830	14323	57.7%		57.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2386	9.6%	10107	40.7%	1830	14323	57.7%		57.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	2	0	0	0	0	0	0	1	2	3
45 to 59	4	2	0	0	0	0	0	0	4	2	6
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	3	1	0	0	0	0	0	0	3	1	4
75 to 84	7	10	0	0	0	0	0	0	7	10	17
85+	3	16	0	0	0	0	0	0	3	16	19
TOTALS	19	33	0	0	0	0	0	0	19	33	52

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.

ELMWOOD TERRACE HEALTHCARE CTR

1017 WEST GALENA BOULEVARD
 AURORA, IL. 60506

Reference Numbers Facility ID 6002844

Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	13	24	8	7	0	0	52
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	24	8	7	0	0	52

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pac. Isl.	0	0	0	0	0
White	42	0	0	0	42
Race Unknown	0	0	0	0	0
Total	52	0	0	0	52

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	41	0	0	0	41
Ethnicity Unknown	0	0	0	0	0
Total	52	0	0	0	52

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	19.00
Other Health Staff	0.00
Non-Health Staff	22.00
Totals	53.00

Elston Nursing & Rehab Centre

4340 North Keystone
CHICAGO, IL. 60641

Reference Numbers Facility ID 6002851
Health Service Area 006 Planning Service Area 601

Administrator
Steven Schayer

Contact Person and Telephone

Steven Schayer
773-545-8700

Registered Agent Information

STERN, ABRAHAM J.
10 S. WACKER DR., 40TH FLOOR
CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	19
Blood Disorders	0
*Nervous System	17
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	30
Respiratory System	15
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	16
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	105

Date Completed
3/18/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	117	117	116	117	105	12	32	117	110
Skilled Under 22	0	0	0	0	0	0	0	0	403
Intermediate DD	0	0	0	0	0	0	0	0	408
Sheltered Care	0	0	0	0	0	0	0	0	105
TOTAL BEDS	117	117	116	117	105	12	32	117	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	4212	36.1%	34507	80.8%	1555	40274	94.3%	94.3%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	4212	36.1%	34507	80.8%	1555	40274	94.3%	94.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	1	0	0	0	0	0	0	3	1	4
45 to 59	15	7	0	0	0	0	0	0	15	7	22
60 to 64	5	2	0	0	0	0	0	0	5	2	7
65 to 74	18	14	0	0	0	0	0	0	18	14	32
75 to 84	17	13	0	0	0	0	0	0	17	13	30
85+	2	8	0	0	0	0	0	0	2	8	10
TOTALS	60	45	0	0	0	0	0	0	60	45	105

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.

Elston Nursing & Rehab Centre4340 North Keystone
CHICAGO, IL. 60641**Reference Numbers** Facility ID 6002851

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	86	0	0	14	0	105
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	86	0	0	14	0	105

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	25	0	0	0	25
Hawaiian/Pac. Isl.	1	0	0	0	1
White	63	0	0	0	63
Race Unknown	16	0	0	0	16
Total	105	0	0	0	105

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	20	0	0	0	20
Non-Hispanic	85	0	0	0	85
Ethnicity Unknown	0	0	0	0	0
Total	105	0	0	0	105

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	9.00
Certified Aides	34.00
Other Health Staff	2.00
Non-Health Staff	29.00
Totals	92.00

EMBASSY HEALTH CARE CENTER

555 W KAHLER ROAD
WILMINGTON, IL. 60481

Reference Numbers Facility ID 6008312
Health Service Area 009 Planning Service Area 197

Administrator
Suzanne M. Glenn

Contact Person and Telephone

Suzanne M. Glenn
815-476-2200

Registered Agent Information

JURASEK, MICHAEL C.
55 W. MONROE ST., STE. 1100
CHICAGO, IL 60603

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System	6
Alzheimer Disease	8
Mental Illness	9
Developmental Disability	3
Circulatory System	25
Respiratory System	9
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	4
Other Medical Conditions	47
Non-Medical Conditions	0
TOTALS	135

Date Completed
4/12/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	171	171	139	171	36	80	169	Residents on 1/1/2006	119
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	129
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	113
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	135
TOTAL BEDS	171	171	139	171	36	80	169		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	4077	14.0%	31528	51.1%	8052	43657	69.9%		69.9%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	4077	14.0%	31528	51.1%	8052	43657	69.9%		69.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	8	8	0	0	0	0	0	0	8	8	16
45 to 59	25	8	0	0	0	0	0	0	25	8	33
60 to 64	7	3	0	0	0	0	0	0	7	3	10
65 to 74	6	13	0	0	0	0	0	0	6	13	19
75 to 84	8	18	0	0	0	0	0	0	8	18	26
85+	6	25	0	0	0	0	0	0	6	25	31
TOTALS	60	75	0	0	0	0	0	0	60	75	135

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.

EMBASSY HEALTH CARE CENTER555 W KAHLER ROAD
WILMINGTON, IL. 60481

Reference Numbers Facility ID 6008312

Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	21	94	2	0	18	0	135
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	94	2	0	18	0	135

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	16	0	0	0	16
Hawaiian/Pac. Isl.	0	0	0	0	0
White	113	0	0	0	113
Race Unknown	6	0	0	0	6
Total	135	0	0	0	135

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	129	0	0	0	129
Total	135	0	0	0	135

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	19.00
Certified Aides	47.00
Other Health Staff	7.00
Non-Health Staff	55.00
Totals	137.00

FACILITY NOTES

Name Change	12/14/2006	Name changed from Embassy Care Center Inc.
E-043-06	12/14/2006	Change of ownership occurred.
E-043-06	7/26/2006	Change of ownership exemption approved.

Emerald Estates

1577 East Myrtle, P.O. Box 232
Canton, IL. 61520

Reference Numbers Facility ID 6011787
Health Service Area 002 Planning Service Area 057

Administrator

Lori Dillman

Contact Person and Telephone

Lori Dillman
309-647-6604

Registered Agent Information

GRADER,RICHARD L.
110 SOUTHBROOKE COURT
DECATUR, IL 62521

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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	1
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/25/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	15
Intermediate DD	16	16	16	16	1		16	Total Discharges 2006	15
Sheltered Care	0	0	0	0	0			Residents on 12/31/2006	15
TOTAL BEDS	16	16	16	16	1	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%		0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			5475	93.8%	0	5475	93.8%		93.8%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	5475	93.8%	0	5475	93.8%		93.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	4	0	0	2	4	6
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	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

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.

Emerald Estates

1577 East Myrtle, P.O. Box 232
Canton, IL. 61520

Reference Numbers Facility ID 6011787

Health Service Area 002 Planning Service Area 057

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	105
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	12.50
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	13.00

ENFIELD REHAB & HEALTH CARE CENTER

408 NORTH WILSON STREET
ENFIELD, IL. 62835

Reference Numbers Facility ID 6005425
Health Service Area 005 Planning Service Area 193

Administrator

Renee Cross

Contact Person and Telephone

Marikay Snyder
309-689-5880

Registered Agent Information

SNYDER,MARIKAY L
830 WEST TRAILCREEK DRIVE
PEORIA, IL 61614

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	9
Mental Illness	2
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	35

Date Completed
4/5/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	49	49	48	48	35	14	0	49	45	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0	0	0	23	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0	0	0	33	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0	0	0	35	
TOTAL BEDS	49	49	48	48	35	14	0	49		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	12269	68.6%	1671	13940	77.9%		77.9%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	12269	68.6%	1671	13940	77.9%		77.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	2	0	0	0	0	0	0	1	2	3
75 to 84	4	9	0	0	0	0	0	0	4	9	13
85+	2	13	0	0	0	0	0	0	2	13	15
TOTALS	9	26	0	0	0	0	0	0	9	26	35

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.

ENFIELD REHAB & HEALTH CARE CENTER

408 NORTH WILSON STREET

ENFIELD, IL. 62835

Reference Numbers Facility ID 6005425

Health Service Area 005 Planning Service Area 193

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	32	0	0	3	0	35
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	32	0	0	3	0	35

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	97	91
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	1.00
LPN's	3.00
Certified Aides	7.00
Other Health Staff	18.00
Non-Health Staff	19.00
Totals	52.00

EUNICE SMITH NURSING HOME

1251 COLLEGE AVENUE
ALTON, IL. 62002

Reference Numbers Facility ID 6002877
Health Service Area 011 Planning Service Area 119

Administrator
Gladys A. Sullivan

Contact Person and Telephone

Gladys A. Sullivan
618-463-7330

Registered Agent Information

MCMULLEN, RONALD B.; MR.
MEMORIAL DRIVE
ALTON, IL 62002

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	2
Alzheimer Disease	16
Mental Illness	6
Developmental Disability	1
Circulatory System	4
Respiratory System	0
Digestive System	4
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	2
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	60

Date Completed
4/12/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	62	62	62	62	60	2	10	6	53	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0	0	0	69	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0	0	0	62	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0	0	0	60	
TOTAL BEDS	62	62	62	62	60	2	10	6		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	556	15.2%	2231	101.9%	18773	21560	95.3%	95.3%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	556	15.2%	2231	101.9%	18773	21560	95.3%	95.3%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	4	16	0	0	0	0	0	0	4	16	20
85+	5	30	0	0	0	0	0	0	5	30	35
TOTALS	11	49	0	0	0	0	0	0	11	49	60

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.

EUNICE SMITH NURSING HOME

1251 COLLEGE AVENUE

ALTON, IL. 62002

Reference Numbers Facility ID 6002877

Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	6	0	0	54	0	60
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	6	0	0	54	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	156	143
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	158	158

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	0	0	0	0	0
Total	60	0	0	0	60

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	33.00
Other Health Staff	0.00
Non-Health Staff	12.00
Totals	64.00

EVANSTON HOSPITAL

2650 RIDGE AVENUE
EVANSTON, IL. 60201

Reference Numbers Facility ID 6014468
Health Service Area 007 Planning Service Area 702

Administrator

Nancy Semerdjian

Contact Person and Telephone

Lisa Garcia
847-570-5048

Registered Agent Information

Date Completed
4/12/2007

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

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

FACILITY OWNERSHIP
OTHER NON-PROFIT

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	32	27	27	27	24	8	32	0	31	804
Skilled Under 22	0	0	0	0	0	0	0	0		811
Intermediate DD	0	0	0	0	0	0	0	0		24
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	32	27	27	27	24	8	32	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	7744	66.3%	0	0.0%	1859	9603	82.2%	97.4%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	7744	66.3%	0	0.0%	1859	9603	82.2%	97.4%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	0	0	0	0	0	0	1	3	4
65 to 74	3	2	0	0	0	0	0	0	3	2	5
75 to 84	7	4	0	0	0	0	0	0	7	4	11
85+	0	4	0	0	0	0	0	0	0	4	4
TOTALS	11	13	0	0	0	0	0	0	11	13	24

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.

EVANSTON HOSPITAL2650 RIDGE AVENUE
EVANSTON, IL. 60201

Reference Numbers Facility ID 6014468

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	19	0	0	4	0	1	24
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	0	0	4	0	1	24

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	593	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	24	0	0	0	24
Race Unknown	0	0	0	0	0
Total	24	0	0	0	24

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	0.00
Certified Aides	15.00
Other Health Staff	8.00
Non-Health Staff	2.00
Totals	40.00

EVENGLOW LODGE

215 EAST WASHINGTON
PONTIAC, IL. 61764

Reference Numbers Facility ID 6002901
Health Service Area 004 Planning Service Area 105

Administrator

Mark Hovren

Contact Person and Telephone

Susan Johnson
815-844-6131

Registered Agent Information

TAYLOR, JOHN A.; MR.
109 N MILL ST
PONTIAC, IL 61764

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System	4
Alzheimer Disease	4
Mental Illness	2
Developmental Disability	2
Circulatory System	47
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	11
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	117

Date Completed
4/12/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	73	67	66	63	58	15	37	26	116
Skilled Under 22	0	0	0	0	0	0	0	0	120
Intermediate DD	0	0	0	0	0	0	0	0	119
Sheltered Care	141	61	61	60	59	82			117
TOTAL BEDS	214	128	127	123	117	97	37	26	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1660	12.3%	5841	61.5%	14135	21636	81.2%	88.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					21136	21136	41.1%	94.9%	
TOTALS	1660	12.3%	5841	61.5%	35271	42772	54.8%	91.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	1	0	0	0	0	0	2	1	3	4
75 to 84	0	13	0	0	0	0	3	9	3	22	25
85+	7	35	0	0	0	0	8	36	15	71	86
TOTALS	8	50	0	0	0	0	11	48	19	98	117

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.

EVENGLOW LODGE

215 EAST WASHINGTON
 PONTIAC, IL. 61764

Reference Numbers Facility ID 6002901

Health Service Area 004 Planning Service Area 105

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	3	17	0	0	38	0	58
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	59	0	59
TOTALS	3	17	0	0	97	0	117

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	176	138
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	84	55

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	58	0	0	59	117
Race Unknown	0	0	0	0	0
Total	58	0	0	59	117

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	58	0	0	59	117
Ethnicity Unknown	0	0	0	0	0
Total	58	0	0	59	117

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.95
LPN's	7.95
Certified Aides	26.75
Other Health Staff	0.00
Non-Health Staff	45.09
Totals	86.74

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

Joanne Graf

Contact Person and Telephone

Joanne Graf
708-907-7050

Registered Agent Information

SCN&R REGISTERED AGENT INC.
8000 SEARS TOWER
CHICAGO, IL 60606

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System	12
Alzheimer Disease	21
Mental Illness	7
Developmental Disability	0
Circulatory System	34
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	8
Skin Disorders	9
Musculo-skeletal Disorders	10
Injuries and Poisonings	5
Other Medical Conditions	55
Non-Medical Conditions	0
TOTALS	178

Date Completed
4/6/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	242	242	213	242	178	64	242	242	169
Skilled Under 22	0	0	0	0	0	0	0	0	1958
Intermediate DD	0	0	0	0	0	0	0	0	1949
Sheltered Care	0	0	0	0	0	0	0	0	178
TOTAL BEDS	242	242	213	242	178	64	242	242	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	21582	24.4%	20264	22.9%	25663	67509	76.4%	76.4%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	21582	24.4%	20264	22.9%	25663	67509	76.4%	76.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	0	0	0	0	0	0	0	3	0	3
45 to 59	8	6	0	0	0	0	0	0	8	6	14
60 to 64	1	6	0	0	0	0	0	0	1	6	7
65 to 74	8	12	0	0	0	0	0	0	8	12	20
75 to 84	19	54	0	0	0	0	0	0	19	54	73
85+	16	45	0	0	0	0	0	0	16	45	61
TOTALS	55	123	0	0	0	0	0	0	55	123	178

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.

EVERGREEN HEALTH CARE CENTER10124 SOUTH KEDZIE AVENUE
EVERGREEN PARK, IL. 60805

Reference Numbers Facility ID 6007322

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	46	51	0	41	40	0	178
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	46	51	0	41	40	0	178

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	215	180
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	88	0	0	0	88
Hawaiian/Pac. Isl.	0	0	0	0	0
White	90	0	0	0	90
Race Unknown	0	0	0	0	0
Total	178	0	0	0	178

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	172	0	0	0	172
Total	178	0	0	0	178

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	31.00
Certified Aides	83.00
Other Health Staff	44.00
Non-Health Staff	52.00
Totals	233.00

EVERGREEN NSG & REHAB CENTER

1115 NORTH WENTHE
EFFINGHAM, IL. 62401
Reference Numbers Facility ID 6002133
Health Service Area 005 Planning Service Area 049

Administrator
SHIRLEY M DUNN

Contact Person and Telephone

IRENE SINKLER
217-347-7121

Registered Agent Information

HEDGES, ROBERT G.
1625 S. 6TH STREET
SPRINGFIELD, IL 62703

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	12
Mental Illness	3
Developmental Disability	0
Circulatory System	33
Respiratory System	5
Digestive System	4
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	2
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	79

Date Completed
4/11/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	120	104	88	104	79	41	120	120	82	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				87
TOTAL BEDS	120	104	88	104	79	41	120	120		79

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	4236	9.7%	16612	37.9%	9029	29877	68.2%		78.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	4236	9.7%	16612	37.9%	9029	29877	68.2%		78.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	2	0	0	0	0	0	0	1	2	3
65 to 74	2	7	0	0	0	0	0	0	2	7	9
75 to 84	7	15	0	0	0	0	0	0	7	15	22
85+	7	35	0	0	0	0	0	0	7	35	42
TOTALS	17	62	0	0	0	0	0	0	17	62	79

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.

EVERGREEN NSG & REHAB CENTER1115 NORTH WENTHE
EFFINGHAM, IL. 62401

Reference Numbers Facility ID 6002133

Health Service Area 005 Planning Service Area 049

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	42	0	1	22	0	79
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	42	0	1	22	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	162	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	35.00
Other Health Staff	0.00
Non-Health Staff	26.00
Totals	81.00

EXCEPTIONAL CARE AND TRAINING CENTER

2601 WOODLAWN ROAD
STERLING, IL. 61081

Reference Numbers Facility ID 6002935
Health Service Area 001 Planning Service Area 195

Administrator
Melissa Francque

Contact Person and Telephone

Wynell Prince Eakle
815-625-5306

Registered Agent Information

C T CORPORATION SYSTEM
208 SOUTH LASALLE STREET
CHICAGO, IL 60604

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	82
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	82

Date Completed
3/12/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	81	
Skilled Under 22	85	84	82	84	82	3		79	6	
Intermediate DD	0	0	0	0	0	0		0	5	
Sheltered Care	0	0	0	0	0	0			82	
TOTAL BEDS	85	84	82	84	82	3	0	79		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%		0.0%	
Skilled Under 22			28797	99.9%	31	28828	92.9%		94.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	28797	99.9%	31	28828	92.9%		94.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	42	29	0	0	0	0	42	29	71
45 to 59	0	0	5	6	0	0	0	0	5	6	11
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	47	35	0	0	0	0	47	35	82

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.

EXCEPTIONAL CARE AND TRAINING CENTER

2601 WOODLAWN ROAD

STERLING, IL. 61081

Reference Numbers Facility ID 6002935

Health Service Area 001 Planning Service Area 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	82	0	0	0	0	82
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	82	0	0	0	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	170	170
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	8	0	0	8
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	73	0	0	73
Race Unknown	0	1	0	0	1
Total	0	82	0	0	82

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	5	0	0	5
Non-Hispanic	0	77	0	0	77
Ethnicity Unknown	0	0	0	0	0
Total	0	82	0	0	82

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	75.00
Other Health Staff	5.00
Non-Health Staff	0.00
Totals	103.00

EXCEPTIONAL HEALTH CARE

5701 WEST 79TH STREET
 BURBANK, IL. 60459
Reference Numbers Facility ID 6007207
 Health Service Area 007 Planning Service Area 705

Administrator

Yosef Meystel

Contact Person and Telephone

Shai Rubin
 708-499-5400

Registered Agent Information

ROTHNER, ERIC A.
 2201 W. MAIN STREET
 EVANSTON, IL 60202

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System	5
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	28
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

Date Completed
 5/2/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	55	55	55	55	50	5	55	55	47
Skilled Under 22	0	0	0	0	0	0	0	0	138
Intermediate DD	0	0	0	0	0	0	0	0	135
Sheltered Care	0	0	0	0	0	0	0	0	50
TOTAL BEDS	55	55	55	55	50	5	55	55	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	4711	23.5%	11943	59.5%	1153	17807	88.7%	88.7%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	4711	23.5%	11943	59.5%	1153	17807	88.7%	88.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	4	9	0	0	0	0	0	0	4	9	13
60 to 64	10	5	0	0	0	0	0	0	10	5	15
65 to 74	10	6	0	0	0	0	0	0	10	6	16
75 to 84	3	2	0	0	0	0	0	0	3	2	5
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	27	23	0	0	0	0	0	0	27	23	50

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.

EXCEPTIONAL HEALTH CARE

5701 WEST 79TH STREET
 BURBANK, IL. 60459

Reference Numbers Facility ID 6007207

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	22	21	0	1	0	50
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	22	21	0	1	0	50

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	126	126
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	1	0	0	0	1
Black	33	0	0	0	33
Hawaiian/Pac. Isl.	0	0	0	0	0
White	14	0	0	0	14
Race Unknown	0	0	0	0	0
Total	50	0	0	0	50

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	16.00
Other Health Staff	5.00
Non-Health Staff	15.00
Totals	52.00

FACILITY NOTES

- E-048-06 10/1/2006 Change of ownership occurred.
- E-048-06 8/19/2006 Change of ownership exemption approved.

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

Randee Slover
618-542-4731

Registered Agent Information

BAGLEY, ROGER W.; MR.
1001 EAST MAIN STREET BLDG 4
CARBONDALE, IL 62901

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System	2
Alzheimer Disease	16
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	44

Date Completed
4/10/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	74	74	60	74	44	30	29	74	54	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0		0	46	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0		0	56	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0		0	44	
TOTAL BEDS	74	74	60	74	44	30	29	74		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1020	9.6%	12672	46.9%	6678	20370	75.4%		75.4%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1020	9.6%	12672	46.9%	6678	20370	75.4%		75.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	11	0	0	0	0	0	0	3	11	14
85+	1	24	0	0	0	0	0	0	1	24	25
TOTALS	7	37	0	0	0	0	0	0	7	37	44

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.

Fair Acres Nursing Home514 East Jackson
Duquoin, IL. 62832**Reference Numbers** Facility ID 6002943

Health Service Area 005 Planning Service Area 145

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	3	24	0	0	17	0	44
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	24	0	0	17	0	44

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	110	90
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	4.00
Other Health Staff	0.00
Non-Health Staff	6.00
Totals	17.00

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
 Laurie L. Brown

Contact Person and Telephone

Laurie L. Brown
 217-429-2551

Registered Agent Information

PHILLIPPE,TIMOTHY F
 200 N POSTVILLE DR
 LINCOLN , IL 62656

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	4
*Nervous System	4
Alzheimer Disease	4
Mental Illness	11
Developmental Disability	0
Circulatory System	42
Respiratory System	14
Digestive System	4
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	16
Injuries and Poisonings	2
Other Medical Conditions	18
Non-Medical Conditions	5
TOTALS	137

Date Completed
 4/27/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2006	
Nursing Care	161	161	137	161	24	161	161	Residents on 1/1/2006	137
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	117
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	117
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	137
TOTAL BEDS	161	161	137	161	24	161	161		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	8692	14.8%	31600	53.8%	10928	51220	87.2%	87.2%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	8692	14.8%	31600	53.8%	10928	51220	87.2%	87.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	7	0	0	0	0	0	0	3	7	10
75 to 84	17	41	0	0	0	0	0	0	17	41	58
85+	8	56	0	0	0	0	0	0	8	56	64
TOTALS	30	107	0	0	0	0	0	0	30	107	137

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.

FAIR HAVENS CHRISTIAN HOME1790 SOUTH FAIRVIEW AVENUE
DECATUR, IL. 62521

Reference Numbers Facility ID 6002950

Health Service Area 004 Planning Service Area 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	14	86	0	2	35	0	137
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	86	0	2	35	0	137

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	148	143
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	1	0	0	0	1
Black	8	0	0	0	8
Hawaiian/Pac. Isl.	0	0	0	0	0
White	127	0	0	0	127
Race Unknown	0	0	0	0	0
Total	137	0	0	0	137

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	137	0	0	0	137
Total	137	0	0	0	137

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	66.00
Other Health Staff	5.00
Non-Health Staff	46.00
Totals	137.00

FAIR OAKS

200 HEALTH CARE DRIVE
GREENVILLE, IL. 62246

Reference Numbers Facility ID 6002968
Health Service Area 005 Planning Service Area 005

Administrator

Kris Albers

Contact Person and Telephone

Kris Albers
618-664-0808 Ext. 3700

Registered Agent Information

HAYES,JAMES M.
200 HEALTH CARE DRIVE
GREENVILLE , IL 62246

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System	2
Alzheimer Disease	4
Mental Illness	5
Developmental Disability	3
Circulatory System	18
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	3
Other Medical Conditions	10
Non-Medical Conditions	14
TOTALS	83

Date Completed
3/14/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	108	108	108	108	83	25	10	108	96
Skilled Under 22	0	0	0	0	0	0	0	0	110
Intermediate DD	0	0	0	0	0	0	0	0	123
Sheltered Care	0	0	0	0	0	0	0	0	83
TOTAL BEDS	108	108	108	108	83	25	10	108	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	2587	70.9%	17275	43.8%	11798	31660	80.3%	80.3%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2587	70.9%	17275	43.8%	11798	31660	80.3%	80.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	2	2	0	0	0	0	0	0	2	2	4
75 to 84	10	21	0	0	0	0	0	0	10	21	31
85+	5	39	0	0	0	0	0	0	5	39	44
TOTALS	19	64	0	0	0	0	0	0	19	64	83

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.

FAIR OAKS

200 HEALTH CARE DRIVE
GREENVILLE, IL. 62246

Reference Numbers Facility ID 6002968

Health Service Area 005 Planning 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	6	45	0	1	31	0	83
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	45	0	1	31	0	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.88
LPN's	9.52
Certified Aides	29.71
Other Health Staff	6.81
Non-Health Staff	2.00
Totals	54.92

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

Registered Agent Information

SURDICK, JOYCE A
471 WEST TERRA COTTA AVENUE
CRYSTAL LAKE, IL 60014

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System	6
Alzheimer Disease	4
Mental Illness	14
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	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	44

Date Completed
4/12/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	46	46	46	44	2	40	8	43	Total Admissions 2006 70
Skilled Under 22	0	0	0	0	0	0	0	69	Total Discharges 2006 69
Intermediate DD	0	0	0	0	0	0	0	44	Residents on 12/31/2006 44
Sheltered Care	0	0	0	0	0	0	0		
TOTAL BEDS	46	46	46	44	2	40	8		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	2866	19.6%	2526	86.5%	10232	15624	93.1%	93.1%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2866	19.6%	2526	86.5%	10232	15624	93.1%	93.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	0	1	2	3
75 to 84	0	8	0	0	0	0	0	0	0	8	8
85+	7	25	0	0	0	0	0	0	7	25	32
TOTALS	8	36	0	0	0	0	0	0	8	36	44

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.

FAIR OAKS HEALTH CARE CENTER471 W. TERRA COTTA AVENUE
CRYSTAL LAKE, IL. 60014

Reference Numbers Facility ID 6002976

Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	8	0	0	27	1	44
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	8	0	0	27	1	44

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	162
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	2.00
Non-Health Staff	15.00
Totals	45.00

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
Georgette Parent

Contact Person and Telephone
Georgette Parent
815-389-3911

Registered Agent Information

MAHER,DANIEL
926 SOUTH 7TH
SPRINGFIELD , IL 62703

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	32
Blood Disorders	2
*Nervous System	1
Alzheimer Disease	0
Mental Illness	14
Developmental Disability	0
Circulatory System	0
Respiratory System	7
Digestive System	4
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	68

Date Completed
4/10/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	78	78	69	78	68	10	78	78	65	179
Skilled Under 22	0	0	0	0	0	0	0	0		176
Intermediate DD	0	0	0	0	0	0	0	0		68
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	78	78	69	78	68	10	78	78		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3913	13.7%	15539	54.6%	4070	23522	82.6%		82.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	3913	13.7%	15539	54.6%	4070	23522	82.6%		82.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	0	0	0	0	0	0	2	1	3
75 to 84	10	17	0	0	0	0	0	0	10	17	27
85+	10	25	0	0	0	0	0	0	10	25	35
TOTALS	22	46	0	0	0	0	0	0	22	46	68

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.

FAIR OAKS REHAB & HCC

1515 BLACKHAWK BOULEVARD
SOUTH BELOIT, IL. 61080

Reference Numbers Facility ID 6002984

Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	9	43	0	2	14	0	68
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	43	0	2	14	0	68

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	320	160
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	13.00
Totals	51.00

FACILITY NOTES

Bed Change 7/18/2006 Added seven nursing care beds, total now 78 nursing care beds.

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

Katherine J. Bunting
618-842-2611

Registered Agent Information

Date Completed
4/12/2007

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	1
Alzheimer Disease	4
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	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

FACILITY OWNERSHIP
OTHER NON-PROFIT

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	30	30	21	25	16	14	30	0	14	214
Skilled Under 22	0	0	0	0	0	0	0	0		212
Intermediate DD	0	0	0	0	0	0	0	0		16
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	30	30	21	25	16	14	30	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2682	24.5%	0	0.0%	3407	6089	55.6%		55.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2682	24.5%	0	0.0%	3407	6089	55.6%		55.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	4	2	0	0	0	0	0	0	4	2	6
85+	1	9	0	0	0	0	0	0	1	9	10
TOTALS	5	11	0	0	0	0	0	0	5	11	16

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.

FAIRFIELD MEMORIAL HOSPITAL

303 NORTH WEST 11TH ST
FAIRFIELD, IL. 62837

Reference Numbers Facility ID 6003016

Health Service Area 005 Planning Service Area 191

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	9	0	0	0	7	0	16
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	0	0	0	7	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	116	108
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	16	0	0	0	16
Race Unknown	0	0	0	0	0
Total	16	0	0	0	16

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	2.00
Certified Aides	9.00
Other Health Staff	2.00
Non-Health Staff	0.00
Totals	22.00

FAIRHAVEN CHRISTIAN RET CENTER

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 Reiersen
815-877-1441

Registered Agent Information

BLEED, THOMAS T.
3470 NORTH ALPINE ROAD
ROCKFORD, IL 61114

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	10
Blood Disorders	1
*Nervous System	5
Alzheimer Disease	23
Mental Illness	30
Developmental Disability	0
Circulatory System	33
Respiratory System	3
Digestive System	4
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	29
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	146

Date Completed
4/11/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	96	91	84	91	72	24	0	96	153
Skilled Under 22	0	0	0	0	0	0	0	0	127
Intermediate DD	0	0	0	0	0	0	0	0	134
Sheltered Care	135	135	79	135	74	61			146
TOTAL BEDS	231	226	163	226	146	85	0	96	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	10757	30.7%	15997	26754	76.4%	80.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					27993	27993	56.8%	56.8%	
TOTALS	0	0.0%	10757	30.7%	43990	54747	64.9%	66.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	0	1	1
75 to 84	6	14	0	0	0	0	4	22	10	36	46
85+	8	44	0	0	0	0	11	36	19	80	99
TOTALS	14	58	0	0	0	0	15	59	29	117	146

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.

FAIRHAVEN CHRISTIAN RET CENTER3470 NORTH ALPINE ROAD
ROCKFORD, IL. 61114

Reference Numbers Facility ID 6003024

Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	27	0	0	45	0	72
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	60	14	74
TOTALS	0	27	0	0	105	14	146

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	232	161
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	135	90

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	72	0	0	74	146
Race Unknown	0	0	0	0	0
Total	72	0	0	74	146

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	72	0	0	74	146
Ethnicity Unknown	0	0	0	0	0
Total	72	0	0	74	146

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.20
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	11.40
Certified Aides	31.30
Other Health Staff	4.30
Non-Health Staff	47.80
Totals	105.00

FAIRMONT CARE CENTRE

5061 NORTH PULASKI ROAD
CHICAGO, IL. 60630

Reference Numbers Facility ID 6001051
Health Service Area 006 Planning Service Area 601

Administrator

Nenita Angelio

Contact Person and Telephone

Jo Ann Seebacher
773-604-8112

Registered Agent Information

VICERE,CHRISTOPHER
5061 NORTH PULASKI ROAD
CHICAGO , IL 60630

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	18
Blood Disorders	2
*Nervous System	10
Alzheimer Disease	13
Mental Illness	12
Developmental Disability	1
Circulatory System	74
Respiratory System	12
Digestive System	5
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	154

Date Completed
3/21/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	176	176	176	176	22	84	156	Residents on 1/1/2006	156
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	126
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	128
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	154
TOTAL BEDS	176	176	176	176	22	84	156		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	5191	16.9%	45346	79.6%	5089	55626	86.6%	86.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	5191	16.9%	45346	79.6%	5089	55626	86.6%	86.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	4	2	0	0	0	0	0	0	4	2	6
60 to 64	5	2	0	0	0	0	0	0	5	2	7
65 to 74	10	34	0	0	0	0	0	0	10	34	44
75 to 84	15	11	0	0	0	0	0	0	15	11	26
85+	18	53	0	0	0	0	0	0	18	53	71
TOTALS	52	102	0	0	0	0	0	0	52	102	154

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.

FAIRMONT CARE CENTRE
 5061 NORTH PULASKI ROAD
 CHICAGO, IL. 60630

Reference Numbers Facility ID 6001051
 Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	12	128	0	0	14	0	154
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	128	0	0	14	0	154

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	216	185
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	67	0	0	0	67
Amer. Indian	1	0	0	0	1
Black	9	0	0	0	9
Hawaiian/Pac. Isl.	0	0	0	0	0
White	55	0	0	0	55
Race Unknown	22	0	0	0	22
Total	154	0	0	0	154

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	22	0	0	0	22
Non-Hispanic	132	0	0	0	132
Ethnicity Unknown	0	0	0	0	0
Total	154	0	0	0	154

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	22.00
LPN's	1.00
Certified Aides	47.00
Other Health Staff	6.00
Non-Health Staff	52.00
Totals	130.00

FAIRVIEW BAPTIST HOME

250 VILLAGE DRIVE
 DOWNERS GROVE, IL. 60516
Reference Numbers Facility ID 6003032
 Health Service Area 007 Planning Service Area 703

Administrator

Kay Parkinson

Contact Person and Telephone

Kay Parkinson
 630-769-6201

Registered Agent Information

OLSON.RICHARD W.
 250 VILLAGE DRIVE
 DOWNERS GROVE , IL 60516

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	17
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	19
Mental Illness	0
Developmental Disability	0
Circulatory System	33
Respiratory System	19
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	16
Injuries and Poisonings	4
Other Medical Conditions	31
Non-Medical Conditions	0
TOTALS	149

Date Completed
 3/28/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	160	138	109	138	98	62	39	0	146	671
Skilled Under 22	0	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	72	55	52	55	51	21			668	149
TOTAL BEDS	232	193	161	193	149	83	39	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	11626	81.7%	0	0.0%	25666	37292	63.9%	74.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					16425	16425	62.5%	81.8%	
TOTALS	11626	81.7%	0	0.0%	42091	53717	63.4%	76.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	0	1	1
65 to 74	0	4	0	0	0	0	0	0	0	4	4
75 to 84	8	22	0	0	0	0	5	6	13	28	41
85+	13	48	0	0	0	0	11	28	24	76	100
TOTALS	22	76	0	0	0	0	16	35	38	111	149

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.

FAIRVIEW BAPTIST HOME

250 VILLAGE DRIVE
 DOWNERS GROVE, IL. 60516

Reference Numbers Facility ID 6003032

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance			
Nursing Care	28	0	0	0	67	3	98
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	49	2	51
TOTALS	28	0	0	0	116	5	149

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	287	216
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	139	92

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	96	0	0	51	147
Race Unknown	0	0	0	0	0
Total	98	0	0	51	149

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	98	0	0	51	149
Ethnicity Unknown	0	0	0	0	0
Total	98	0	0	51	149

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	39.54
LPN's	16.98
Certified Aides	86.51
Other Health Staff	18.70
Non-Health Staff	94.91
Totals	258.64

FAIRVIEW HAVEN

605 NORTH 4TH STREET
FAIRBURY, IL. 61739

Reference Numbers Facility ID 6003040
Health Service Area 004 Planning Service Area 105

Administrator
Richard Plattner

Contact Person and Telephone
Dave Blunier
815-692-2572

Registered Agent Information

VITZTHUM,NANCY JEAN
605 N. FOURTH ST., PO BOX 20
FAIRBURY , IL 61739

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System	6
Alzheimer Disease	11
Mental Illness	7
Developmental Disability	1
Circulatory System	18
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	59

Date Completed
4/9/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	63	63	63	63	59	4	15	57	60	28
Skilled Under 22	0	0	0	0	0	0		0		29
Intermediate DD	0	0	0	0	0	0		0		59
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	63	63	63	63	59	4	15	57		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	549	10.0%	7148	34.4%	14405	22102	96.1%		96.1%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	549	10.0%	7148	34.4%	14405	22102	96.1%		96.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	4	1	0	0	0	0	0	0	4	1	5
85+	8	44	0	0	0	0	0	0	8	44	52
TOTALS	13	46	0	0	0	0	0	0	13	46	59

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.

FAIRVIEW HAVEN

605 NORTH 4TH STREET
FAIRBURY, IL. 61739

Reference Numbers Facility ID 6003040

Health Service Area 004 Planning Service Area 105

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	1	20	0	0	38	0	59
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	20	0	0	38	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	173	149
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.20
LPN's	11.00
Certified Aides	27.50
Other Health Staff	2.50
Non-Health Staff	36.50
Totals	84.70

FAIRVIEW NURSING CENTER

602 EAST JACKSON
DUQUOIN, IL. 62832

Reference Numbers Facility ID 6003099
Health Service Area 005 Planning Service Area 145

Administrator
Pamela R. Garris

Contact Person and Telephone

Pamela R. Garris
618-542-3441

Registered Agent Information

BAGLEY, ROGER W.; MR.
1001 EAST MAIN STREET
CARBONDALE, IL 62901

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System	2
Alzheimer Disease	20
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	3
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	59

Date Completed
4/2/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	76	76	59	76	59	17	0	76	Residents on 1/1/2006	60
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	75
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006	76
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	59
TOTAL BEDS	76	76	59	76	59	17	0	76		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	544	0.0%	14990	54.0%	5844	21378	77.1%	77.1%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	544	0.0%	14990	54.0%	5844	21378	77.1%	77.1%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	6	0	0	0	0	0	0	0	6	6
75 to 84	3	12	0	0	0	0	0	0	3	12	15
85+	4	32	0	0	0	0	0	0	4	32	36
TOTALS	9	50	0	0	0	0	0	0	9	50	59

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.

FAIRVIEW NURSING CENTER602 EAST JACKSON
DUQUOIN, IL. 62832

Reference Numbers Facility ID 6003099

Health Service Area 005 Planning Service Area 145

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	44	0	0	15	0	59
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	44	0	0	15	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	132	89
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	16.00
Other Health Staff	1.00
Non-Health Staff	16.00
Totals	42.00

FAIRVIEW NURSING PLAZA

321 ARNOLD AVENUE
ROCKFORD, IL. 61108

Reference Numbers Facility ID 6001135
Health Service Area 001 Planning Service Area 201

Administrator
Mark D. Solomon

Contact Person and Telephone

Mark Solomon
815-397-5531

Registered Agent Information

ROTHNER,ERIC A.
2201 MAIN STREET
EVANSTON , IL 60202

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	4
*Nervous System	10
Alzheimer Disease	1
Mental Illness	142
Developmental Disability	2
Circulatory System	17
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	14
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	198

Date Completed
3/27/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	213	213	206	213	15	28	213	200	
Skilled Under 22	0	0	0	0	0		0	40	
Intermediate DD	0	0	0	0	0		0	42	
Sheltered Care	0	0	0	0	0		0	198	
TOTAL BEDS	213	213	206	213	15	28	213		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1100	10.8%	66424	85.4%	3812	71336	91.8%		91.8%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1100	10.8%	66424	85.4%	3812	71336	91.8%		91.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	26	15	0	0	0	0	0	0	26	15	41
45 to 59	51	30	0	0	0	0	0	0	51	30	81
60 to 64	15	15	0	0	0	0	0	0	15	15	30
65 to 74	10	15	0	0	0	0	0	0	10	15	25
75 to 84	7	8	0	0	0	0	0	0	7	8	15
85+	3	3	0	0	0	0	0	0	3	3	6
TOTALS	112	86	0	0	0	0	0	0	112	86	198

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.

FAIRVIEW NURSING PLAZA

321 ARNOLD AVENUE
ROCKFORD, IL. 61108

Reference Numbers Facility ID 6001135

Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	2	191	0	0	5	0	198
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	191	0	0	5	0	198

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	132	127
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	22	0	0	0	22
Hawaiian/Pac. Isl.	0	0	0	0	0
White	173	0	0	0	173
Race Unknown	0	0	0	0	0
Total	198	0	0	0	198

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	193	0	0	0	193
Ethnicity Unknown	0	0	0	0	0
Total	198	0	0	0	198

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	40.00
Other Health Staff	14.00
Non-Health Staff	55.00
Totals	128.00

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

JOHANNES,DONALD R
 1320 BROADWAY
 HIGHLAND , IL 62249

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System	1
Alzheimer Disease	13
Mental Illness	17
Developmental Disability	0
Circulatory System	21
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	2
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	69

Date Completed
 4/12/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	62	62	62	62	58	4	0	62	68
Skilled Under 22	0	0	0	0	0	0	0	0	47
Intermediate DD	0	0	0	0	0	0	0	0	46
Sheltered Care	14	14	14	14	11	3	0	0	69
TOTAL BEDS	76	76	76	76	69	7	0	62	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	214	0.0%	10722	47.4%	9654	20590	91.0%		91.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					4981	4981	97.5%		97.5%	
TOTALS	214	0.0%	10722	47.4%	14635	25571	92.2%		92.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	18	0	0	0	0	1	4	7	22	29
85+	6	23	0	0	0	0	2	4	8	27	35
TOTALS	13	45	0	0	0	0	3	8	16	53	69

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.

FAITH COUNTRYSIDE HOME

100 FAITH DRIVE
 HIGHLAND, IL. 62249

Reference Numbers Facility ID 6003107

Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	7	24	0	0	27	0	58
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	11	0	11
TOTALS	7	24	0	0	38	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	136
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	185	145

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	58	0	0	11	69
Race Unknown	0	0	0	0	0
Total	58	0	0	11	69

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	58	0	0	11	69
Ethnicity Unknown	0	0	0	0	0
Total	58	0	0	11	69

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.75
LPN's	8.97
Certified Aides	23.43
Other Health Staff	22.03
Non-Health Staff	3.14
Totals	64.32

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. Wilder

Contact Person and Telephone

Jennifer L. Wilder
 309-245-2407

Registered Agent Information

ILLINOIS CORPORATION SERVICE C
 700 SOUTH SECOND STREET
 SPRINGFIELD , IL 62704

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	10
Endocrine/Metabolic	5
Blood Disorders	2
*Nervous System	12
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	15
Digestive System	4
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	85

Date Completed
 3/29/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	92	92	92	92	85	7	92	92	85	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	92	92	92	92	85	7	92	92	85	77

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	5046	15.0%	13401	39.9%	12403	30850	91.9%		91.9%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	5046	15.0%	13401	39.9%	12403	30850	91.9%		91.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	4	0	0	0	0	0	0	1	4	5
75 to 84	10	17	0	0	0	0	0	0	10	17	27
85+	10	38	0	0	0	0	0	0	10	38	48
TOTALS	24	61	0	0	0	0	0	0	24	61	85

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.

FARMINGTON COUNTRY MANOR

701 SOUTH MAIN
 FARMINGTON, IL. 61531

Reference Numbers Facility ID 6003115

Health Service Area 002 Planning Service Area 057

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	13	34	0	38	0	0	85
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	34	0	38	0	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	85	0	0	0	85
Race Unknown	0	0	0	0	0
Total	85	0	0	0	85

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	34.00
Other Health Staff	5.00
Non-Health Staff	41.00
Totals	103.00

Fayette County Hospital and LTC

650 W Taylor Street
VANDALIA, IL. 62471

Reference Numbers Facility ID 6003123
Health Service Area 005 Planning Service Area 051

Administrator

Greg Starnes

Contact Person and Telephone

Marianne P Schwarm
618-283-1232 *566

Registered Agent Information

Date Completed
4/12/2007

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

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	6
Blood Disorders	3
*Nervous System	9
Alzheimer Disease	2
Mental Illness	2
Developmental Disability	0
Circulatory System	14
Respiratory System	8
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	6
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	67

Note: Reported restrictions denoted by '1'

FACILITY OWNERSHIP

HOSPITAL DISTRICT

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	94	94	85	94	67	27	94	69	77	330
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	94	94	85	94	67	27	94	69		340
										Residents on 12/31/2006 67

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2132	6.2%	14462	57.4%	8062	24656	71.9%		71.9%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2132	6.2%	14462	57.4%	8062	24656	71.9%		71.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	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+	8	36	0	0	0	0	0	0	8	36	44
TOTALS	15	52	0	0	0	0	0	0	15	52	67

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.

Fayette County Hospital and LTC650 W Taylor Street
VANDALIA, IL. 62471

Reference Numbers Facility ID 6003123

Health Service Area 005 Planning Service Area 051

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	11	33	0	0	23	0	67
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	33	0	0	23	0	67

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	142	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	66	0	0	0	66
Race Unknown	0	0	0	0	0
Total	67	0	0	0	67

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	66	0	0	0	66
Ethnicity Unknown	1	0	0	0	1
Total	67	0	0	0	67

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.50
Registered Nurses	7.90
LPN's	10.20
Certified Aides	29.50
Other Health Staff	8.70
Non-Health Staff	10.50
Totals	69.30

FINNIE GOOD SHEPHERD NURSING

400 SOUTH MAINCROSS STREET
GALATIA, IL. 62935

Reference Numbers Facility ID 6003149
Health Service Area 005 Planning Service Area 059

Administrator
BARBARA A. FINNIE

Contact Person and Telephone

KEELY STEPHENS
618-268-4631

Registered Agent Information

FINNIE, BOBBY J.
3265 RALEIGH ROAD
ELDORADO, IL 62930

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System	1
Alzheimer Disease	34
Mental Illness	1
Developmental Disability	1
Circulatory System	17
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	59

Date Completed
3/5/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	73	73	59	73	59	14	0	73	53	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		0		
TOTAL BEDS	73	73	59	73	59	14	0	73		59

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	774	0.0%	10908	40.9%	8899	20581	77.2%		77.2%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	774	0.0%	10908	40.9%	8899	20581	77.2%		77.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	5	16	0	0	0	0	0	0	5	16	21
85+	3	31	0	0	0	0	0	0	3	31	34
TOTALS	8	51	0	0	0	0	0	0	8	51	59

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.

FINNIE GOOD SHEPHERD NURSING

400 SOUTH MAINCROSS STREET
 GALATIA, IL. 62935

Reference Numbers Facility ID 6003149

Health Service Area 005 Planning Service Area 059

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	31	0	0	23	0	59
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	31	0	0	23	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	85	84
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	59	0	0	0	59
Total	59	0	0	0	59

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	26.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	36.00

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

David Eifert

Contact Person and Telephone

Lisa Murray
618-532-1833

Registered Agent Information

C T CORPORATION SYSTEM
208 SOUTH LASALLE STREET
CHICAGO , IL 60608

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	21
Blood Disorders	1
*Nervous System	0
Alzheimer Disease	18
Mental Illness	10
Developmental Disability	0
Circulatory System	24
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	84

Date Completed
4/12/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	98	98	96	98	14	51	98	Residents on 1/1/2006	85
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	387
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	388
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	84
TOTAL BEDS	98	98	96	98	14	51	98		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	6527	35.1%	21066	58.9%	3973	31566	88.2%	88.2%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	6527	35.1%	21066	58.9%	3973	31566	88.2%	88.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	0	0	0	0	0	0	0	1	0	1
65 to 74	5	7	0	0	0	0	0	0	5	7	12
75 to 84	11	25	0	0	0	0	0	0	11	25	36
85+	7	25	0	0	0	0	0	0	7	25	32
TOTALS	25	59	0	0	0	0	0	0	25	59	84

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	16	54	0	0	14	0	84
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	54	0	0	14	0	84

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	119
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	81	0	0	0	81
Race Unknown	0	0	0	0	0
Total	84	0	0	0	84

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	33.00
Other Health Staff	3.00
Non-Health Staff	26.00
Totals	86.00

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

Pat Howard

Contact Person and Telephone

Pat Howard
815-288-6691

Registered Agent Information

MCCLAIN,ARLAN
500 ANCHOR ROAD, P. O. BOX 366
DIXON, IL 61021

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	4
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	4	4	4	4	4	0	4	4	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	4
TOTAL BEDS	4	4	4	4	4	0	0	4		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			1460	100.0%	0	1460	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	1460	100.0%	0	1460	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	1	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	2	2	0	0	2	2	4

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.

First Street Group Home

407 North First Street

Ashton, IL. 61006

Reference Numbers Facility ID 6014450

Health Service Area 001 Planning Service Area 103

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	212	202
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	3.25
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	6.25

FLORA GARDENS CARE CENTER

701 SHADWELL
 FLORA, IL. 62839
Reference Numbers Facility ID 6003172
 Health Service Area 005 Planning Service Area 025

Administrator

Linda Seimer

Contact Person and Telephone

Marikay Snyder
 309-689-5880

Registered Agent Information

SNYDER,MARIKAY
 830 W. TRAILCREEK DRIVE
 PEORIA, IL 61614

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System	1
Alzheimer Disease	2
Mental Illness	2
Developmental Disability	1
Circulatory System	5
Respiratory System	5
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	40

Date Completed
 4/9/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	110	110	55	110	40	70	56	110	50	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0		0	39	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0		0	49	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0		0	40	
TOTAL BEDS	110	110	55	110	40	70	56	110		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1477	7.2%	12923	32.2%	2493	16893	42.1%		42.1%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1477	7.2%	12923	32.2%	2493	16893	42.1%		42.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
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	0	4	0	0	0	0	0	0	0	4	4
75 to 84	4	10	0	0	0	0	0	0	4	10	14
85+	4	15	0	0	0	0	0	0	4	15	19
TOTALS	8	32	0	0	0	0	0	0	8	32	40

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.

FLORA GARDENS CARE CENTER

701 SHADWELL
 FLORA, IL. 62839

Reference Numbers Facility ID 6003172

Health Service Area 005 Planning Service Area 025

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	2	31	0	0	7	0	40
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	31	0	0	7	0	40

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	121	109
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	25.00
Other Health Staff	0.00
Non-Health Staff	21.00
Totals	62.00

FLORA MANOR

501 EAST 12TH STREET
FLORA, IL. 62839

Reference Numbers Facility ID 6003164
Health Service Area 005 Planning Service Area 025

Administrator

Adedayo Adenekan

Contact Person and Telephone

Adedayo Adenekan
618-662-8494

Registered Agent Information

KOLMER,JOHN;MR.
122 N HOTZE RD PO BOX 871
SALEM , IL 62881

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

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

Date Completed
3/5/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	59
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	5
Intermediate DD	59	59	59	43	16		59	Total Discharges 2006	21
Sheltered Care	0	0	0	0	0			Residents on 12/31/2006	43
TOTAL BEDS	59	59	59	43	16	0	59		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			18610	86.4%	0	18610	86.4%	86.4%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	18610	86.4%	0	18610	86.4%	86.4%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	10	2	0	0	10	2	12
45 to 59	0	0	0	0	9	11	0	0	9	11	20
60 to 64	0	0	0	0	3	2	0	0	3	2	5
65 to 74	0	0	0	0	0	2	0	0	0	2	2
75 to 84	0	0	0	0	3	1	0	0	3	1	4
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	25	18	0	0	25	18	43

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.

FLORA MANOR

501 EAST 12TH STREET
 FLORA, IL. 62839

Reference Numbers Facility ID 6003164

Health Service Area 005 Planning Service Area 025

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		43	0	0	0	0	43
Sheltered Care			0	0	0	0	0
TOTALS	0	43	0	0	0	0	43

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	130	127
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	7	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	36	0	36
Race Unknown	0	0	0	0	0
Total	0	0	43	0	43

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	43	0	43
Ethnicity Unknown	0	0	0	0	0
Total	0	0	43	0	43

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	33.00
Other Health Staff	14.00
Non-Health Staff	10.00
Totals	64.00

FACILITY NOTES

Bed Change 9/6/2006 Discontinued 16 ICF/DD beds, total now 43 ICF/DD beds.

FLORA REHABILITATION & HEALTH CARE CENTER

232 GIVEN STREET
FLORA, IL. 62839

Reference Numbers Facility ID 6003156
Health Service Area 005 Planning Service Area 025

Administrator
Jami Gibbons

Contact Person and Telephone

Marikay Snyder
309-689-5880

Registered Agent Information

SNYDER, MARIKAY L.
830 WEST TRAILCREEK DRIVE
PEORIA, IL 61614

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	20
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	12
Mental Illness	0
Developmental Disability	0
Circulatory System	32
Respiratory System	9
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	3
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	91

Date Completed
4/5/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	99	99	97	99	91	8	32	99	95	117
Skilled Under 22	0	0	0	0	0	0	0	0		121
Intermediate DD	0	0	0	0	0	0	0	0		91
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	99	99	97	99	91	8	32	99		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	6207	53.1%	19959	55.2%	5961	32127	88.9%	88.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	6207	53.1%	19959	55.2%	5961	32127	88.9%	88.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	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	3	4	0	0	0	0	0	0	3	4	7
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	8	18	0	0	0	0	0	0	8	18	26
85+	8	34	0	0	0	0	0	0	8	34	42
TOTALS	20	71	0	0	0	0	0	0	20	71	91

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.

FLORA REHABILITATION & HEALTH CARE CENTER

232 GIVEN STREET

FLORA, IL. 62839

Reference Numbers Facility ID 6003156

Health Service Area 005 Planning Service Area 025

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	17	62	0	0	12	0	91
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	62	0	0	12	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	122	106
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	7.00
Certified Aides	32.00
Other Health Staff	6.00
Non-Health Staff	13.00
Totals	72.00

Florence Nursing Home

546 East Grant Highway
Marengo, IL. 60152

Reference Numbers Facility ID 6003180
Health Service Area 008 Planning Service Area 111

Administrator

David Abel

Contact Person and Telephone

Kathi Miller
815-568-8322

Registered Agent Information

STERN, ABRAHAM J.
30 SOUTH WACKER DRIVE, 29TH FL
CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	6
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	30

Date Completed
4/12/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	52	49	33	0	30	22	0	0	32	34
Skilled Under 22	0	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	52	49	33	0	30	22	0	0	36	30

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	11035	11035	58.1%		61.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	0	0.0%	11035	11035	58.1%		61.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	0	0	0	0	0	0	1	3	4
85+	7	17	0	0	0	0	0	0	7	17	24
TOTALS	8	22	0	0	0	0	0	0	8	22	30

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.

Florence Nursing Home546 East Grant Highway
Marengo, IL. 60152**Reference Numbers** Facility ID 6003180

Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	30	0	30
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	30	0	30

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	144	134
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	2.00
Non-Health Staff	9.00
Totals	33.00

FACILITY NOTES

Bed Change 7/20/2006 Added three nursing care beds, total now 52 nursing care beds.

FLOSSMOOR TERRACE

3951 WEST 190TH STREET
FLOSSMOOR, IL. 60422

Reference Numbers Facility ID 6014088
Health Service Area 007 Planning Service Area 705

Administrator

Sarah Simons

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/5/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	4
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	4	4	4	4	4	0	4	4	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	4
TOTAL BEDS	4	4	4	4	4	0	0	4		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			1460	100.0%	0	1460	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	1460	100.0%	0	1460	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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

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.

FLOSSMOOR TERRACE

3951 WEST 190TH STREET
 FLOSSMOOR, IL. 60422

Reference Numbers Facility ID 6014088

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	235	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.08
LPN's	0.00
Certified Aides	4.02
Other Health Staff	0.18
Non-Health Staff	0.57
Totals	5.10

FONDULAC Rehabilitation & HEALTH CARE CTR

901 ILLINI DRIVE
 EAST PEORIA, IL. 61611
Reference Numbers Facility ID 6003198
 Health Service Area 002 Planning Service Area 179

Administrator
 Jackie Bowers

Contact Person and Telephone

Marikay Snyder
 309-689-5880

Registered Agent Information

SNYDER, MARIKAY L
 830 WEST TRAILCREEK DRIVE
 PEORIA, IL 61614

FACILITY OWNERSHIP
 LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System	16
Alzheimer Disease	27
Mental Illness	9
Developmental Disability	0
Circulatory System	7
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	83

Date Completed
 4/6/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	98	98	91	98	83	15	98	98	78	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				83
TOTAL BEDS	98	98	91	98	83	15	98	98		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	4001	11.2%	22719	63.5%	3772	30492	85.2%		85.2%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	4001	11.2%	22719	63.5%	3772	30492	85.2%		85.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	3	2	0	0	0	0	0	0	3	2	5
65 to 74	4	8	0	0	0	0	0	0	4	8	12
75 to 84	7	16	0	0	0	0	0	0	7	16	23
85+	11	26	0	0	0	0	0	0	11	26	37
TOTALS	27	56	0	0	0	0	0	0	27	56	83

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.

FONDULAC Rehabilitation & HEALTH CARE CTR

901 ILLINI DRIVE

EAST PEORIA, IL. 61611

Reference Numbers Facility ID 6003198

Health Service Area 002 Planning Service Area 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	10	60	0	1	12	0	83
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	60	0	1	12	0	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	1	0	0	0	1
Black	6	0	0	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	76	0	0	0	76
Race Unknown	0	0	0	0	0
Total	83	0	0	0	83

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	29.00
Other Health Staff	0.00
Non-Health Staff	29.00
Totals	73.00

FOREST HILL HEALTH & REHAB

4747-11 STREET
 EAST MOLINE, IL. 61244
Reference Numbers Facility ID 6002638
 Health Service Area 010 Planning Service Area 161

Administrator
 Nyla Krabbenhoft

Contact Person and Telephone
 Nyla Krabbenhoft
 309-796-0922

Registered Agent Information
 LERNER,EVA
 3553 W. PETERSON, SUITE #101
 CHICAGO , IL 60659

FACILITY OWNERSHIP
 FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	3
*Nervous System	2
Alzheimer Disease	18
Mental Illness	1
Developmental Disability	0
Circulatory System	9
Respiratory System	7
Digestive System	3
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	10
Injuries and Poisonings	3
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	83

Date Completed
 4/11/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	137	137	102	137	83	54	56	137	96
Skilled Under 22	0	0	0	0	0	0	0	0	184
Intermediate DD	0	0	0	0	0	0	0	0	197
Sheltered Care	0	0	0	0	0	0	0	0	83
TOTAL BEDS	137	137	102	137	83	54	56	137	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1893	9.3%	26111	52.2%	4659	32663	65.3%		65.3%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1893	9.3%	26111	52.2%	4659	32663	65.3%		65.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	2	0	0	0	0	0	0	2	2	4
45 to 59	7	2	0	0	0	0	0	0	7	2	9
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	6	3	0	0	0	0	0	0	6	3	9
75 to 84	6	19	0	0	0	0	0	0	6	19	25
85+	7	25	0	0	0	0	0	0	7	25	32
TOTALS	31	52	0	0	0	0	0	0	31	52	83

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.

FOREST HILL HEALTH & REHAB

4747-11 STREET
EAST MOLINE, IL. 61244

Reference Numbers Facility ID 6002638

Health Service Area 010 Planning Service Area 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	67	0	0	10	0	83
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	67	0	0	10	0	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pac. Isl.	0	0	0	0	0
White	74	0	0	0	74
Race Unknown	0	0	0	0	0
Total	83	0	0	0	83

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	79	0	0	0	79
Ethnicity Unknown	0	0	0	0	0
Total	83	0	0	0	83

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	27.00
Other Health Staff	1.00
Non-Health Staff	28.00
Totals	75.00

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

Mark Murphey

Contact Person and Telephone

Mark Murphey
 847-647-6400

Registered Agent Information

CARR,BARRY
 7257 NORTH LINCOLN AVENUE
 LINCOLNWOOD , IL 60712

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	34
Blood Disorders	0
*Nervous System	11
Alzheimer Disease	14
Mental Illness	10
Developmental Disability	2
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	14
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	75
Non-Medical Conditions	0
TOTALS	165

Date Completed
 4/11/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	212	192	172	192	47	212	212	Residents on 1/1/2006	163
Skilled Under 22	0	0	0	0	0		0	Total Admissions 2006	569
Intermediate DD	0	0	0	0	0		0	Total Discharges 2006	567
Sheltered Care	0	0	0	0	0		0	Residents on 12/31/2006	165
TOTAL BEDS	212	192	172	192	47	212	212		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	9862	12.7%	37194	48.1%	13399	60455	78.1%	86.3%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	9862	12.7%	37194	48.1%	13399	60455	78.1%	86.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	2	0	0	0	0	0	0	0	2	2
18 to 44	4	7	0	0	0	0	0	0	4	7	11
45 to 59	6	5	0	0	0	0	0	0	6	5	11
60 to 64	4	6	0	0	0	0	0	0	4	6	10
65 to 74	12	20	0	0	0	0	0	0	12	20	32
75 to 84	23	25	0	0	0	0	0	0	23	25	48
85+	11	40	0	0	0	0	0	0	11	40	51
TOTALS	60	105	0	0	0	0	0	0	60	105	165

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	26	113	0	2	23	1	165
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	26	113	0	2	23	1	165

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	221	193
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	5	0	0	0	5
Amer. Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	153	0	0	0	153
Race Unknown	0	0	0	0	0
Total	165	0	0	0	165

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	154	0	0	0	154
Ethnicity Unknown	0	0	0	0	0
Total	165	0	0	0	165

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.00
LPN's	9.00
Certified Aides	60.00
Other Health Staff	12.00
Non-Health Staff	56.00
Totals	160.00

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

JACOBUS,DAVE;MR.
2576 NORTH GREENWAY ROAD
CERRO GORDO , IL 61818

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/5/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	6
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	6	6	6	6	6	0	6	6	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	6
TOTAL BEDS	6	6	6	6	6	0	0	6		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			2068	94.4%	12	2080	95.0%	95.0%	95.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	2068	94.4%	12	2080	95.0%	95.0%	95.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	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

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.

Forty-fourth Street Place

1479 South 44th Street
Decatur, IL. 62521

Reference Numbers Facility ID 6013544

Health Service Area 004 Planning Service Area 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	172	172
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	3.50
Other Health Staff	0.00
Non-Health Staff	0.25
Totals	4.25

FOSTERBURG TERRACE

4617 WONDERLAND DRIVE
ALTON, IL. 62002

Reference Numbers Facility ID 6013973
Health Service Area 011 Planning Service Area 119

Administrator

Diane Tebbe

Contact Person and Telephone

Diane Tebbe
618-465-0044

Registered Agent Information

MOEHN, J. THOMAS
#4 EMMIE L. KAUS LANE
ALTON, IL 62002

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/11/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	14
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	15	1	16	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	15
TOTAL BEDS	16	16	16	16	15	1	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5227	89.5%	0	5227	89.5%	89.5%	89.5%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5227	89.5%	0	5227	89.5%	89.5%	89.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	7	1	0	0	7	1	8
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	11	4	0	0	11	4	15

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.

FOSTERBURG TERRACE

4617 WONDERLAND DRIVE

ALTON, IL. 62002

Reference Numbers Facility ID 6013973

Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	124
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.20
Registered Nurses	1.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	13.00
Non-Health Staff	0.50
Totals	15.70

FOUNTAINS 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

C T CORPORATION SYSTEM
208 SO LASALLE STREET,STE 814
CHICAGO , IL 60604

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	3
*Nervous System	0
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	23
Respiratory System	9
Digestive System	7
Genitourinary System Disorders	12
Skin Disorders	2
Musculo-skeletal Disorders	22
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	85

Date Completed
4/11/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	97	97	93	97	85	12	97	0	88
Skilled Under 22	0	0	0	0	0	0	0	0	603
Intermediate DD	0	0	0	0	0	0	0	0	606
Sheltered Care	0	0	0	0	0	0	0	0	85
TOTAL BEDS	97	97	93	97	85	12	97	0	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	10618	30.0%	0	0.0%	16505	27123	76.6%		76.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	10618	30.0%	0	0.0%	16505	27123	76.6%		76.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	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	3	5	0	0	0	0	0	0	3	5	8
75 to 84	11	17	0	0	0	0	0	0	11	17	28
85+	8	39	0	0	0	0	0	0	8	39	47
TOTALS	23	62	0	0	0	0	0	0	23	62	85

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.

FOUNTAINS AT CRYSTAL LAKE

1000 EAST BRIGHTON LANE
CRYSTAL LAKE, IL. 60012

Reference Numbers Facility ID 6011803

Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	40	0	0	3	42	0	85
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	40	0	0	3	42	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	174
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	85	0	0	0	85
Race Unknown	0	0	0	0	0
Total	85	0	0	0	85

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	23.00
Other Health Staff	0.00
Non-Health Staff	25.00
Totals	66.00

FOUNTAIN'S THE

1301 EAST DEYOUNG
MARION, IL. 62959

Reference Numbers Facility ID 6003230
Health Service Area 005 Planning Service Area 199

Administrator

Elizabeth Dunn

Contact Person and Telephone

Elizabeth Dunn
618-997-1365

Registered Agent Information

STERN, ABRAHAM J.
10 S. WACKER DRIVE, 40TH FLOOR
CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System	25
Alzheimer Disease	0
Mental Illness	5
Developmental Disability	0
Circulatory System	28
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	90

Date Completed
4/6/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	125	125	118	125	90	35	53	125	98	Total Admissions 2006 132
Skilled Under 22	0	0	0	0	0	0		0		Total Discharges 2006 140
Intermediate DD	0	0	0	0	0	0		0		Residents on 12/31/2006 90
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	125	125	118	125	90	35	53	125		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	4045	20.9%	26169	57.4%	4512	34726	76.1%		76.1%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	4045	20.9%	26169	57.4%	4512	34726	76.1%		76.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	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	0	0	0	0	0	0	0	1	0	1
65 to 74	3	11	0	0	0	0	0	0	3	11	14
75 to 84	5	16	0	0	0	0	0	0	5	16	21
85+	11	42	0	0	0	0	0	0	11	42	53
TOTALS	21	69	0	0	0	0	0	0	21	69	90

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.

FOUNTAIN'S THE

1301 EAST DEYOUNG

MARION, IL. 62959

Reference Numbers Facility ID 6003230

Health Service Area 005 Planning Service Area 199

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	67	15	0	0	0	90
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	67	15	0	0	0	90

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	24.00
Other Health Staff	0.00
Non-Health Staff	51.00
Totals	92.00

FOUNTAINVIEW HAVEN

ROUTE 45 SOUTH JEFFERSON
 ELDORADO, IL. 62930
Reference Numbers Facility ID 6003248
 Health Service Area 005 Planning Service Area 059

Administrator
 DENISE LUCKETT

Contact Person and Telephone

Lori Pritchard
 618-273-3353

Registered Agent Information

DE ARMON, DON R.; MR.
 P O BOX 120
 ELDORADO, IL 62930

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	1
*Nervous System	6
Alzheimer Disease	29
Mental Illness	21
Developmental Disability	3
Circulatory System	28
Respiratory System	2
Digestive System	4
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	4
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	118

Date Completed
 4/25/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	125	135	127	125	118	7	48	135	126
Skilled Under 22	0	0	0	0	0	0	0	0	77
Intermediate DD	0	0	0	0	0	0	0	0	85
Sheltered Care	0	0	0	0	0	0	0	0	118
TOTAL BEDS	125	135	127	125	118	7	48	135	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	2689	15.3%	27334	55.5%	11071	41094	90.1%	83.4%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2689	15.3%	27334	55.5%	11071	41094	90.1%	83.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	4	2	0	0	0	0	0	0	4	2	6
75 to 84	7	30	0	0	0	0	0	0	7	30	37
85+	10	59	0	0	0	0	0	0	10	59	69
TOTALS	24	94	0	0	0	0	0	0	24	94	118

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.

FOUNTAINVIEW HAVEN

ROUTE 45 SOUTH JEFFERSON
ELDORADO, IL. 62930

Reference Numbers Facility ID 6003248

Health Service Area 005 Planning Service Area 059

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	9	75	0	2	32	0	118
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	75	0	2	32	0	118

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	101	81
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	22.00
Other Health Staff	0.00
Non-Health Staff	21.00
Totals	55.00

FACILITY NOTES

Bed Change 6/15/2006 Discontinued ten nursing care beds, total now 125 nursing care beds.

FOUR FOUNTAINS CONVALESCENT CENTER

101 SOUTH BELT WEST
 BELLEVILLE, IL. 62220

Reference Numbers Facility ID 6003255
 Health Service Area 011 Planning Service Area 163

Administrator
 Tara M. Hamilton

Contact Person and Telephone

Liz Smith
 618-277-7700

Registered Agent Information

VICK,L. KEVIN
 12 WOLF CREEK DRIVE, SUITE 100
 BELLEVILLE , IL 62226

FACILITY OWNERSHIP
 LIMITED PARTNERSHIP

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System	7
Alzheimer Disease	38
Mental Illness	3
Developmental Disability	0
Circulatory System	33
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	7
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	118

Date Completed
 4/12/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	156	156	133	156	118	38	17	131	127	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				141
TOTAL BEDS	156	156	133	156	118	38	17	131		118

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2456	39.6%	30652	64.1%	12874	45982	80.8%		80.8%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2456	39.6%	30652	64.1%	12874	45982	80.8%		80.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	5	7	0	0	0	0	0	0	5	7	12
75 to 84	6	29	0	0	0	0	0	0	6	29	35
85+	10	59	0	0	0	0	0	0	10	59	69
TOTALS	21	97	0	0	0	0	0	0	21	97	118

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.

FOUR FOUNTAINS CONVALESCENT CENTER101 SOUTH BELT WEST
BELLEVILLE, IL. 62220

Reference Numbers Facility ID 6003255

Health Service Area 011 Planning Service Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	77	0	1	35	0	118
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	77	0	1	35	0	118

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	179	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	13	0	0	0	13
Hawaiian/Pac. Isl.	0	0	0	0	0
White	105	0	0	0	105
Race Unknown	0	0	0	0	0
Total	118	0	0	0	118

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	32.00
Other Health Staff	7.00
Non-Health Staff	30.00
Totals	87.00

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

John Perushek

Contact Person and Telephone

Leslie Wagenecht
815-772-5527

Registered Agent Information

Date Completed
4/12/2007

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	0
Mental Illness	7
Developmental Disability	0
Circulatory System	4
Respiratory System	0
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	2
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	23

FACILITY OWNERSHIP

HOSPITAL DISTRICT

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	35	35	27	35	23	12	24	38	27
Skilled Under 22	0	0	0	0	0	0	0	0	35
Intermediate DD	0	0	0	0	0	0	0	0	39
Sheltered Care	0	0	0	0	0	0	0	0	23
TOTAL BEDS	35	35	27	35	23	12	24	38	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	4877	35.2%	4409	9286	72.7%		72.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	4877	35.2%	4409	9286	72.7%		72.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	0	0	0	0	0	0	0	1	0	1
75 to 84	0	4	0	0	0	0	0	0	0	4	4
85+	2	14	0	0	0	0	0	0	2	14	16
TOTALS	3	20	0	0	0	0	0	0	3	20	23

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.

FOUR SEASONS LIVING CENTER

303 NORTH JACKSON STREET

MORRISON, IL. 61270

Reference Numbers Facility ID 6006381

Health Service Area 001 Planning Service Area 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	9	0	0	14	0	23
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	9	0	0	14	0	23

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.50
Physicians	0.00
Director of Nursing	0.50
Registered Nurses	3.40
LPN's	2.68
Certified Aides	11.55
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	19.63

FOX RIVER PAVILION

400 EAST NEW YORK
AURORA, IL. 60505

Reference Numbers Facility ID 6007223
Health Service Area 008 Planning Service Area 089

Administrator

Scott T. Braun

Contact Person and Telephone

Scott Braun
630-897-8714

Registered Agent Information

CLOCH,BRIAN JAY
8950 GROSS POINT ROAD, SUITE E
SKOKIE, IL 60077

FACILITY OWNERSHIP

LIMITED PARTNERSHIP

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System	7
Alzheimer Disease	3
Mental Illness	47
Developmental Disability	2
Circulatory System	8
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	1
Non-Medical Conditions	12
TOTALS	98

Date Completed
5/17/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	121	121	109	121	98	23	121	121	103
Skilled Under 22	0	0	0	0	0	0	0	0	75
Intermediate DD	0	0	0	0	0	0	0	0	80
Sheltered Care	0	0	0	0	0	0	0	0	98
TOTAL BEDS	121	121	109	121	98	23	121	121	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	2035	4.6%	32697	74.0%	2245	36977	83.7%	83.7%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2035	4.6%	32697	74.0%	2245	36977	83.7%	83.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	12	13	0	0	0	0	0	0	12	13	25
45 to 59	27	13	0	0	0	0	0	0	27	13	40
60 to 64	4	5	0	0	0	0	0	0	4	5	9
65 to 74	7	10	0	0	0	0	0	0	7	10	17
75 to 84	4	2	0	0	0	0	0	0	4	2	6
85+	1	0	0	0	0	0	0	0	1	0	1
TOTALS	55	43	0	0	0	0	0	0	55	43	98

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.

FOX RIVER PAVILION400 EAST NEW YORK
AURORA, IL. 60505

Reference Numbers Facility ID 6007223

Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	89	0	0	1	0	98
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	89	0	0	1	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	13	0	0	0	13
Hawaiian/Pac. Isl.	0	0	0	0	0
White	75	0	0	0	75
Race Unknown	10	0	0	0	10
Total	98	0	0	0	98

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	88	0	0	0	88
Ethnicity Unknown	0	0	0	0	0
Total	98	0	0	0	98

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	7.00
Certified Aides	26.00
Other Health Staff	4.00
Non-Health Staff	38.00
Totals	84.00

FRANCISCAN VILLAGE

1270 FRANCISCAN DRIVE
LEMONT, IL. 60439

Reference Numbers Facility ID 6012413
Health Service Area 007 Planning Service Area 705

Administrator
ROBERT E COON

Contact Person and Telephone

Dorothy Harris
630-243-3481

Registered Agent Information

C T CORPORATION SYSTEM
208 SOUTH LASALLE STREET
CHICAGO , IL 60604

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	3
*Nervous System	1
Alzheimer Disease	11
Mental Illness	3
Developmental Disability	0
Circulatory System	20
Respiratory System	8
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	9
Injuries and Poisonings	8
Other Medical Conditions	45
Non-Medical Conditions	0
TOTALS	116

Date Completed
4/12/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	127	127	127	127	11	38	29	Residents on 1/1/2006	113
Skilled Under 22	0	0	0	0	0		0	Total Admissions 2006	240
Intermediate DD	0	0	0	0	0		0	Total Discharges 2006	237
Sheltered Care	0	0	0	0	0		0	Residents on 12/31/2006	116
TOTAL BEDS	127	127	127	127	11	38	29		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	9108	65.7%	10924	103.2%	21798	41830	90.2%	90.2%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	9108	65.7%	10924	103.2%	21798	41830	90.2%	90.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	5	21	0	0	0	0	0	0	5	21	26
85+	10	74	0	0	0	0	0	0	10	74	84
TOTALS	16	100	0	0	0	0	0	0	16	100	116

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.

FRANCISCAN VILLAGE

1270 FRANCISCAN DRIVE
LEMONT, IL. 60439

Reference Numbers Facility ID 6012413

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	27	26	0	0	63	0	116
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	27	26	0	0	63	0	116

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	238	216
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	116	0	0	0	116
Race Unknown	0	0	0	0	0
Total	116	0	0	0	116

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	15.00
Certified Aides	47.00
Other Health Staff	3.00
Non-Health Staff	130.00
Totals	209.00

FRANKFORT HEALTHCARE AND REHABILITATIO

2500 EAST ST LOUIS STREET
WEST FRANKFORT, IL. 62896

Reference Numbers Facility ID 6003289
Health Service Area 005 Planning Service Area 055

Administrator
Sherry Johnson

Contact Person and Telephone

Sherry Johnson
618-932-3236

Registered Agent Information

BUSINESS FILINGS INCORPORATED
600 SOUTH SECOND STREET
SPRINGFIELD , IL 62704

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	12
Blood Disorders	1
*Nervous System	0
Alzheimer Disease	15
Mental Illness	13
Developmental Disability	1
Circulatory System	2
Respiratory System	7
Digestive System	0
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

Date Completed
4/10/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	57	57	53	57	53	4	0	57	53	72
Skilled Under 22	0	0	0	0	0	0		0		72
Intermediate DD	0	0	0	0	0	0		0		53
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	57	57	53	57	53	4	0	57		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2920	0.0%	11315	54.4%	5110	19345	93.0%		93.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2920	0.0%	11315	54.4%	5110	19345	93.0%		93.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	3	0	0	0	0	0	0	4	3	7
75 to 84	4	16	0	0	0	0	0	0	4	16	20
85+	2	23	0	0	0	0	0	0	2	23	25
TOTALS	10	43	0	0	0	0	0	0	10	43	53

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.

FRANKFORT HEALTHCARE AND REHABILITATIO

2500 EAST ST LOUIS STREET
 WEST FRANKFORT, IL. 62896

Reference Numbers Facility ID 6003289

Health Service Area 005 Planning Service Area 055

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	31	0	0	14	0	53
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	31	0	0	14	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	85
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	170	85

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	17.00
Totals	46.00

Frankfort Terrace

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

Registered Agent Information

WEINFELD,AVRUM
6865 N. LINCOLN
LINCOLNWOOD , IL 60712

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	16
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	3
Mental Illness	64
Developmental Disability	0
Circulatory System	11
Respiratory System	10
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	118

Date Completed
4/10/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	120	120	120	118	2	0	120	Residents on 1/1/2006	117
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	66
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	65
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	118
TOTAL BEDS	120	120	120	118	2	0	120		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	40537	92.6%	730	41267	94.2%	94.2%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	40537	92.6%	730	41267	94.2%	94.2%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	6	3	0	0	0	0	0	0	6	3	9
45 to 59	22	12	0	0	0	0	0	0	22	12	34
60 to 64	13	7	0	0	0	0	0	0	13	7	20
65 to 74	14	13	0	0	0	0	0	0	14	13	27
75 to 84	7	8	0	0	0	0	0	0	7	8	15
85+	7	6	0	0	0	0	0	0	7	6	13
TOTALS	69	49	0	0	0	0	0	0	69	49	118

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.

Frankfort Terrace

40 North Smith Street
FRANKFORT, IL. 60423

Reference Numbers Facility ID 6003297

Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	116	0	0	2	0	118
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	116	0	0	2	0	118

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	43	0	0	0	43
Hawaiian/Pac. Isl.	0	0	0	0	0
White	74	0	0	0	74
Race Unknown	0	0	0	0	0
Total	118	0	0	0	118

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	6.00
Non-Health Staff	23.00
Totals	67.00

FACILITY NOTES

- E-060-06 10/31/2006 Change of ownership occurred.
- E-060-06 8/26/2006 Change of ownership exemption approved.

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

Pat Howard

Contact Person and Telephone

Pat Howard
815-288-6691

Registered Agent Information

MCCLAIN,ARLAN L.
500 ANCHOR ROAD, P. O. BOX 366
DIXON , IL 61021

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/19/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	6	0
Skilled Under 22	0	0	0	0	0	0	0	0	0	0
Intermediate DD	6	6	6	6	6	0	6	6	0	0
Sheltered Care	0	0	0	0	0	0	0	0	6	0
TOTAL BEDS	6	6	6	6	6	0	0	6	6	6

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			2190	100.0%	0	2190	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	2190	100.0%	0	2190	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	6	0	0	0	6	0	6

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	189	180
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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

Franklin Grove Nursing Center

502 N. State St. P.O. 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

Sheldon Wolfe
847-982-2300

Registered Agent Information

WOLFE,SHELDON
7434 NORTH SKOKIE BOULEVARD
SKOKIE , IL 60077

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	10
Blood Disorders	1
*Nervous System	6
Alzheimer Disease	2
Mental Illness	5
Developmental Disability	0
Circulatory System	23
Respiratory System	14
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	8
Injuries and Poisonings	16
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	101

Date Completed
3/26/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	121	121	113	121	101	20	28	121	110	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	121	121	113	121	101	20	28	121	70	101

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1597	15.6%	19124	43.3%	17907	38628	87.5%		87.5%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1597	15.6%	19124	43.3%	17907	38628	87.5%		87.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	6	19	0	0	0	0	0	0	6	19	25
85+	11	60	0	0	0	0	0	0	11	60	71
TOTALS	17	84	0	0	0	0	0	0	17	84	101

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.

Franklin Grove Nursing Center

502 N. State St. P.O. Box 402
FRANKLIN GROVE, IL. 61031

Reference Numbers Facility ID 6003305

Health Service Area 001 Planning Service Area 103

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	50	0	0	46	0	101
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	50	0	0	46	0	101

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	148
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	100	0	0	0	100
Race Unknown	0	0	0	0	0
Total	101	0	0	0	101

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	12.17
Certified Aides	42.12
Other Health Staff	1.00
Non-Health Staff	41.62
Totals	100.91

FRANKLIN HOSPITAL NURSING CTR

1310 MARK FRANKLIN STREET
BENTON, IL. 62812

Reference Numbers Facility ID 6003313
Health Service Area 005 Planning Service Area 055

Administrator

Sandra McCoy

Contact Person and Telephone

Sandy McCoy
618-439-3500

Registered Agent Information

MAHER,DANIEL
926 SOUTH 7TH
SPRINGFIELD, IL 62703

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

Date Completed
4/6/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System	5
Alzheimer Disease	10
Mental Illness	1
Developmental Disability	0
Circulatory System	11
Respiratory System	2
Digestive System	6
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	6
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	71

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	83	83	77	83	12	64	65	68	90
Skilled Under 22	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0		0		
TOTAL BEDS	83	83	77	83	12	64	65	87	71

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	6226	26.7%	13339	56.2%	6198	25763	85.0%	85.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	6226	26.7%	13339	56.2%	6198	25763	85.0%	85.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	2	0	0	0	0	0	0	3	2	5
75 to 84	3	18	0	0	0	0	0	0	3	18	21
85+	6	36	0	0	0	0	0	0	6	36	42
TOTALS	14	57	0	0	0	0	0	0	14	57	71

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.

FRANKLIN HOSPITAL NURSING CTR

1310 MARK FRANKLIN STREET

BENTON, IL. 62812

Reference Numbers Facility ID 6003313

Health Service Area 005 Planning Service Area 055

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	18	34	0	1	18	0	71
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	34	0	1	18	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	110	95
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	70	0	0	0	70
Race Unknown	0	0	0	0	0
Total	71	0	0	0	71

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	11.00
Certified Aides	31.00
Other Health Staff	1.00
Non-Health Staff	25.00
Totals	72.00

FREEBURG CARE CENTER

746 URBANNA DRIVE
FREEBURG, IL. 62243

Reference Numbers Facility ID 6003321
Health Service Area 011 Planning Service Area 163

Administrator
John Huelskamp

Contact Person and Telephone

John Huelskamp
618-539-5856

Registered Agent Information

RHUTASEL, LARRY J.
P.O. BOX 97
FREEBURG, IL 62243

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	1
Alzheimer Disease	15
Mental Illness	1
Developmental Disability	1
Circulatory System	25
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	36
Non-Medical Conditions	0
TOTALS	90

Date Completed
4/10/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	118	118	93	118	90	28	20	118	85	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0		0	69	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0		0	64	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0		0	90	
TOTAL BEDS	118	118	93	118	90	28	20	118		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1761	24.1%	16651	38.7%	13495	31907	74.1%		74.1%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1761	24.1%	16651	38.7%	13495	31907	74.1%		74.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	7	0	0	0	0	0	0	3	7	10
75 to 84	11	27	0	0	0	0	0	0	11	27	38
85+	4	37	0	0	0	0	0	0	4	37	41
TOTALS	18	72	0	0	0	0	0	0	18	72	90

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.

FREEBURG CARE CENTER

746 URBANNA DRIVE
 FREEBURG, IL. 62243

Reference Numbers Facility ID 6003321

Health Service Area 011 Planning Service Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	43	0	0	41	0	90
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	43	0	0	41	0	90

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	123	103
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	11.00
Certified Aides	21.00
Other Health Staff	1.00
Non-Health Staff	13.00
Totals	49.00

FREEBURG TERRACE

#4 HILL MINE ROAD
FREEBURG, IL. 62243

Reference Numbers Facility ID 6012637
Health Service Area 011 Planning Service Area 163

Administrator

Angela Hnatowich

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/5/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	2
Intermediate DD	16	16	15	16	1		16	Total Discharges 2006	2
Sheltered Care	0	0	0	0	0			Residents on 12/31/2006	15
TOTAL BEDS	16	16	15	16	1	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5314	91.0%	0	5314	91.0%	91.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	5314	91.0%	0	5314	91.0%	91.0%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	5	0	0	4	5	9
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	8	7	0	0	8	7	15

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.

FREEBURG TERRACE

#4 HILL MINE ROAD
 FREEBURG, IL. 62243

Reference Numbers Facility ID 6012637

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	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	115
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	7.00
Other Health Staff	0.75
Non-Health Staff	2.00
Totals	10.00

FREEPORT MEMORIAL HOSPITAL/SNU

1045 WEST STEPHENSON STREET
 FREEPORT, IL. 61032

Reference Numbers Facility ID 6003347
 Health Service Area 001 Planning Service Area 177

Administrator
 Michael Perry

Contact Person and Telephone

Judith Schlafer
 815-599-6111

Registered Agent Information

HAMILTON, DENNIS L.
 1045 WEST STEPHENSON
 FREEPORT, IL 61032

FACILITY OWNERSHIP
 OTHER NON-PROFIT

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

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

Date Completed
 5/11/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	43	43	43	43	9	34	43	43	36
Skilled Under 22	0	0	0	0	0	0	0	0	465
Intermediate DD	0	0	0	0	0	0	0	0	492
Sheltered Care	0	0	0	0	0	0	0	0	9
TOTAL BEDS	43	43	43	43	9	34	43	43	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	6946	44.3%	118	0.8%	216	7280	46.4%	46.4%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	6946	44.3%	118	0.8%	216	7280	46.4%	46.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	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+	2	1	0	0	0	0	0	0	2	1	3
TOTALS	6	3	0	0	0	0	0	0	6	3	9

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.

FREEPORT MEMORIAL HOSPITAL/SNU

1045 WEST STEPHENSON STREET
 FREEPORT, IL. 61032

Reference Numbers Facility ID 6003347

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	Charity Pay	Charity Care	TOTALS
Nursing Care	8	1	0	0	0	0	9
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	1	0	0	0	0	9

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	322	322
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	9	0	0	0	9
Race Unknown	0	0	0	0	0
Total	9	0	0	0	9

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	9	0	0	0	9
Ethnicity Unknown	0	0	0	0	0
Total	9	0	0	0	9

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	10.00
Other Health Staff	0.00
Non-Health Staff	3.00
Totals	30.00

FREERPORT REHAB & HLTH CARE CTR

900 SOUTH KIWANIS DRIVE
 FREERPORT, IL. 61032
Reference Numbers Facility ID 6003339
 Health Service Area 001 Planning Service Area 177

Administrator
 Darlene Hansen

Contact Person and Telephone
 Darlene Hansen
 815-235-6196

Registered Agent Information

Date Completed
 5/18/2007

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	45
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	8
Mental Illness	3
Developmental Disability	1
Circulatory System	2
Respiratory System	25
Digestive System	5
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	97

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	143	143	113	143	97	46	143	143	106	210
Skilled Under 22	0	0	0	0	0	0	0	0		219
Intermediate DD	0	0	0	0	0	0	0	0		97
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	143	143	113	143	97	46	143	143		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	6868	13.2%	22044	42.2%	7689	36601	70.1%		70.1%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	6868	13.2%	22044	42.2%	7689	36601	70.1%		70.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	0	0	0	0	0	0	0	4	0	4
45 to 59	0	3	0	0	0	0	0	0	0	3	3
60 to 64	4	6	0	0	0	0	0	0	4	6	10
65 to 74	8	25	0	0	0	0	0	0	8	25	33
75 to 84	4	31	0	0	0	0	0	0	4	31	35
85+	2	10	0	0	0	0	0	0	2	10	12
TOTALS	22	75	0	0	0	0	0	0	22	75	97

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	59	0	2	23	0	97
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	59	0	2	23	0	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	93	0	0	0	93
Race Unknown	0	0	0	0	0
Total	97	0	0	0	97

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	97	0	0	0	97
Ethnicity Unknown	0	0	0	0	0
Total	97	0	0	0	97

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	18.00
Certified Aides	37.00
Other Health Staff	8.00
Non-Health Staff	25.00
Totals	94.00

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

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLED SOE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/5/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5840	100.0%	0	5840	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	7	3	0	0	7	3	10
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	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

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.

FREEPORT TERRACE

2942 HIGHLANDVIEW DRIVE
FREEPORT, IL. 61032

Reference Numbers Facility ID 6010854

Health Service Area 001 Planning Service Area 177

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	16	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	0	16	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	122	122
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	6.67
Other Health Staff	0.57
Non-Health Staff	1.32
Totals	8.81

Friendship Care Center

1900 North Park Street
HERRIN, IL. 62948

Reference Numbers Facility ID 6003362
Health Service Area 005 Planning Service Area 199

Administrator

Gayle Yates

Contact Person and Telephone

Gayle Yates
618-942-2525

Registered Agent Information

STERN, ABRAHAM, J.
10 SOUTH WACKER DRIVE, 40TH FL
CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System	0
Alzheimer Disease	8
Mental Illness	14
Developmental Disability	0
Circulatory System	7
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	2
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	44

Date Completed
3/27/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	49	49	48	49	44	5	0	49	41	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0	0	0	43	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0	0	0	40	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0	0	0	44	
TOTAL BEDS	49	49	48	49	44	5	0	49		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1894	0.0%	9471	53.0%	4727	16092	90.0%	90.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	1894	0.0%	9471	53.0%	4727	16092	90.0%	90.0%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
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	3	4	0	0	0	0	0	0	3	4	7
75 to 84	3	10	0	0	0	0	0	0	3	10	13
85+	5	15	0	0	0	0	0	0	5	15	20
TOTALS	11	33	0	0	0	0	0	0	11	33	44

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.

Friendship Care Center

1900 North Park Street
HERRIN, IL. 62948

Reference Numbers Facility ID 6003362

Health Service Area 005 Planning Service Area 199

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	22	0	1	15	0	44
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	22	0	1	15	0	44

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	100	85
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	13.00
Other Health Staff	0.00
Non-Health Staff	17.00
Totals	38.00

FRIENDSHIP HOME

826 NORTH HIGH
CARLINVILLE, IL. 62626

Reference Numbers Facility ID 6005979
Health Service Area 003 Planning Service Area 117

Administrator

Barbara Randolph

Contact Person and Telephone

Barbara Randolph
217-854-9606

Registered Agent Information

C T CORPORATION SYSTEM
208 S. LASALLE ST., STE. 814
CHICAGO, IL 60604

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	3
Mental Illness	9
Developmental Disability	1
Circulatory System	13
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	37

Date Completed
4/12/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	49	49	41	48	37	12	47	47	37
Skilled Under 22	0	0	0	0	0	0	0	0	42
Intermediate DD	0	0	0	0	0	0	0	0	42
Sheltered Care	0	0	0	0	0	0	0	0	37
TOTAL BEDS	49	49	41	48	37	12	47	47	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	2183	12.7%	4758	27.7%	5782	12723	71.1%	71.1%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2183	12.7%	4758	27.7%	5782	12723	71.1%	71.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	1	0	0	0	0	0	0	1	1	2
75 to 84	2	3	0	0	0	0	0	0	2	3	5
85+	4	23	0	0	0	0	0	0	4	23	27
TOTALS	9	28	0	0	0	0	0	0	9	28	37

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.

FRIENDSHIP HOME826 NORTH HIGH
CARLINVILLE, IL. 62626

Reference Numbers Facility ID 6005979

Health Service Area 003 Planning Service Area 117

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	16	0	0	15	0	37
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	16	0	0	15	0	37

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	107	123
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	37	0	0	0	37
Race Unknown	0	0	0	0	0
Total	37	0	0	0	37

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	37	0	0	0	37
Ethnicity Unknown	0	0	0	0	0
Total	37	0	0	0	37

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	3.00
Non-Health Staff	15.00
Totals	42.00

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

Kathy Berck

Contact Person and Telephone

Kathy Berck
618-532-3642

Registered Agent Information

C T CORPORATION SYSTEM
208 SOUTH LASALLE STREET
CHICAGO , IL 60608

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	20
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	27
Non-Medical Conditions	0
TOTALS	68

Date Completed
4/5/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	94	94	70	94	68	26	19	94	62	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		0		
TOTAL BEDS	94	94	70	94	68	26	19	94		85
										Residents on 12/31/2006
										68

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	3207	46.2%	17640	51.4%	2695	23542	68.6%	68.6%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	3207	46.2%	17640	51.4%	2695	23542	68.6%	68.6%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	12	0	0	0	0	0	0	2	12	14
75 to 84	15	12	0	0	0	0	0	0	15	12	27
85+	5	20	0	0	0	0	0	0	5	20	25
TOTALS	23	45	0	0	0	0	0	0	23	45	68

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	51	1	0	5	0	68
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	51	1	0	5	0	68

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	108	103
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	63	0	0	0	63
Race Unknown	0	0	0	0	0
Total	68	0	0	0	68

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	25.00
Other Health Staff	0.00
Non-Health Staff	26.00
Totals	65.00

FRIENDSHIP MANOR

1209 21ST AVENUE
 ROCK ISLAND, IL. 61201
Reference Numbers Facility ID 6003388
 Health Service Area 010 Planning Service Area 161

Administrator

Linda Patton

Contact Person and Telephone

LINDA PATTON
 309-786-9667

Registered Agent Information

FLYNN,PATRICK J.
 1617 2ND STE 300 PO BOX 5408
 ROCK ISLAND , IL 61204

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	19
Mental Illness	2
Developmental Disability	0
Circulatory System	36
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	10
Injuries and Poisonings	10
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	95

Date Completed
 4/12/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	63	63	63	63	2	73	73	Residents on 1/1/2006	57
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	268
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	230
Sheltered Care	34	34	34	34	0			Residents on 12/31/2006	95
TOTAL BEDS	97	97	97	97	2	73	73		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	4268	16.0%	3239	12.2%	10879	18386	80.0%	80.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					10756	10756	86.7%	86.7%	
TOTALS	4268	16.0%	3239	12.2%	21635	29142	82.3%	82.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	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	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	2	0	0	0	0	0	1	2	3	5
75 to 84	3	13	0	0	0	0	3	5	6	18	24
85+	7	31	0	0	0	0	5	20	12	51	63
TOTALS	13	48	0	0	0	0	8	26	21	74	95

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.

FRIENDSHIP MANOR

1209 21ST AVENUE
 ROCK ISLAND, IL. 61201

Reference Numbers Facility ID 6003388

Health Service Area 010 Planning Service Area 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	11	14	0	0	36	0	61
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	34	0	34
TOTALS	11	14	0	0	70	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	191	153
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	153	153

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	58	0	0	34	92
Race Unknown	0	0	0	0	0
Total	61	0	0	34	95

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	57	0	0	34	91
Ethnicity Unknown	0	0	0	0	0
Total	61	0	0	34	95

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	43.00
Other Health Staff	11.00
Non-Health Staff	85.00
Totals	159.00

FRIENDSHIP MANOR HEALTH CENTER

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

Becky Meadows
618-327-3041

Registered Agent Information

SCHWARTZ,LAWRENCE Y
7366 NORTH LINCOLN AVE,STE 404
LINCOLNWOOD , IL 60712

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System	7
Alzheimer Disease	16
Mental Illness	6
Developmental Disability	0
Circulatory System	28
Respiratory System	4
Digestive System	4
Genitourinary System Disorders	0
Skin Disorders	4
Musculo-skeletal Disorders	4
Injuries and Poisonings	8
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	98

Date Completed
4/4/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	230	230	116	230	98	132	31	230	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		0	
TOTAL BEDS	230	230	116	230	98	132	31	230	98
									Total Admissions 2006 142
									Total Discharges 2006 156
									Residents on 12/31/2006 98

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3691	32.6%	21476	25.6%	12423	37590	44.8%		44.8%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	3691	32.6%	21476	25.6%	12423	37590	44.8%		44.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	4	6	0	0	0	0	0	0	4	6	10
75 to 84	15	23	0	0	0	0	0	0	15	23	38
85+	13	32	0	0	0	0	0	0	13	32	45
TOTALS	33	65	0	0	0	0	0	0	33	65	98

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.

FRIENDSHIP MANOR HEALTH CENTER

485 SOUTH FRIENDSHIP DRIVE
 NASHVILLE, IL. 62263

Reference Numbers Facility ID 6015895

Health Service Area 005 Planning Service Area 189

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	13	53	0	0	32	0	98
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	53	0	0	32	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	123	98
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	98	0	0	0	98
Race Unknown	0	0	0	0	0
Total	98	0	0	0	98

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	38.00
Other Health Staff	6.00
Non-Health Staff	30.00
Totals	94.00

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

Registered Agent Information

STOUT, JAMES
324 NORTH MAIN
BRIDGEPORT, IL 62417

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

Date Completed
4/12/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	12
Mental Illness	8
Developmental Disability	1
Circulatory System	12
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	50

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	60	60	52	60	50	10	44	60	51	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		0		
TOTAL BEDS	60	60	52	60	50	10	44	60		50

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2905	18.1%	9528	43.5%	4903	17336	79.2%		79.2%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2905	18.1%	9528	43.5%	4903	17336	79.2%		79.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	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+	5	24	0	0	0	0	0	0	5	24	29
TOTALS	9	41	0	0	0	0	0	0	9	41	50

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.

FRIENDSHIP MANOR OF ST. ELMO221 E. CUMBERLAND ROAD
ST. ELMO, IL. 62458

Reference Numbers Facility ID 6004204

Health Service Area 005 Planning Service Area 051

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	29	0	0	15	0	50
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	29	0	0	15	0	50

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	105	95
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.50
LPN's	4.25
Certified Aides	19.50
Other Health Staff	0.00
Non-Health Staff	13.25
Totals	42.50

FRIENDSHIP VILLAGE SCHAUMBURG

350 WEST SCHAUMBURG ROAD
 SCHAUMBURG, IL. 60194
Reference Numbers Facility ID 6003404
 Health Service Area 007 Planning Service Area 701

Administrator

Lynn Kedrowski - Blakemore

Contact Person and Telephone

Tiffany Barton
 847-755-2025

Registered Agent Information

ALSTON,ROBERT M
 350 WEST SCHAUMBURG ROAD
 SCHAUMBURG , IL 60194

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	19
Endocrine/Metabolic	13
Blood Disorders	0
*Nervous System	4
Alzheimer Disease	54
Mental Illness	0
Developmental Disability	0
Circulatory System	59
Respiratory System	32
Digestive System	4
Genitourinary System Disorders	10
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	17
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	227

Date Completed
 4/11/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	250	248	242	248	227	23	250	221	232
Skilled Under 22	0	0	0	0	0	0	0	0	411
Intermediate DD	0	0	0	0	0	0	0	0	416
Sheltered Care	0	0	0	0	0	0	0	0	227
TOTAL BEDS	250	248	242	248	227	23	250	221	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	8592	9.4%	26105	32.4%	50608	85305	93.5%	94.2%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	8592	9.4%	26105	32.4%	50608	85305	93.5%	94.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	17	52	0	0	0	0	0	0	17	52	69
85+	21	132	0	0	0	0	0	0	21	132	153
TOTALS	39	188	0	0	0	0	0	0	39	188	227

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.

FRIENDSHIP VILLAGE SCHAUMBURG350 WEST SCHAUMBURG ROAD
SCHAUMBURG, IL. 60194

Reference Numbers Facility ID 6003404

Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	21	71	0	0	135	0	227
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	71	0	0	135	0	227

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	283	235
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	226	0	0	0	226
Race Unknown	0	0	0	0	0
Total	227	0	0	0	227

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	226	0	0	0	226
Ethnicity Unknown	0	0	0	0	0
Total	227	0	0	0	227

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	28.88
LPN's	7.17
Certified Aides	98.27
Other Health Staff	17.00
Non-Health Staff	25.00
Totals	178.32

FROELICH HOUSE

356 SOUTH MICHIGAN AVENUE
GALESBURG, IL. 61401

Reference Numbers Facility ID 6010193
Health Service Area 002 Planning Service Area 095

Administrator

Regina Mason

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/8/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	15	1		16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2006	15
TOTAL BEDS	16	16	16	16	15	1	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%		0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			5581	95.6%	0	5581	95.6%		95.6%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	5581	95.6%	0	5581	95.6%		95.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	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	0	0	0	0	0	0
TOTALS	0	0	0	0	7	8	0	0	7	8	15

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.

FROELICH HOUSE

356 SOUTH MICHIGAN AVENUE
GALESBURG, IL. 61401

Reference Numbers Facility ID 6010193

Health Service Area 002 Planning Service Area 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.13
Certified Aides	6.00
Other Health Staff	0.75
Non-Health Staff	2.00
Totals	9.13

GAINES MILL PLAZA

3310 GAINES MILL ROAD
 SPRINGFIELD, IL 62704

Reference Numbers Facility ID 6010235
 Health Service Area 003 Planning Service Area 167

Administrator

Laura Kelly

Contact Person and Telephone

Laura Kelly
 217 / 793-0074

Registered Agent Information

BLEDSONE, TIMOTHY L.
 115 EAST SOUTH STREET
 GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
 3/7/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5840	100.0%	0	5840	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	5	0	0	5	5	10
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	8	8	0	0	8	8	16

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.

GAINES MILL PLAZA3310 GAINES MILL ROAD
SPRINGFIELD, IL. 62704

Reference Numbers Facility ID 6010235

Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.10
Certified Aides	7.00
Other Health Staff	0.70
Non-Health Staff	1.50
Totals	9.55

GALENA-STAUSS HOSPITAL

215 SUMMIT STREET
GALENA, IL. 61036

Reference Numbers Facility ID 6003438
Health Service Area 001 Planning Service Area 085

Administrator

Kurt J Hill

Contact Person and Telephone

Melissa Kaiser
815-776-7265

Registered Agent Information

Date Completed
3/21/2007

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System	2
Alzheimer Disease	12
Mental Illness	0
Developmental Disability	1
Circulatory System	15
Respiratory System	5
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	55

FACILITY OWNERSHIP
HOSPITAL DISTRICT

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	57	57	57	57	55	2	0	57	57	38
Skilled Under 22	0	0	0	0	0	0	0	0	0	40
Intermediate DD	0	0	0	0	0	0	0	0	0	55
Sheltered Care	0	0	0	0	0	0	0	0	0	
TOTAL BEDS	57	57	57	57	55	2	0	57		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	7092	34.1%	12732	19824	95.3%	95.3%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	7092	34.1%	12732	19824	95.3%	95.3%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	1	0	0	0	0	0	0	1	1	2
75 to 84	3	12	0	0	0	0	0	0	3	12	15
85+	4	30	0	0	0	0	0	0	4	30	34
TOTALS	8	47	0	0	0	0	0	0	8	47	55

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.

GALENA-STAUSS HOSPITAL

215 SUMMIT STREET
 GALENA, IL. 61036

Reference Numbers Facility ID 6003438

Health Service Area 001 Planning Service Area 085

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	25	0	0	30	0	55
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	25	0	0	30	0	55

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	149
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	22.00
Other Health Staff	1.00
Non-Health Staff	9.00
Totals	42.00

FACILITY NOTES

P-06-042 9/14/2006 Permit issued to discontinue the hospital including their 57 bed nursing care unit.

GALESBURG COTTAGE HOSPITAL

695 NORTH KELLOGG STREET
GALESBURG, IL. 61401

Reference Numbers Facility ID 6012785
Health Service Area 002 Planning Service Area 095

Administrator

Jeff Howd

Contact Person and Telephone

Jeff Howd
309-345-4309

Registered Agent Information

Date Completed
4/11/2007

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	4
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	21

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	34	34	31	34	21	13	31	0	21	662
Skilled Under 22	0	0	0	0	0	0		0		662
Intermediate DD	0	0	0	0	0	0		0		21
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	34	34	31	34	21	13	31	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	8240	72.8%	0	0.0%	0	8240	66.4%	66.4%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	8240	72.8%	0	0.0%	0	8240	66.4%	66.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	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	2	1	0	0	0	0	0	0	2	1	3
75 to 84	4	4	0	0	0	0	0	0	4	4	8
85+	4	5	0	0	0	0	0	0	4	5	9
TOTALS	11	10	0	0	0	0	0	0	11	10	21

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.

GALESBURG COTTAGE HOSPITAL

695 NORTH KELLOG STREET

GALESBURG, IL. 61401

Reference Numbers Facility ID 6012785

Health Service Area 002 Planning Service Area 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	21	0	0	0	0	0	21
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	0	0	0	0	0	21

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	449	389
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	19	0	0	0	19
Race Unknown	0	0	0	0	0
Total	21	0	0	0	21

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.30
LPN's	3.00
Certified Aides	8.40
Other Health Staff	3.10
Non-Health Staff	3.60
Totals	31.40

GALESBURG TERRACE

1145 FRANK STREET
GALESBURG, IL. 61401

Reference Numbers Facility ID 6000434
Health Service Area 002 Planning Service Area 095

Administrator
ETHEL LOGUE

Contact Person and Telephone

Ethel Logue
309 342-2103

Registered Agent Information

LERNER,EVA
3553 W. PETERSON, SUITE #101
CHICAGO , IL 60659

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System	1
Alzheimer Disease	13
Mental Illness	12
Developmental Disability	3
Circulatory System	11
Respiratory System	10
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	1
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	66

Date Completed
3/21/2006

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	108	108	77	108	66	42	28	108	Residents on 1/1/2006	65
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	48
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006	47
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	66
TOTAL BEDS	108	108	77	108	66	42	28	108		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1663	16.3%	19381	49.2%	1138	22182	56.3%	56.3%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	1663	16.3%	19381	49.2%	1138	22182	56.3%	56.3%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	2	0	0	0	0	0	0	3	2	5
45 to 59	5	3	0	0	0	0	0	0	5	3	8
60 to 64	3	5	0	0	0	0	0	0	3	5	8
65 to 74	6	6	0	0	0	0	0	0	6	6	12
75 to 84	4	20	0	0	0	0	0	0	4	20	24
85+	3	6	0	0	0	0	0	0	3	6	9
TOTALS	24	42	0	0	0	0	0	0	24	42	66

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.

GALESBURG TERRACE1145 FRANK STREET
GALESBURG, IL. 61401

Reference Numbers Facility ID 6000434

Health Service Area 002 Planning Service Area 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	55	0	0	6	0	66
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	55	0	0	6	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	1	0	0	0	1
Black	6	0	0	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	0	0	0	0	0
Total	66	0	0	0	66

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	9.00
Non-Health Staff	25.00
Totals	82.00

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 Havelka

Contact Person and Telephone

Barbara Russo
708-636-0054 ext20

Registered Agent Information

BEAGLES,GERARD S.
8333 SOUTH AUSTIN AVENUE
BURBANK, IL 60459

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/22/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	15	15	15	15	1		15	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0			Residents on 12/31/2006	14
TOTAL BEDS	15	15	15	15	1	0	15		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5475	100.0%	0	5475	100.0%	100.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	5475	100.0%	0	5475	100.0%	100.0%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	2	0	0	1	2	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	8	0	0	6	8	14

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.

GARDEN CENTER SERVICES

8345 SOUTH AUSTIN AVENUE
BURBANK, IL. 60459

Reference Numbers Facility ID 6012561

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	141	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	7.25
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	10.25

GATEWAY REGIONAL MED CTR SNF

2100 MADISON AVENUE
GRANITE CITY, IL. 62040

Reference Numbers Facility ID 6008908
Health Service Area 011 Planning Service Area 119

Administrator

Sherry Nelson

Contact Person and Telephone

Deborah Williams
618-798-8101

Registered Agent Information

Date Completed
4/12/2007

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

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

FACILITY OWNERSHIP
OTHER NON-PROFIT

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	19	19	19	19	6	19	0	Residents on 1/1/2006	13
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	414
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	414
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	13
TOTAL BEDS	19	19	19	19	6	19	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	77	1.1%	0	0.0%	97	174	2.5%	2.5%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	77	1.1%	0	0.0%	97	174	2.5%	2.5%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	2	3	0	0	0	0	0	0	2	3	5
75 to 84	1	1	0	0	0	0	0	0	1	1	2
85+	2	2	0	0	0	0	0	0	2	2	4
TOTALS	5	8	0	0	0	0	0	0	5	8	13

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.

GATEWAY REGIONAL MED CTR SNF

2100 MADISON AVENUE
 GRANITE CITY, IL. 62040

Reference Numbers Facility ID 6008908

Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	11	0	0	2	0	0	13
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	0	0	2	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	923	923
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	2.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	10.00

Gaylord Tull House

1911 18th Street
Charleston, IL. 61920

Reference Numbers Facility ID 6010334
Health Service Area 004 Planning Service Area 029

Administrator

Joshua Rieman

Contact Person and Telephone

Josh Rieman
217-345-3552

Registered Agent Information

KRCHAK,DAVID E
30 MAIN STREET, P O BOX 560
CHAMPAIGN , IL 61824

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/29/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	2
Intermediate DD	16	16	16	16	16	0	0	16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5718	97.9%	0	5718	97.9%	97.9%	97.9%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5718	97.9%	0	5718	97.9%	97.9%	97.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	0	3	0	0	0	3	3
65 to 74	0	0	0	0	1	2	0	0	1	2	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	8	8	0	0	8	8	16

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.

Gaylord Tull House

1911 18th Street
Charleston, IL. 61920

Reference Numbers Facility ID 6010334

Health Service Area 004 Planning Service Area 029

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	134	134
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	12.25
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	14.75

GENESEO GOOD SAMARITAN VILLAGE

704 SOUTH ILLINOIS STREET
GENESEO, IL. 61254

Reference Numbers Facility ID 6003495
Health Service Area 010 Planning Service Area 073

Administrator
Mike Olson

Contact Person and Telephone

Judy Douglass
309-944-6424

Registered Agent Information

C T CORPORATION SYSTEM
208 SOUTH LASALLE STREET
CHICAGO , IL 60604

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	29
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	72

Date Completed
4/11/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	72	72	72	72	0	72	72	Residents on 1/1/2006	68
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	59
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	55
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	72
TOTAL BEDS	72	72	72	72	0	72	72		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	978	3.7%	8772	33.4%	15968	25718	97.9%		97.9%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	978	3.7%	8772	33.4%	15968	25718	97.9%		97.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	17	0	0	0	0	0	0	4	17	21
85+	7	42	0	0	0	0	0	0	7	42	49
TOTALS	13	59	0	0	0	0	0	0	13	59	72

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.

GENESEO GOOD SAMARITAN VILLAGE

704 SOUTH ILLINOIS STREET

GENESEO, IL. 61254

Reference Numbers Facility ID 6003495

Health Service Area 010 Planning Service Area 073

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	17	0	0	50	0	72
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	17	0	0	50	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	153	148
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	0.00
Non-Health Staff	31.00
Totals	71.00

GENESIS HOUSE

350 SYCAMORE ROAD
GENOA, IL. 60135

Reference Numbers Facility ID 6010383
Health Service Area 001 Planning Service Area 037

Administrator

Randolph Cooper, NHA

Contact Person and Telephone

Randolph Cooper
815-784-3712 x 25

Registered Agent Information

BACHAND,CATHERINE A
350 SYCAMORE ROAD
GENOA, IL 60135

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	60
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	60

Date Completed
4/9/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	59	
Skilled Under 22	0	0	0	0	0	0	0	0	6	
Intermediate DD	60	60	60	60	60	0	60	60	5	
Sheltered Care	0	0	0	0	0	0	0	0	60	
TOTAL BEDS	60	60	60	60	60	0	0	60		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			21317	97.3%	0	21317	97.3%	97.3%	97.3%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	21317	97.3%	0	21317	97.3%	97.3%	97.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	23	18	0	0	23	18	41
45 to 59	0	0	0	0	5	8	0	0	5	8	13
60 to 64	0	0	0	0	2	0	0	0	2	0	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	33	27	0	0	33	27	60

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.

GENESIS HOUSE

350 SYCAMORE ROAD
GENOA, IL. 60135

Reference Numbers Facility ID 6010383

Health Service Area 001 Planning Service Area 037

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		60	0	0	0	0	60
Sheltered Care			0	0	0	0	0
TOTALS	0	60	0	0	0	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	139
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	12	0	12
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	48	0	48
Race Unknown	0	0	0	0	0
Total	0	0	60	0	60

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	12	0	12
Non-Hispanic	0	0	48	0	48
Ethnicity Unknown	0	0	0	0	0
Total	0	0	60	0	60

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.60
LPN's	2.00
Certified Aides	28.30
Other Health Staff	5.90
Non-Health Staff	22.10
Totals	60.90

GIBSON COMMUNITY HOSP ANNEX

430 EAST 19TH
 GIBSON CITY, IL. 60936
Reference Numbers Facility ID 6003552
 Health Service Area 004 Planning Service Area 053

Administrator
 R. Duane Cooper

Contact Person and Telephone

Jana Turner
 217-784-2562

Registered Agent Information

HOOD,JIM
 1120 N MELVIN ST
 GIBSON CITY , IL 60936

FACILITY OWNERSHIP

NON-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	2
Alzheimer Disease	3
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	7
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	25

Date Completed
 4/4/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	26	26	26	26	25	1	0	0	26	20
Skilled Under 22	0	0	0	0	0	0	0	0		21
Intermediate DD	0	0	0	0	0	0	0	0		25
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	26	26	26	26	25	1	0	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	1134	0.0%	7888	9022	95.1%		95.1%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	1134	0.0%	7888	9022	95.1%		95.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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+	7	17	0	0	0	0	0	0	7	17	24
TOTALS	7	18	0	0	0	0	0	0	7	18	25

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.

GIBSON COMMUNITY HOSP ANNEX

430 EAST 19TH
 GIBSON CITY, IL. 60936

Reference Numbers Facility ID 6003552

Health Service Area 004 Planning Service Area 053

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	3	0	0	22	0	25
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	3	0	0	22	0	25

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	138	132
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	3.00
Certified Aides	11.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	18.00

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
 R. Duane Cooper

Contact Person and Telephone

Jana Turner
 217-784-2562

Registered Agent Information

Date Completed
 4/4/2007

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

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System	1
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	13

FACILITY OWNERSHIP
 OTHER NON-PROFIT

Note: Reported restrictions denoted by '1'

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	16	16	16	0	13	3	5	16	16	52
Skilled Under 22	0	0	0	0	0	0	0	0		55
Intermediate DD	0	0	0	0	0	0	0	0		13
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	0	13	3	5	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	489	26.8%	290	5.0%	3975	4754	81.4%	81.4%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	489	26.8%	290	5.0%	3975	4754	81.4%	81.4%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	1	0	0	0	0	0	0	1	1	2
85+	1	9	0	0	0	0	0	0	1	9	10
TOTALS	2	11	0	0	0	0	0	0	2	11	13

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.

GIBSON COMMUNITY HOSPITAL

1120 N MELVIN ST
 GIBSON CITY, IL. 60936

Reference Numbers Facility ID 9053001

Health Service Area 004 Planning Service Area 053

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	3	1	0	0	9	0	13
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	1	0	0	9	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	138	132
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	2.00
Certified Aides	5.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	10.00

GILMAN NURSING PAVILION

1390 S. CRESCENT ST. BOX 307
GILMAN, IL. 60938

Reference Numbers Facility ID 6003578
Health Service Area 004 Planning Service Area 075

Administrator

Judith Pree

Contact Person and Telephone

Bernie Speirs
815-265-7208

Registered Agent Information

STERN, ABRAHAM J
10 SOUTH WACKER DRIVE, 40TH FL
CHICAGO, IL 60606

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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

Note: Reported restrictions denoted by '1'

Date Completed
5/18/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	7
Blood Disorders	2
*Nervous System	5
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	24
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	5
Injuries and Poisonings	4
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	72

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	99	96	78	96	72	27	99	99	66	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	99	96	78	96	72	27	99	99	74	72

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	4059	11.2%	9155	25.3%	5852	19066	52.8%		54.4%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	4059	11.2%	9155	25.3%	5852	19066	52.8%		54.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	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	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	8	12	0	0	0	0	0	0	8	12	20
85+	11	26	0	0	0	0	0	0	11	26	37
TOTALS	27	45	0	0	0	0	0	0	27	45	72

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.

GILMAN NURSING PAVILION

1390 S. CRESCENT ST. BOX 307

GILMAN, IL. 60938

Reference Numbers Facility ID 6003578

Health Service Area 004 Planning Service Area 075

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	12	40	0	6	14	0	72
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	40	0	6	14	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	114
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	20.00
Other Health Staff	1.00
Non-Health Staff	12.00
Totals	49.00

GLEN BRIDGE NURSING CENTER

8333 WEST GOLF ROAD
NILES, IL. 60714

Reference Numbers Facility ID 6006191
Health Service Area 007 Planning Service Area 702

Administrator
Nancy Crutcher

Contact Person and Telephone

Mark Dubovick
847-966-9190 ext. 104

Registered Agent Information

STERN, ABRAHAM J.; MR.
10 SOUTH WACKER DRIVE, 40TH FL
CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	88
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	35
Mental Illness	0
Developmental Disability	4
Circulatory System	95
Respiratory System	12
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	26
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	263

Date Completed
4/11/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	302	302	265	302	263	39	94	302	242	716
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0				695
TOTAL BEDS	302	302	265	302	263	39	94	302	263	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	11608	33.8%	77255	70.1%	4678	93541	84.9%	84.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	11608	33.8%	77255	70.1%	4678	93541	84.9%	84.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	7	6	0	0	0	0	0	0	7	6	13
45 to 59	28	17	0	0	0	0	0	0	28	17	45
60 to 64	8	9	0	0	0	0	0	0	8	9	17
65 to 74	20	25	0	0	0	0	0	0	20	25	45
75 to 84	21	58	0	0	0	0	0	0	21	58	79
85+	23	41	0	0	0	0	0	0	23	41	64
TOTALS	107	156	0	0	0	0	0	0	107	156	263

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.

GLEN BRIDGE NURSING CENTER

8333 WEST GOLF ROAD
 NILES, IL. 60714

Reference Numbers Facility ID 6006191

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	27	228	0	4	4	0	263
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	27	228	0	4	4	0	263

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	52	0	0	0	52
Amer. Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pac. Isl.	0	0	0	0	0
White	203	0	0	0	203
Race Unknown	0	0	0	0	0
Total	263	0	0	0	263

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	258	0	0	0	258
Ethnicity Unknown	0	0	0	0	0
Total	263	0	0	0	263

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	24.00
LPN's	9.00
Certified Aides	78.00
Other Health Staff	25.00
Non-Health Staff	36.00
Totals	174.00

GLEN BROOK

ROUTE 45 NORTH 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

Registered Agent Information

RENDELMAN,JOHN S
2001 WEST MAIN ST,P.O.BOX 1570
CARBONDALE , IL 62903

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/11/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5742	98.3%	0	5742	98.3%	98.3%	98.3%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5742	98.3%	0	5742	98.3%	98.3%	98.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	3	0	0	2	3	5
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	2	2	0	0	2	2	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

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.

GLEN BROOK

ROUTE 45 NORTH P O BOX 698

VIENNA, IL. 62995

Reference Numbers Facility ID 6012694

Health Service Area 005 Planning Service Area 087

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	116
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	9.00
Other Health Staff	1.00
Non-Health Staff	1.00
Totals	11.10

Glen Oaks Nsg. & 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

Registered Agent Information

STERN, ABRAHAM J.
10 SOUTH WACKER DR, 40TH FLOOR
CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	46
Blood Disorders	0
*Nervous System	24
Alzheimer Disease	12
Mental Illness	131
Developmental Disability	35
Circulatory System	29
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	290

Date Completed
3/29/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	298	298	292	298	8	150	298	282	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	0		
TOTAL BEDS	298	298	292	298	8	150	298	308	290

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	7839	14.3%	88093	81.0%	5389	101321	93.2%	93.2%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	7839	14.3%	88093	81.0%	5389	101321	93.2%	93.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	11	12	0	0	0	0	0	0	11	12	23
45 to 59	59	48	0	0	0	0	0	0	59	48	107
60 to 64	11	10	0	0	0	0	0	0	11	10	21
65 to 74	18	11	0	0	0	0	0	0	18	11	29
75 to 84	55	41	0	0	0	0	0	0	55	41	96
85+	5	9	0	0	0	0	0	0	5	9	14
TOTALS	159	131	0	0	0	0	0	0	159	131	290

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.

Glen Oaks Nsg. & Rehab. Ctr.270 Skokie Highway
Northbrook, IL. 60062**Reference Numbers** Facility ID 6003586

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	23	243	5	2	17	0	290
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	23	243	5	2	17	0	290

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	27	0	0	0	27
Amer. Indian	0	0	0	0	0
Black	41	0	0	0	41
Hawaiian/Pac. Isl.	0	0	0	0	0
White	222	0	0	0	222
Race Unknown	0	0	0	0	0
Total	290	0	0	0	290

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	282	0	0	0	282
Ethnicity Unknown	0	0	0	0	0
Total	290	0	0	0	290

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	58.00
Other Health Staff	19.00
Non-Health Staff	47.00
Totals	154.00

Glencrest Hlthcr & Rehab Ctr

2451 West Touhy Avenue
Chicago, IL 60645

Reference Numbers Facility ID 6003594
Health Service Area 006 Planning Service Area 601

Administrator

Bill Pfeiffer

Contact Person and Telephone

Bill Pfeiffer
773-338-6800

Registered Agent Information

STERN, ABRAHAM J.
10 S. WACKER DRIVE, 40TH FLOOR
CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	15
Endocrine/Metabolic	54
Blood Disorders	12
*Nervous System	4
Alzheimer Disease	33
Mental Illness	9
Developmental Disability	26
Circulatory System	36
Respiratory System	22
Digestive System	10
Genitourinary System Disorders	8
Skin Disorders	25
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	272

Date Completed
3/22/2007

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	312	312	276	312	272	40	240	312	247	730
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0				705
TOTAL BEDS	312	312	276	312	272	40	240	312		272

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	10493	12.0%	78458	68.9%	4100	93051	81.7%		81.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	10493	12.0%	78458	68.9%	4100	93051	81.7%		81.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	20	9	0	0	0	0	0	0	20	9	29
45 to 59	51	32	0	0	0	0	0	0	51	32	83
60 to 64	13	6	0	0	0	0	0	0	13	6	19
65 to 74	40	23	0	0	0	0	0	0	40	23	63
75 to 84	23	32	0	0	0	0	0	0	23	32	55
85+	6	17	0	0	0	0	0	0	6	17	23
TOTALS	153	119	0	0	0	0	0	0	153	119	272

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.

Glencrest Hlthcr & Rehab Ctr

2451 West Touhy Avenue

Chicago, IL. 60645

Reference Numbers Facility ID 6003594

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	33	230	0	1	8	0	272
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	33	230	0	1	8	0	272

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	59	0	0	0	59
Hawaiian/Pac. Isl.	0	0	0	0	0
White	212	0	0	0	212
Race Unknown	0	0	0	0	0
Total	272	0	0	0	272

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	37	0	0	0	37
Non-Hispanic	235	0	0	0	235
Ethnicity Unknown	0	0	0	0	0
Total	272	0	0	0	272

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.00
LPN's	6.00
Certified Aides	65.00
Other Health Staff	17.00
Non-Health Staff	52.00
Totals	164.00

GLENLAKE TERRACE NURSING & REHABILITATI

2222 WEST 14TH STREET
 WAUKEGAN, IL. 60085
Reference Numbers Facility ID 6006647
 Health Service Area 008 Planning Service Area 097

Administrator

Mary Claussen

Contact Person and Telephone

Mary Claussen
 847-249-2400

Registered Agent Information

STERN, ABRAHAM J.
 10 SOUTH DR., 40TH FLOOR
 CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System	27
Alzheimer Disease	37
Mental Illness	79
Developmental Disability	3
Circulatory System	14
Respiratory System	17
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	5
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	194

Date Completed
 4/12/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	271	260	207	260	194	77	69	271	Residents on 1/1/2006	188
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	233
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006	227
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	194
TOTAL BEDS	271	260	207	260	194	77	69	271		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	4866	19.3%	62045	62.7%	3302	70213	71.0%		74.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	4866	19.3%	62045	62.7%	3302	70213	71.0%		74.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	13	9	0	0	0	0	0	0	13	9	22
45 to 59	40	19	0	0	0	0	0	0	40	19	59
60 to 64	18	14	0	0	0	0	0	0	18	14	32
65 to 74	24	15	0	0	0	0	0	0	24	15	39
75 to 84	12	13	0	0	0	0	0	0	12	13	25
85+	10	7	0	0	0	0	0	0	10	7	17
TOTALS	117	77	0	0	0	0	0	0	117	77	194

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.

GLENLAKE TERRACE NURSING & REHABILITATI

2222 WEST 14TH STREET

WAUKEGAN, IL. 60085

Reference Numbers Facility ID 6006647

Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	10	181	0	0	3	0	194
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	181	0	0	3	0	194

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	1	0	0	0	1
Black	60	0	0	0	60
Hawaiian/Pac. Isl.	0	0	0	0	0
White	122	0	0	0	122
Race Unknown	10	0	0	0	10
Total	194	0	0	0	194

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	184	0	0	0	184
Ethnicity Unknown	0	0	0	0	0
Total	194	0	0	0	194

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	29.00
LPN's	11.00
Certified Aides	69.00
Other Health Staff	28.00
Non-Health Staff	81.00
Totals	220.00

FACILITY NOTES

Name Change	12/7/2006	Name changed from Pinnacle Health Care, LLC.
E-064-06	12/7/2006	Change of ownership occurred.
E-064-06	10/31/2006	Change of ownership exemption approved.

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

Sharon Hinkle

Contact Person and Telephone

Sharon Hinkle
708-747-6120

Registered Agent Information

STERN, ABRAHAM J.; MR.
10 SOUTH WACKER DR., 40TH FLOOR
CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	12
Blood Disorders	3
*Nervous System	14
Alzheimer Disease	2
Mental Illness	15
Developmental Disability	21
Circulatory System	18
Respiratory System	15
Digestive System	22
Genitourinary System Disorders	17
Skin Disorders	8
Musculo-skeletal Disorders	14
Injuries and Poisonings	9
Other Medical Conditions	23
Non-Medical Conditions	0
TOTALS	199

Date Completed
4/12/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	294	294	229	218	199	95	127	294	229
Skilled Under 22	0	0	0	0	0	0	0	0	278
Intermediate DD	0	0	0	0	0	0	0	0	308
Sheltered Care	0	0	0	0	0	0	0	0	199
TOTAL BEDS	294	294	229	218	199	95	127	294	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	7536	16.3%	65742	61.3%	3410	76688	71.5%	71.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	7536	16.3%	65742	61.3%	3410	76688	71.5%	71.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	12	8	0	0	0	0	0	0	12	8	20
45 to 59	47	26	0	0	0	0	0	0	47	26	73
60 to 64	12	13	0	0	0	0	0	0	12	13	25
65 to 74	17	13	0	0	0	0	0	0	17	13	30
75 to 84	12	22	0	0	0	0	0	0	12	22	34
85+	3	14	0	0	0	0	0	0	3	14	17
TOTALS	103	96	0	0	0	0	0	0	103	96	199

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.

Glenshire Nursing & Rehab Centre

22660 South Cicero Avenue

RIGHTON PARK, IL. 60471

Reference Numbers Facility ID 6007918

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	11	145	40	2	1	0	199
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	145	40	2	1	0	199

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	134
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	1	0	0	0	1
Black	131	0	0	0	131
Hawaiian/Pac. Isl.	0	0	0	0	0
White	66	0	0	0	66
Race Unknown	0	0	0	0	0
Total	199	0	0	0	199

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	146	0	0	0	146
Ethnicity Unknown	50	0	0	0	50
Total	199	0	0	0	199

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	25.00
LPN's	20.00
Certified Aides	58.00
Other Health Staff	20.00
Non-Health Staff	57.00
Totals	183.00

GLENVIEW TERRACE NURSING CTR

1511 GREENWOOD ROAD
 GLENVIEW, IL. 60026
Reference Numbers Facility ID 6003610
 Health Service Area 007 Planning Service Area 702

Administrator
 Amy Saltzman

Contact Person and Telephone

Amy Saltzman
 847-729-9090

Registered Agent Information

1511 GREENWOOD ROAD
 GLENVIEW, IL 60025

FACILITY OWNERSHIP

GENERAL PARTNERSHIP

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	13
Blood Disorders	0
*Nervous System	12
Alzheimer Disease	66
Mental Illness	24
Developmental Disability	0
Circulatory System	34
Respiratory System	45
Digestive System	24
Genitourinary System Disorders	12
Skin Disorders	23
Musculo-skeletal Disorders	16
Injuries and Poisonings	19
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	288

Date Completed
 4/12/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	Total Admissions 2006
Nursing Care	313	313	303	313	288	25	295	295	284	1715
Skilled Under 22	0	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	313	313	303	313	288	25	295	295	288	1711

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	19702	18.3%	57503	53.4%	29823	107028	93.7%		93.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	19702	18.3%	57503	53.4%	29823	107028	93.7%		93.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	4	5	0	0	0	0	0	0	4	5	9
60 to 64	6	8	0	0	0	0	0	0	6	8	14
65 to 74	17	35	0	0	0	0	0	0	17	35	52
75 to 84	23	67	0	0	0	0	0	0	23	67	90
85+	22	100	0	0	0	0	0	0	22	100	122
TOTALS	73	215	0	0	0	0	0	0	73	215	288

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.

GLENVIEW TERRACE NURSING CTR

1511 GREENWOOD ROAD
 GLENVIEW, IL. 60026

Reference Numbers Facility ID 6003610

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	65	147	0	6	70	0	288
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	65	147	0	6	70	0	288

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	185
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	12	0	0	0	12
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	1	0	0	0	1
White	265	0	0	0	265
Race Unknown	6	0	0	0	6
Total	288	0	0	0	288

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	282	0	0	0	282
Ethnicity Unknown	0	0	0	0	0
Total	288	0	0	0	288

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	41.00
LPN's	32.00
Certified Aides	126.00
Other Health Staff	37.00
Non-Health Staff	143.00
Totals	381.00

FACILITY NOTES

Bed Change 6/19/2006 Added six nursing care beds, total now 313 nursing care beds.

GLENWOOD CARE CENTER

222 NORTH HAMMES
JOLIET, IL. 60435

Reference Numbers Facility ID 6004766
Health Service Area 009 Planning Service Area 197

Administrator

Kristin Mitchell

Contact Person and Telephone

Kristin Mitchell
815-725-0443

Registered Agent Information

MAGENCE,MEYER
8320 SKOKIE BOULEVARD
SKOKIE, IL 60077

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	3
*Nervous System	3
Alzheimer Disease	11
Mental Illness	57
Developmental Disability	3
Circulatory System	26
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	6
Skin Disorders	2
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	1
TOTALS	129

Date Completed
4/12/2007

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

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	203	203	203	203	129	74	203	203	137	348
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0				129
TOTAL BEDS	203	203	203	203	129	74	203	203		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	5946	8.0%	38942	52.6%	3641	48529	65.5%	65.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	5946	8.0%	38942	52.6%	3641	48529	65.5%	65.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	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	8	7	0	0	0	0	0	0	8	7	15
65 to 74	13	14	0	0	0	0	0	0	13	14	27
75 to 84	9	20	0	0	0	0	0	0	9	20	29
85+	2	10	0	0	0	0	0	0	2	10	12
TOTALS	60	69	0	0	0	0	0	0	60	69	129

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.

GLENWOOD CARE CENTER

222 NORTH HAMMES

JOLIET, IL. 60435

Reference Numbers Facility ID 6004766

Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	13	99	6	1	10	0	129
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	99	6	1	10	0	129

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	126	126
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	17	0	0	0	17
Hawaiian/Pac. Isl.	0	0	0	0	0
White	112	0	0	0	112
Race Unknown	0	0	0	0	0
Total	129	0	0	0	129

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	118	0	0	0	118
Ethnicity Unknown	0	0	0	0	0
Total	129	0	0	0	129

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	21.00
Other Health Staff	5.00
Non-Health Staff	40.00
Totals	86.00

Glenwood Healthcare & Rehab.

19330 South Cottage Grove
 GLENWOOD, IL. 60425
Reference Numbers Facility ID 6003628
 Health Service Area 007 Planning Service Area 705

Administrator

Bradley Alter

Contact Person and Telephone

Bradley Alter
 708-758-6200

Registered Agent Information

SHERWIN,JUDITH S.
 111 EAST WACKER DR. SUITE 2800
 CHICAGO , IL 60601

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	6
Blood Disorders	3
*Nervous System	21
Alzheimer Disease	9
Mental Illness	17
Developmental Disability	3
Circulatory System	18
Respiratory System	2
Digestive System	22
Genitourinary System Disorders	24
Skin Disorders	6
Musculo-skeletal Disorders	0
Injuries and Poisonings	19
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	158

Date Completed
 4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	184	184	160	184	158	26	184	184	105	332
Skilled Under 22	0	0	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	184	160	184	158	26	184	184		279
										Residents on 12/31/2006 158

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3351	5.0%	42153	62.8%	7365	52869	78.7%		78.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	3351	5.0%	42153	62.8%	7365	52869	78.7%		78.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	20	8	0	0	0	0	0	0	20	8	28
45 to 59	22	14	0	0	0	0	0	0	22	14	36
60 to 64	5	5	0	0	0	0	0	0	5	5	10
65 to 74	13	5	0	0	0	0	0	0	13	5	18
75 to 84	16	17	0	0	0	0	0	0	16	17	33
85+	3	30	0	0	0	0	0	0	3	30	33
TOTALS	79	79	0	0	0	0	0	0	79	79	158

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.

Glenwood Healthcare & Rehab.

19330 South Cottage Grove
GLENWOOD, IL. 60425

Reference Numbers Facility ID 6003628

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	10	126	2	8	12	0	158
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	126	2	8	12	0	158

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	83	0	0	0	83
Hawaiian/Pac. Isl.	0	0	0	0	0
White	65	0	0	0	65
Race Unknown	9	0	0	0	9
Total	158	0	0	0	158

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	149	0	0	0	149
Ethnicity Unknown	0	0	0	0	0
Total	158	0	0	0	158

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	16.00
Certified Aides	45.00
Other Health Staff	2.00
Non-Health Staff	55.00
Totals	121.00

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

REICHERT,WILLIAM M;MR
4114 N. CASS AVENUE
WESTMONT , IL 60559

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/19/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	15	1		16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2006	15
TOTAL BEDS	16	16	16	16	15	1	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5780	99.0%	0	5780	99.0%	99.0%	99.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5780	99.0%	0	5780	99.0%	99.0%	99.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	5	0	0	5	5	10
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	8	7	0	0	8	7	15

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.

GLENWOOD HOUSE

300 WEST TWELFTH STREET
STREATOR, IL. 61364

Reference Numbers Facility ID 6013031

Health Service Area 002 Planning Service Area 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	130
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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

GLENWOOD TERRACE

2724 GLENWOOD AVENUE
 SPRINGFIELD, IL 62704

Reference Numbers Facility ID 6010474
 Health Service Area 003 Planning Service Area 167

Administrator

Llaura Kelly

Contact Person and Telephone

Llaura Kelly
 217 / 523-0168

Registered Agent Information

BLEDSONE, TIMOTHY L.
 115 EAST SOUTH STREET
 GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
 3/7/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	2
Intermediate DD	16	16	16	16	15	1		16	Total Discharges 2006	2
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2006	15
TOTAL BEDS	16	16	16	16	15	1	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5742	98.3%	0	5742	98.3%	98.3%	98.3%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5742	98.3%	0	5742	98.3%	98.3%	98.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	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	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	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

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.

GLENWOOD TERRACE2724 GLENWOOD AVENUE
SPRINGFIELD, IL. 62704

Reference Numbers Facility ID 6010474

Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	108
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.10
Certified Aides	7.80
Other Health Staff	0.75
Non-Health Staff	1.50
Totals	10.40

GLENWOOD VILLA

3247 GLENWOOD
ROCKFORD, IL. 61101

Reference Numbers Facility ID 6013858
Health Service Area 001 Planning Service Area 201

Administrator

Susan Sunderlin

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	6
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	6
Intermediate DD	6	6	6	6	6	0	6	6	Total Discharges 2006	6
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	6
TOTAL BEDS	6	6	6	6	6	0	0	6		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			2190	100.0%	0	2190	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	2190	100.0%	0	2190	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	4	2	0	0	4	2	6

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.

GLENWOOD VILLA

3247 GLENWOOD
ROCKFORD, IL. 61101

Reference Numbers Facility ID 6013858

Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	182	182
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	5.45
Other Health Staff	0.26
Non-Health Staff	0.77
Totals	6.73

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

Registered Agent Information

SMITH, JULIA A
 101 PRAIRIE MILLS ROAD
 GOLDEN, IL 62339

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

Date Completed
 4/10/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	2
*Nervous System	3
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	16
Respiratory System	2
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	39

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	42	42	39	42	39	3	0	42	35	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0	0	0	18	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0	0	0	14	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0	0	0	39	
TOTAL BEDS	42	42	39	42	39	3	0	42		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	5115	33.4%	8225	13340	87.0%	87.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	5115	33.4%	8225	13340	87.0%	87.0%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
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	9	0	0	0	0	0	0	2	9	11
85+	5	21	0	0	0	0	0	0	5	21	26
TOTALS	9	30	0	0	0	0	0	0	9	30	39

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.

GOLDEN GOOD SHEPHERD HOME

101 PRAIRIE MILLS ROAD
 GOLDEN, IL. 62339

Reference Numbers Facility ID 6003636

Health Service Area 003 Planning Service Area 001

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	14	0	0	25	0	39
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	25	0	39

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	106
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	11.00
Other Health Staff	2.00
Non-Health Staff	15.00
Totals	39.00

GOLDEN MOMENTS SENIOR CARE CTR

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
 WEINTRAUB,GARY A.;MR.
 465 CENTRAL AVENUE, SUITE 100
 NORTHFIELD , IL 60093

FACILITY OWNERSHIP
 FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	26
Blood Disorders	0
*Nervous System	4
Alzheimer Disease	12
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	47

Date Completed
 4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	113	113	59	113	47	66	23	113	44	15
Skilled Under 22	0	0	0	0	0	0		0		12
Intermediate DD	0	0	0	0	0	0		0		47
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	113	113	59	113	47	66	23	113		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1377	16.4%	14064	34.1%	1571	17012	41.2%		41.2%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1377	16.4%	14064	34.1%	1571	17012	41.2%		41.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	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	7	11	0	0	0	0	0	0	7	11	18
85+	1	3	0	0	0	0	0	0	1	3	4
TOTALS	21	26	0	0	0	0	0	0	21	26	47

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.

GOLDEN MOMENTS SENIOR CARE CTR1021 NORTH CHURCH STREET
JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6008650

Health Service Area 003 Planning Service Area 137

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	2	41	0	0	4	0	47
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	41	0	0	4	0	47

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	117
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	45	0	0	0	45
Race Unknown	0	0	0	0	0
Total	47	0	0	0	47

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	46	0	0	0	46
Ethnicity Unknown	0	0	0	0	0
Total	47	0	0	0	47

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	12.00
Other Health Staff	0.00
Non-Health Staff	12.00
Totals	32.00

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

Contact Person and Telephone

Anthony R. Miner
847-827-6628

Registered Agent Information

FISCHER, DAVID J.
225 WEST WACKER DR. SUITE_2800
CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	134
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	7
Intermediate DD	135	135	135	135	1		135	Total Discharges 2006	7
Sheltered Care	0	0	0	0	0			Residents on 12/31/2006	134
TOTAL BEDS	135	135	135	135	1	0	135		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			48289	98.0%	0	48289	98.0%	98.0%	98.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	48289	98.0%	0	48289	98.0%	98.0%	98.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	33	17	0	0	33	17	50
45 to 59	0	0	0	0	36	14	0	0	36	14	50
60 to 64	0	0	0	0	9	2	0	0	9	2	11
65 to 74	0	0	0	0	12	6	0	0	12	6	18
75 to 84	0	0	0	0	1	3	0	0	1	3	4
85+	0	0	0	0	1	0	0	0	1	0	1
TOTALS	0	0	0	0	92	42	0	0	92	42	134

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.

GOLFVIEW DEVELOPMENTAL CENTER

9555 WEST GOLF ROAD
 DES PLAINES, IL. 60016

Reference Numbers Facility ID 6015135

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	0	148
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	4	0	4
Amer. Indian	0	0	1	0	1
Black	0	0	30	0	30
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	99	0	99
Race Unknown	0	0	0	0	0
Total	0	0	134	0	134

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	11	0	11
Non-Hispanic	0	0	123	0	123
Ethnicity Unknown	0	0	0	0	0
Total	0	0	134	0	134

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	70.00
Other Health Staff	0.00
Non-Health Staff	42.00
Totals	121.00

GOOD SAMARITAN HOME of FLANAGAN

205 NORTH ADAMS
FLANAGAN, IL. 61740

Reference Numbers Facility ID 6003677
Health Service Area 004 Planning Service Area 105

Administrator
Richard A. Curtis

Contact Person and Telephone

Richard A. Curtis
815-796-2288

Registered Agent Information

HARMS,JAMES E.
205 NORTH ADAMS STREET
FLANAGAN , IL 61740

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System	4
Alzheimer Disease	13
Mental Illness	2
Developmental Disability	0
Circulatory System	17
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	52

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	60	60	54	60	52	8	0	60	47	48
Skilled Under 22	0	0	0	0	0	0		0		43
Intermediate DD	0	0	0	0	0	0		0		52
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	60	60	54	60	52	8	0	60		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1371	0.0%	6268	28.6%	9969	17608	80.4%	80.4%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	1371	0.0%	6268	28.6%	9969	17608	80.4%	80.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	3	12	0	0	0	0	0	0	3	12	15
85+	7	27	0	0	0	0	0	0	7	27	34
TOTALS	12	40	0	0	0	0	0	0	12	40	52

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.

GOOD SAMARITAN HOME of FLANAGAN

205 NORTH ADAMS
 FLANAGAN, IL. 61740

Reference Numbers Facility ID 6003677

Health Service Area 004 Planning Service Area 105

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	3	19	0	0	30	0	52
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	19	0	0	30	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	159	133
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	52	0	0	0	52
Race Unknown	0	0	0	0	0
Total	52	0	0	0	52

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.18
LPN's	7.20
Certified Aides	26.40
Other Health Staff	2.73
Non-Health Staff	35.28
Totals	77.79

GOOD SAMARITAN HOME OF QUINCY

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

Registered Agent Information

DUFFY, MICHAEL P
2130 HARRISON ST
QUINCY, IL 62301

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	9
Blood Disorders	1
*Nervous System	17
Alzheimer Disease	36
Mental Illness	8
Developmental Disability	1
Circulatory System	68
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	33
Injuries and Poisonings	3
Other Medical Conditions	42
Non-Medical Conditions	0
TOTALS	231

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	178	178	172	178	11	17	178	232	135
Skilled Under 22	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0		
Sheltered Care	97	97	66	82	33				136
TOTAL BEDS	275	275	238	260	44	17	178		231

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	4373	70.5%	20322	31.3%	36258	60953	93.8%		93.8%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					22456	22456	63.4%		63.4%	
TOTALS	4373	70.5%	20322	31.3%	58714	83409	83.1%		83.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	2	3	12	15
75 to 84	7	25	0	0	0	0	2	10	9	35	44
85+	17	106	0	0	0	0	9	40	26	146	172
TOTALS	26	141	0	0	0	0	12	52	38	193	231

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.

GOOD SAMARITAN HOME OF QUINCY2130 HARRISON STREET
QUINCY, IL. 62301

Reference Numbers Facility ID 6003685

Health Service Area 003 Planning Service Area 001

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	10	53	0	0	104	0	167
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	64	0	64
TOTALS	10	53	0	0	168	0	231

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	164	149
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	101	76

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	166	0	0	64	230
Race Unknown	0	0	0	0	0
Total	167	0	0	64	231

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	167	0	0	64	231
Ethnicity Unknown	0	0	0	0	0
Total	167	0	0	64	231

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	6.80
LPN's	39.00
Certified Aides	95.30
Other Health Staff	22.20
Non-Health Staff	112.00
Totals	279.30

GOOD SAMARITAN KNOXVILLE

407 NORTH HEBARD STREET
KNOXVILLE, IL 61448

Reference Numbers Facility ID 6003693
Health Service Area 002 Planning Service Area 095

Administrator
LINDA COOK

Contact Person and Telephone

Linda Cook
309-289-2614

Registered Agent Information

WANG,JOHN S;MR
407 NORTH HEBARD STREET
KNOXVILLE , IL 61448

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	2
Mental Illness	8
Developmental Disability	0
Circulatory System	0
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	19

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	30	30	19	30	19	11	0	30	19	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0		0		Total Discharges 2006
Intermediate DD	0	0	0	0	0	0		0		Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	30	30	19	30	19	11	0	30		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	6083	55.6%	730	6813	62.2%		62.2%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	6083	55.6%	730	6813	62.2%		62.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	1	0	0	0	0	0	0	1	1	2
75 to 84	0	3	0	0	0	0	0	0	0	3	3
85+	1	10	0	0	0	0	0	0	1	10	11
TOTALS	3	16	0	0	0	0	0	0	3	16	19

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.

GOOD SAMARITAN KNOXVILLE

407 NORTH HEBARD STREET
 KNOXVILLE, IL. 61448

Reference Numbers Facility ID 6003693

Health Service Area 002 Planning Service Area 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	16	0	0	3	0	19
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	16	0	0	3	0	19

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	100	92
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	19	0	0	0	19
Total	19	0	0	0	19

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	8.00
Other Health Staff	1.00
Non-Health Staff	8.00
Totals	26.00

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

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Total Admissions 2006	0
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2006	1
Intermediate DD	16	16	16	16	15	1		16	Residents on 12/31/2006	15
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	16	16	16	16	15	1	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%		0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			5635	96.5%	0	5635	96.5%		96.5%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	5635	96.5%	0	5635	96.5%		96.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	3	0	0	1	3	4
60 to 64	0	0	0	0	1	2	0	0	1	2	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	6	9	0	0	6	9	15

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.

GORDON JONES TERRACE

421 NORTH ROCHESTER STREET

LANARK, IL. 61046

Reference Numbers Facility ID 6012942

Health Service Area 001 Planning Service Area 015

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	123
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	6.83
Other Health Staff	0.66
Non-Health Staff	1.81
Totals	9.55

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
Constance Clark

Contact Person and Telephone

Ellyn Chin
708-450-4908

Registered Agent Information

Date Completed
4/11/2007

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System	2
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	3
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	21

FACILITY OWNERSHIP
OTHER NON-PROFIT

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	44	34	31	34	21	23	34	34	24	756
Skilled Under 22	0	0	0	0	0	0		0		759
Intermediate DD	0	0	0	0	0	0		0		21
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	44	34	31	34	21	23	34	34		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	8363	67.4%	126	1.0%	1327	9816	61.1%	79.1%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	8363	67.4%	126	1.0%	1327	9816	61.1%	79.1%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	0	1	0	0	0	0	0	0	0	1	1
75 to 84	2	8	0	0	0	0	0	0	2	8	10
85+	4	3	0	0	0	0	0	0	4	3	7
TOTALS	9	12	0	0	0	0	0	0	9	12	21

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.

GOTTLIEB MEMORIAL HOSPITAL

701 WEST NORTH AVENUE
 MELROSE PARK, IL. 60160

Reference Numbers Facility ID 6003727

Health Service Area 007 Planning Service Area 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	19	0	0	1	1	0	21
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	0	0	1	1	0	21

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	616	557
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	18	0	0	0	18
Race Unknown	0	0	0	0	0
Total	21	0	0	0	21

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	18	0	0	0	18
Ethnicity Unknown	0	0	0	0	0
Total	21	0	0	0	21

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	3.10
Certified Aides	12.90
Other Health Staff	1.80
Non-Health Staff	4.50
Totals	39.30

GRAHAM HOSPITAL ASSOCIATION

210 WEST WALNUT STREET
CANTON, IL. 61520

Reference Numbers Facility ID 6060524
Health Service Area 002 Planning Service Area 057

Administrator
Phyllis Hinderliter

Contact Person and Telephone

Phyllis Hinderliter
309-647-5240

Registered Agent Information

Date Completed
4/23/2007

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System	10
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	3
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	41

FACILITY OWNERSHIP
OTHER NON-PROFIT

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	54	54	52	54	41	13	32	13	40	483
Skilled Under 22	0	0	0	0	0	0	0	0		482
Intermediate DD	0	0	0	0	0	0	0	0		41
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	54	54	52	54	41	13	32	13		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	8009	68.6%	2868	60.4%	5179	16056	81.5%	81.5%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	8009	68.6%	2868	60.4%	5179	16056	81.5%	81.5%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	2	8	0	0	0	0	0	0	2	8	10
75 to 84	1	5	0	0	0	0	0	0	1	5	6
85+	4	18	0	0	0	0	0	0	4	18	22
TOTALS	9	32	0	0	0	0	0	0	9	32	41

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.

GRAHAM HOSPITAL ASSOCIATION

210 WEST WALNUT STREET

CANTON, IL. 61520

Reference Numbers Facility ID 6060524

Health Service Area 002 Planning Service Area 057

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	18	8	0	0	15	0	41
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	8	0	0	15	0	41

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	232	211
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	26.00
Other Health Staff	0.00
Non-Health Staff	8.00
Totals	57.00

GRANGE NURSING HOME

901 NORTH TENTH STREET
MASCOUTAH, IL. 62258

Reference Numbers Facility ID 6003768
Health Service Area 011 Planning Service Area 163

Administrator

Sheila Storey

Contact Person and Telephone

Sheila Storey
618-566-2183

Registered Agent Information

JOSEPH, KENNETH A.
507 OFALLON-TROY ROAD
LEBANON, IL 62254

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	16
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	38

Date Completed
4/26/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	55	55	55	38	17	9	54	Residents on 1/1/2006	38
Skilled Under 22	0	0	0	0	0		0	Total Admissions 2006	27
Intermediate DD	0	0	0	0	0		0	Total Discharges 2006	27
Sheltered Care	0	0	0	0	0		0	Residents on 12/31/2006	38
TOTAL BEDS	55	55	55	38	17	9	54		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1394	42.4%	6772	34.4%	4363	12529	62.4%	62.4%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	1394	42.4%	6772	34.4%	4363	12529	62.4%	62.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	7	7	0	0	0	0	0	0	7	7	14
85+	6	14	0	0	0	0	0	0	6	14	20
TOTALS	14	24	0	0	0	0	0	0	14	24	38

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.

GRANGE NURSING HOME

901 NORTH TENTH STREET
 MASCOUTAH, IL. 62258

Reference Numbers Facility ID 6003768

Health Service Area 011 Planning Service Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	9	17	0	0	12	0	38
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	17	0	0	12	0	38

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	109	102
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	36	0	0	0	36
Race Unknown	0	0	0	0	0
Total	38	0	0	0	38

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	4.00
Certified Aides	11.00
Other Health Staff	0.00
Non-Health Staff	8.00
Totals	25.00

GRANITE NSG & REHAB CENTER LLC

3500 CENTURY DRIVE
 GRANITE CITY, IL. 62040
Reference Numbers Facility ID 6001986
 Health Service Area 011 Planning Service Area 119

Administrator

Aaron Polanski

Contact Person and Telephone

Gary F. Eye
 716-972-2392

Registered Agent Information

ILLINOIS CORPORATION SERVICE
 801 ADLAI STEVENSON DRIVE
 SPRINGFIELD, IL 62703

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System	3
Alzheimer Disease	6
Mental Illness	13
Developmental Disability	1
Circulatory System	20
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	10
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	78

Date Completed
 5/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	73
Nursing Care	86	84	84	78	78	8	0	86	Total Admissions 2006	170
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2006	165
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2006	78
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	86	84	84	78	78	8	0	86		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	3449	0.0%	16127	51.4%	7508	27084	86.3%	88.3%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	3449	0.0%	16127	51.4%	7508	27084	86.3%	88.3%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	6	1	0	0	0	0	0	0	6	1	7
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	4	7	0	0	0	0	0	0	4	7	11
75 to 84	5	24	0	0	0	0	0	0	5	24	29
85+	5	23	0	0	0	0	0	0	5	23	28
TOTALS	22	56	0	0	0	0	0	0	22	56	78

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.

GRANITE NSG & REHAB CENTER LLC

3500 CENTURY DRIVE
 GRANITE CITY, IL. 62040

Reference Numbers Facility ID 6001986

Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	11	48	1	1	17	0	78
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	48	1	1	17	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	105
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	78	0	0	0	78
Ethnicity Unknown	0	0	0	0	0
Total	78	0	0	0	78

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	26.00
Other Health Staff	9.00
Non-Health Staff	13.00
Totals	61.00

GRASMERE PLACE

4621 NORTH SHERIDAN ROAD
CHICAGO, IL. 60640

Reference Numbers Facility ID 6003776
Health Service Area 006 Planning Service Area 601

Administrator

Celeste Jensen

Contact Person and Telephone

Celeste Jensen
773-334-6601

Registered Agent Information

ARONIN, DAVID
2201 MAIN STREET
EVANSTON, IL 60202

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	216	216	216	216	208	8	0	216	215
Skilled Under 22	0	0	0	0	0	0	0	0	126
Intermediate DD	0	0	0	0	0	0	0	0	133
Sheltered Care	0	0	0	0	0	0	0	0	208
TOTAL BEDS	216	216	216	216	208	8	0	216	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	76921	97.6%	276	77197	97.9%	97.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	0	0.0%	76921	97.6%	276	77197	97.9%	97.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	49	37	0	0	0	0	0	0	49	37	86
45 to 59	78	23	0	0	0	0	0	0	78	23	101
60 to 64	7	5	0	0	0	0	0	0	7	5	12
65 to 74	2	4	0	0	0	0	0	0	2	4	6
75 to 84	0	2	0	0	0	0	0	0	0	2	2
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	136	72	0	0	0	0	0	0	136	72	208

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.

GRASMERE PLACE

4621 NORTH SHERIDAN ROAD
CHICAGO, IL. 60640

Reference Numbers Facility ID 6003776

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	208	0	0	0	0	208
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	208	0	0	0	0	208

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	92	0	0	0	92
Hawaiian/Pac. Isl.	0	0	0	0	0
White	113	0	0	0	113
Race Unknown	0	0	0	0	0
Total	208	0	0	0	208

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	198	0	0	0	198
Ethnicity Unknown	0	0	0	0	0
Total	208	0	0	0	208

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	32.00
Other Health Staff	18.00
Non-Health Staff	44.00
Totals	107.00

GRAVLIN SQUARE

482 SOUTH SCHUYLER STREET
BRADLEY, IL. 60915

Reference Numbers Facility ID 6010185
Health Service Area 009 Planning Service Area 091

Administrator

Anna Corso

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/7/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	15	1	16	Total Discharges 2006	2
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	15
TOTAL BEDS	16	16	16	16	15	1	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			4396	75.3%	0	4396	75.3%	75.3%	75.3%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	4396	75.3%	0	4396	75.3%	75.3%	75.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	2	0	0	0	2	2
45 to 59	0	0	0	0	6	5	0	0	6	5	11
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	7	8	0	0	7	8	15

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.

GRAVLIN SQUARE

482 SOUTH SCHUYLER STREET
BRADLEY, IL. 60915

Reference Numbers Facility ID 6010185

Health Service Area 009 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	128	128
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.17
LPN's	0.00
Certified Aides	6.77
Other Health Staff	0.01
Non-Health Staff	1.78
Totals	8.98

FACILITY NOTES

- E-172-05 4/1/2006 Change of ownership occurred.
- E-172-05 2/9/2006 Change of ownership exemption granted.

GREEK AMERICAN REHABILITATION & CARE CE

220 NORTH FIRST 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

Registered Agent Information

KOCH,JOHN
 220 NORTH FIRST STREET
 WHEELING, IL 60690

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	20
Blood Disorders	13
*Nervous System	14
Alzheimer Disease	31
Mental Illness	5
Developmental Disability	1
Circulatory System	14
Respiratory System	22
Digestive System	17
Genitourinary System Disorders	9
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	168

Date Completed
 4/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	204	204	168	204	36	0	0	164	164
Skilled Under 22	0	0	0	0	0	0	0	343	343
Intermediate DD	0	0	0	0	0	0	0	339	339
Sheltered Care	0	0	0	0	0	0	0	168	168
TOTAL BEDS	204	204	168	204	36	0	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	8695	0.0%	37282	0.0%	15343	61320	82.4%	82.4%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	8695	0.0%	37282	0.0%	15343	61320	82.4%	82.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	3	0	0	0	0	0	0	1	3	4
65 to 74	2	12	0	0	0	0	0	0	2	12	14
75 to 84	15	36	0	0	0	0	0	0	15	36	51
85+	18	77	0	0	0	0	0	0	18	77	95
TOTALS	36	132	0	0	0	0	0	0	36	132	168

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.

GREEK AMERICAN REHABILITATION & CARE CE

220 NORTH FIRST STREET

WHEELING, IL. 60090

Reference Numbers Facility ID 6015499

Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	19	115	0	0	34	0	168
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	115	0	0	34	0	168

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	165
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	2	0	0	0	2
White	166	0	0	0	166
Race Unknown	0	0	0	0	0
Total	168	0	0	0	168

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.40
LPN's	8.80
Certified Aides	66.30
Other Health Staff	0.00
Non-Health Staff	44.00
Totals	142.50

GREENBRIER LODGE

600 SOUTH MAPLE
PIPER CITY, IL. 60959

Reference Numbers Facility ID 6003792
Health Service Area 004 Planning Service Area 053

Administrator
Nancy Richardson

Contact Person and Telephone

Nancy Richardson
815-686-2277

Registered Agent Information

SOMERS,JOHANNA C
222 EAST VINE STREET
PIPER CITY , IL 60959

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System	21
Alzheimer Disease	2
Mental Illness	3
Developmental Disability	1
Circulatory System	16
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	56

Date Completed
4/4/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	60	60	60	60	4	60	60	47	Total Admissions 2006 37
Skilled Under 22	0	0	0	0	0	0	0	28	Total Discharges 2006 28
Intermediate DD	0	0	0	0	0	0	0	56	Residents on 12/31/2006 56
Sheltered Care	0	0	0	0	0	0	0		
TOTAL BEDS	60	60	60	60	4	60	60		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	2553	11.7%	12152	55.5%	7195	21900	100.0%	100.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2553	11.7%	12152	55.5%	7195	21900	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	2	2	0	0	0	0	0	0	2	2	4
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	3	4	0	0	0	0	0	0	3	4	7
75 to 84	6	10	0	0	0	0	0	0	6	10	16
85+	6	20	0	0	0	0	0	0	6	20	26
TOTALS	17	39	0	0	0	0	0	0	17	39	56

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.

GREENBRIER LODGE

600 SOUTH MAPLE
 PIPER CITY, IL. 60959

Reference Numbers Facility ID 6003792

Health Service Area 004 Planning Service Area 053

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	3	33	0	0	20	0	56
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	33	0	0	20	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	114
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	18.00
Other Health Staff	0.00
Non-Health Staff	33.00
Totals	63.00

GREENWOOD CARE

1406 CHICAGO AVENUE
EVANSTON, IL. 60202

Reference Numbers Facility ID 6000202
Health Service Area 007 Planning Service Area 702

Administrator
DELVIN K. RYCHENER

Contact Person and Telephone

DELVIN K. RYCHENER
847-328-6503

Registered Agent Information

ROTHNER, ERIC A.
2201 MAIN STREET
EVANSTON, IL 60202

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	137
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	137

Date Completed
4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	145	145	144	145	137	8	0	145	Residents on 1/1/2006	141
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	42
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006	46
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	137
TOTAL BEDS	145	145	144	145	137	8	0	145		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	47950	90.6%	825	48775	92.2%	92.2%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	0	0.0%	47950	90.6%	825	48775	92.2%	92.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	31	19	0	0	0	0	0	0	31	19	50
45 to 59	37	29	0	0	0	0	0	0	37	29	66
60 to 64	6	4	0	0	0	0	0	0	6	4	10
65 to 74	1	10	0	0	0	0	0	0	1	10	11
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	75	62	0	0	0	0	0	0	75	62	137

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.

GREENWOOD CARE1406 CHICAGO AVENUE
EVANSTON, IL. 60202

Reference Numbers Facility ID 6000202

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	136	0	0	1	0	137
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	136	0	0	1	0	137

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	98	98
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	27	0	0	0	27
Hawaiian/Pac. Isl.	0	0	0	0	0
White	108	0	0	0	108
Race Unknown	0	0	0	0	0
Total	137	0	0	0	137

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	134	0	0	0	134
Ethnicity Unknown	0	0	0	0	0
Total	137	0	0	0	137

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	21.00
Other Health Staff	20.00
Non-Health Staff	25.00
Totals	76.00

Grosse Pointe Manor

6601 West Touhy Avenue
Niles, IL 60714

Reference Numbers Facility ID 6003511
Health Service Area 007 Planning Service Area 702

Administrator

Shprinaza Mayer

Contact Person and Telephone

Dovie Mayer
847-647-9875

Registered Agent Information

STERN, ABRAHAM
10 SOUTH WACKER DRIVE, 40TH FL
CHICAGO, IL 60606

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	9
*Nervous System	0
Alzheimer Disease	39
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	11
Digestive System	4
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	92

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	99	99	99	99	92	7	99	99	86	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0		0	74	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0		0	92	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	99	99	99	99	92	7	99	99		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	5260	14.6%	24432	67.6%	4312	34004	94.1%	94.1%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	5260	14.6%	24432	67.6%	4312	34004	94.1%	94.1%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	4	0	0	0	0	0	0	4	4	8
75 to 84	4	29	0	0	0	0	0	0	4	29	33
85+	11	38	0	0	0	0	0	0	11	38	49
TOTALS	20	72	0	0	0	0	0	0	20	72	92

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.

Grosse Pointe Manor

6601 West Touhy Avenue
Niles, IL. 60714

Reference Numbers Facility ID 6003511

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	15	63	0	0	14	0	92
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	63	0	0	14	0	92

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	178	127
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	31	0	0	0	31
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	58	0	0	0	58
Race Unknown	0	0	0	0	0
Total	92	0	0	0	92

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	90	0	0	0	90
Ethnicity Unknown	0	0	0	0	0
Total	92	0	0	0	92

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	3.00
Non-Health Staff	25.00
Totals	71.00

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

Registered Agent Information

LYNN, NICHOLAS J; MR
227 WEST MONROE STREET, STE3400
CHICAGO, IL 60606

FACILITY OWNERSHIP

NON-PROF CORPORATION

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	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed

4/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5214	89.3%	304	5518	94.5%	94.5%	94.5%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5214	89.3%	304	5518	94.5%	94.5%	94.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	5	0	0	3	5	8
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	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

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.

GROUP HOME 1212 BACHMAN LANE
GODFREY, IL. 62035

Reference Numbers Facility ID 6012918

Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	117
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	6.50
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	10.50

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

Registered Agent Information

LYNN, NICHOLAS J; MR
227 WEST MONROE STREET, STE3400
CHICAGO, IL 60606

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	16	0		16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5481	93.9%	154	5635	96.5%	96.5%	96.5%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5481	93.9%	154	5635	96.5%	96.5%	96.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	2	0	0	1	2	3
60 to 64	0	0	0	0	1	1	0	0	1	1	2
65 to 74	0	0	0	0	3	2	0	0	3	2	5
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

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.

GROUP HOME 2

224 BACHMAN LANE
 GODFREY, IL. 62035

Reference Numbers Facility ID 6012900

Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	117	117
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	6.50
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	10.50

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

Registered Agent Information

LYNN, NICHOLAS J
227 WEST MONROE STREET, STE3400
CHICAGO, IL 60606

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed

4/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	16	0	0	16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5180	88.7%	424	5604	96.0%	96.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	5180	88.7%	424	5604	96.0%	96.0%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	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

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.

GROUP HOME 3302 BACHMAN
GODFREY, IL. 62035

Reference Numbers Facility ID 6013221

Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	114	114
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	6.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	10.00

GROUP HOME 4

314 BACHMAN
GODFREY, IL. 62035

Reference Numbers Facility ID 6013239
Health Service Area 011 Planning Service Area 119

Administrator

Debra Reed

Contact Person and Telephone

Debra Reed
618-466-0367 ext. 805

Registered Agent Information

LYNN, NICHOLAS J
227 WEST MONROE STREET, STE3400
CHICAGO, IL 60606

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/2/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	1		16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0			Residents on 12/31/2006	15
TOTAL BEDS	16	16	16	16	1	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5365	91.9%	98	5463	93.5%	93.5%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	5365	91.9%	98	5463	93.5%	93.5%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	4	0	0	0	4	4
45 to 59	0	0	0	0	6	3	0	0	6	3	9
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	8	7	0	0	8	7	15

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.

GROUP HOME 4314 BACHMAN
GODFREY, IL. 62035

Reference Numbers Facility ID 6013239

Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	6.00
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	9.00

GROUP HOME 5

308 BACHMAN
GODFREY, IL. 62035

Reference Numbers Facility ID 6013254
Health Service Area 011 Planning Service Area 119

Administrator

Debra Reed

Contact Person and Telephone

Debra Reed
618-466-0367 ext. 805

Registered Agent Information

LYNN, NICHOLAS J
227 WEST MONROE STREET, STE3400
CHICAGO, IL 60606

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/30/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	2
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	2
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5092	87.2%	509	5601	95.9%	95.9%	95.9%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5092	87.2%	509	5601	95.9%	95.9%	95.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	4	3	0	0	4	3	7
60 to 64	0	0	0	0	2	1	0	0	2	1	3
65 to 74	0	0	0	0	1	4	0	0	1	4	5
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

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.

GROUP HOME 5

308 BACHMAN
 GODFREY, IL. 62035

Reference Numbers Facility ID 6013254

Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	119	119
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	1.00
Totals	10.00

GROUP HOME 6

320 BACHMAN
GODFREY, IL. 62035

Reference Numbers Facility ID 6013262
Health Service Area 011 Planning Service Area 119

Administrator

Debra Reed

Contact Person and Telephone

Debra Reed
618-466-0367 ext. 805

Registered Agent Information

LYNN, NICHOLAS J
227 WEST MONROE STREET, STE3400
CHICAGO, IL 60606

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/30/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	14
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	3
Intermediate DD	16	16	16	16	14	2		16	Total Discharges 2006	3
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2006	14
TOTAL BEDS	16	16	16	16	14	2	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%		0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			5137	88.0%	30	5167	88.5%		88.5%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	5137	88.0%	30	5167	88.5%		88.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	9	0	0	0	9	0	9
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	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	14	0	0	0	14	0	14

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.

GROUP HOME 6

320 BACHMAN
 GODFREY, IL. 62035

Reference Numbers Facility ID 6013262

Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	2	0	2
Amer. Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	8	0	8
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	6.00
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	9.00

H & J Vonderlieth Living Ctr

1120 North Topper Drive
MOUNT PULASKI, IL. 62548

Reference Numbers Facility ID 6003917
Health Service Area 003 Planning Service Area 107

Administrator

Cindy Russell

Contact Person and Telephone

Cindy Russell
217-792-3218

Registered Agent Information

EDWARDS,W. RICHARD
530 N. SCOTT STREET
MT PULASKI , IL 62548

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	0
Circulatory System	33
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	16
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	74

Date Completed
3/30/2006

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	90	90	87	90	74	16	0	90	71	47
Skilled Under 22	0	0	0	0	0	0		0		44
Intermediate DD	0	0	0	0	0	0		0		74
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	90	90	87	90	74	16	0	90		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1920	0.0%	9572	29.1%	14509	26001	79.2%		79.2%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1920	0.0%	9572	29.1%	14509	26001	79.2%		79.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	7	17	0	0	0	0	0	0	7	17	24
85+	16	29	0	0	0	0	0	0	16	29	45
TOTALS	24	50	0	0	0	0	0	0	24	50	74

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.

H & J Vonderlieth Living Ctr

1120 North Topper Drive
MOUNT PULASKI, IL. 62548

Reference Numbers Facility ID 6003917

Health Service Area 003 Planning Service Area 107

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	22	0	0	44	0	74
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	22	0	0	44	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	127
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	30.00
Other Health Staff	1.00
Non-Health Staff	28.00
Totals	80.00

H.O.M.E. #1

#3 GUNDLACH PLACE
SWANSEA, IL. 62226

Reference Numbers Facility ID 6012769
Health Service Area 011 Planning Service Area 163

Administrator

Chad M. Rollins

Contact Person and Telephone

Judy K. Young
618-277-7730

Registered Agent Information

ROLLINS, CHAD M
1450 CASEYVILLE AVENUE
SWANSEA, IL 62220

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	8
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	3
Intermediate DD	8	8	8	8	0	0	8	Total Discharges 2006	3
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	8
TOTAL BEDS	8	8	8	8	0	0	8		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			2759	94.5%	0	2759	94.5%	94.5%	94.5%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	2759	94.5%	0	2759	94.5%	94.5%	94.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	1	0	0	1	1	2
45 to 59	0	0	0	0	1	4	0	0	1	4	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	2	6	0	0	2	6	8

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.

H.O.M.E. #1

#3 GUNDLACH PLACE
 SWANSEA, IL. 62226

Reference Numbers Facility ID 6012769

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	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	104
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	8	0	8
Race Unknown	0	0	0	0	0
Total	0	0	8	0	8

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	8	0	8
Total	0	0	8	0	8

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	6.82
Other Health Staff	1.50
Non-Health Staff	0.25
Totals	8.82

HALLAM TERRACE

1108 TAYLOR STREET
ROCKFORD, IL. 61101

Reference Numbers Facility ID 6010821
Health Service Area 001 Planning Service Area 201

Administrator

Susan Sunderlin

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	16
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	16
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5475	93.8%	365	5840	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5475	93.8%	365	5840	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	6	0	0	3	6	9
45 to 59	0	0	0	0	5	1	0	0	5	1	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

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.

HALLAM TERRACE

1108 TAYLOR STREET
 ROCKFORD, IL. 61101

Reference Numbers Facility ID 6010821

Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	120	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. Isl.	0	0	1	0	1
White	0	0	14	0	14
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.55
LPN's	0.00
Certified Aides	5.58
Other Health Staff	0.60
Non-Health Staff	1.54
Totals	8.52

HALLMARK HOUSE NURSING CENTER

2501 ALLENTOWN ROAD
PEKIN, IL. 61554

Reference Numbers Facility ID 6003933
Health Service Area 002 Planning Service Area 179

Administrator
Lynn Brady

Contact Person and Telephone

Lynn Brady
309-347-3121

Registered Agent Information

BRADY,LYNN A.;MS.
2501 ALLENTOWN ROAD
PEKIN , IL 61554

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System	3
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	2
Injuries and Poisonings	17
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	64

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	71	70	64	70	64	7	71	71	64
Skilled Under 22	0	0	0	0	0	0	0	0	123
Intermediate DD	0	0	0	0	0	0	0	0	123
Sheltered Care	0	0	0	0	0	0	0	0	64
TOTAL BEDS	71	70	64	70	64	7	71	71	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	2555	9.9%	5774	22.3%	14296	22625	87.3%	88.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2555	9.9%	5774	22.3%	14296	22625	87.3%	88.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	4	0	0	0	0	0	0	1	4	5
75 to 84	4	28	0	0	0	0	0	0	4	28	32
85+	1	24	0	0	0	0	0	0	1	24	25
TOTALS	8	56	0	0	0	0	0	0	8	56	64

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.

HALLMARK HOUSE NURSING CENTER

2501 ALLENTOWN ROAD
 PEKIN, IL. 61554

Reference Numbers Facility ID 6003933

Health Service Area 002 Planning Service Area 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	10	15	0	0	39	0	64
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	15	0	0	39	0	64

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	24.00
Other Health Staff	9.00
Non-Health Staff	32.00
Totals	78.00

HALSTED TERRACE NURSING CENTER

10935 SOUTH HALSTED STREET
CHICAGO, IL. 60628

Reference Numbers Facility ID 6003958
Health Service Area 006 Planning Service Area 603

Administrator
Joanna Castro

Contact Person and Telephone

Joanna Castro
773-928-2000

Registered Agent Information

LEWIS,SUSAN;MS.
6633 NORTH LINCOLN
LINCOLNWOOD , IL 60645

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	21
Blood Disorders	14
*Nervous System	3
Alzheimer Disease	15
Mental Illness	26
Developmental Disability	4
Circulatory System	69
Respiratory System	7
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	3
Musculo-skeletal Disorders	11
Injuries and Poisonings	3
Other Medical Conditions	34
Non-Medical Conditions	0
TOTALS	215

Date Completed
4/2/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	300	300	231	300	215	85	108	300	202	606
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	300	300	231	300	215	85	108	300	202	606
									593	215

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	5689	14.4%	70780	64.6%	2975	79444	72.6%		72.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	5689	14.4%	70780	64.6%	2975	79444	72.6%		72.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	1	0	0	0	0	0	0	2	1	3
45 to 59	10	12	0	0	0	0	0	0	10	12	22
60 to 64	6	3	0	0	0	0	0	0	6	3	9
65 to 74	20	13	0	0	0	0	0	0	20	13	33
75 to 84	29	31	0	0	0	0	0	0	29	31	60
85+	27	61	0	0	0	0	0	0	27	61	88
TOTALS	94	121	0	0	0	0	0	0	94	121	215

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.

HALSTED TERRACE NURSING CENTER

10935 SOUTH HALSTED STREET

CHICAGO, IL. 60628

Reference Numbers Facility ID 6003958

Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	14	192	1	0	8	0	215
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	192	1	0	8	0	215

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	210	0	0	0	210
Hawaiian/Pac. Isl.	0	0	0	0	0
White	4	0	0	0	4
Race Unknown	1	0	0	0	1
Total	215	0	0	0	215

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	214	0	0	0	214
Ethnicity Unknown	0	0	0	0	0
Total	215	0	0	0	215

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.51
LPN's	16.20
Certified Aides	54.32
Other Health Staff	4.00
Non-Health Staff	56.27
Totals	140.30

HAMILTON MEMORIAL NURSING CTR

611 SOUTH MARSHALL AVE
MCLEANSBORO, IL. 62859

Reference Numbers Facility ID 6003974
Health Service Area 005 Planning Service Area 059

Administrator

Patricia Wellen

Contact Person and Telephone

Patricia Wellen
618-643-2325

Registered Agent Information

Date Completed
4/19/2007

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	2
Alzheimer Disease	4
Mental Illness	3
Developmental Disability	0
Circulatory System	26
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	4
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	57

Note: Reported restrictions denoted by '1'

FACILITY OWNERSHIP

HOSPITAL DISTRICT

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	60	60	60	60	57	3	0	60	58	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0	0	0	23	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0	0	0	24	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0	0	0	57	
TOTAL BEDS	60	60	60	60	57	3	0	60		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	11323	51.7%	8382	19705	90.0%	90.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	11323	51.7%	8382	19705	90.0%	90.0%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	0	0	0	0	0	0	0	1	0	1
75 to 84	5	8	0	0	0	0	0	0	5	8	13
85+	10	33	0	0	0	0	0	0	10	33	43
TOTALS	16	41	0	0	0	0	0	0	16	41	57

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.

HAMILTON MEMORIAL NURSING CTR

611 SOUTH MARSHALL AVE
 MCLEANSBORO, IL. 62859

Reference Numbers Facility ID 6003974

Health Service Area 005 Planning Service Area 059

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	33	0	0	24	0	57
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	33	0	0	24	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	96
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	57	0	0	0	57
Ethnicity Unknown	0	0	0	0	0
Total	57	0	0	0	57

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	9.00
Certified Aides	20.00
Other Health Staff	2.00
Non-Health Staff	18.00
Totals	51.00

HAMMETT HOUSE

1845 1ST AVENUE
STERLING, IL. 61081

Reference Numbers Facility ID 6003982
Health Service Area 001 Planning Service Area 195

Administrator

Steve Bennett

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLED SOE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/16/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5392	92.3%	0	5392	92.3%	92.3%	92.3%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5392	92.3%	0	5392	92.3%	92.3%	92.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	4	0	0	2	4	6
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	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

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.

HAMMETT HOUSE1845 1ST AVENUE
STERLING, IL. 61081

Reference Numbers Facility ID 6003982

Health Service Area 001 Planning Service Area 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	119	119
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.31
LPN's	0.00
Certified Aides	6.46
Other Health Staff	0.63
Non-Health Staff	1.74
Totals	9.39

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
773-602-2660

Registered Agent Information

GOLEMBIEWSKI, ADRIENNE
725 SOUTH WELLS, SUITE 1-A
CHICAGO, IL 60607

FACILITY OWNERSHIP

NON-PROF CORPORATION

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	1
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	15	15	15	15	0	0	15	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	15
TOTAL BEDS	15	15	15	15	0	0	15		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5420	99.0%	0	5420	99.0%	99.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	5420	99.0%	0	5420	99.0%	99.0%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	8	0	0	0	8	8
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	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	15	0	0	0	15	15

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.

HAMMOND HOUSE6701 SOUTH MORGAN
CHICAGO, IL. 60621

Reference Numbers Facility ID 6003990

Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	124
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	13	0	13
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	1	0	1
Race Unknown	0	0	1	0	1
Total	0	0	15	0	15

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	0.00
Non-Health Staff	2.00
Totals	11.00

HAMMOND-HENRY 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
4/3/2007

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	1
Blood Disorders	10
*Nervous System	1
Alzheimer Disease	2
Mental Illness	2
Developmental Disability	0
Circulatory System	1
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	1
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	41

FACILITY OWNERSHIP
HOSPITAL DISTRICT

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	57	57	44	57	16	25	4	36	200
Skilled Under 22	0	0	0	0	0	0	0	195	41
Intermediate DD	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0		
TOTAL BEDS	57	57	44	57	16	25	4		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1634	17.9%	852	58.4%	12881	15367	73.9%	73.9%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	1634	17.9%	852	58.4%	12881	15367	73.9%	73.9%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	0	2	0	0	0	0	0	0	0	2	2
75 to 84	3	3	0	0	0	0	0	0	3	3	6
85+	8	23	0	0	0	0	0	0	8	23	31
TOTALS	11	30	0	0	0	0	0	0	11	30	41

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.

HAMMOND-HENRY HOSPITAL

600 NORTH COLLEGE AVENUE

GENESEO, IL. 61254

Reference Numbers Facility ID 6004006

Health Service Area 010 Planning Service Area 073

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	2	3	0	0	36	0	41
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	3	0	0	36	0	41

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	40	0	0	0	40
Race Unknown	0	0	0	0	0
Total	41	0	0	0	41

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.60
LPN's	3.40
Certified Aides	18.10
Other Health Staff	2.00
Non-Health Staff	0.20
Totals	32.30

Hampton Plaza Nursing & Rehab Ctr

9777 Greenwood

Niles, IL 60714

Reference Numbers Facility ID 6003644

Health Service Area 007 Planning Service Area 702

Administrator

Jamie Dlatt

Contact Person and Telephone

Jamie Dlatt

847/967-7000

Registered Agent Information

STERN, ABRAHAM J

30 SOUTH WACKER DRIVE, 29TH FL

CHICAGO, IL 60606

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	46
Blood Disorders	9
*Nervous System	7
Alzheimer Disease	12
Mental Illness	40
Developmental Disability	8
Circulatory System	19
Respiratory System	26
Digestive System	12
Genitourinary System Disorders	8
Skin Disorders	7
Musculo-skeletal Disorders	25
Injuries and Poisonings	0
Other Medical Conditions	24
Non-Medical Conditions	0
TOTALS	252

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	Total Admissions 2006
Nursing Care	304	302	252	0	252	52	152	304	267	150
Skilled Under 22	0	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	304	302	252	0	252	52	152	304	165	252

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	7237	13.0%	83332	75.1%	1411	91980	82.9%	83.4%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	7237	13.0%	83332	75.1%	1411	91980	82.9%	83.4%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	16	6	0	0	0	0	0	0	16	6	22
45 to 59	24	25	0	0	0	0	0	0	24	25	49
60 to 64	7	14	0	0	0	0	0	0	7	14	21
65 to 74	9	20	0	0	0	0	0	0	9	20	29
75 to 84	20	47	0	0	0	0	0	0	20	47	67
85+	6	58	0	0	0	0	0	0	6	58	64
TOTALS	82	170	0	0	0	0	0	0	82	170	252

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.

Hampton Plaza Nursing & Rehab Ctr

9777 Greenwood

Niles, IL. 60714

Reference Numbers Facility ID 6003644

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	13	225	9	0	5	0	252
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	225	9	0	5	0	252

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	93	0	0	0	93
Amer. Indian	0	0	0	0	0
Black	20	0	0	0	20
Hawaiian/Pac. Isl.	0	0	0	0	0
White	138	0	0	0	138
Race Unknown	1	0	0	0	1
Total	252	0	0	0	252

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	246	0	0	0	246
Ethnicity Unknown	1	0	0	0	1
Total	252	0	0	0	252

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	38.00
LPN's	7.00
Certified Aides	72.00
Other Health Staff	13.00
Non-Health Staff	81.00
Totals	213.00

HANCOCK COUNTY NURSING HOME

BOX 160 SOUTH ADAMS STREET
CARTHAGE, IL. 62321

Reference Numbers Facility ID 6004022
Health Service Area 003 Planning Service Area 067

Administrator

Ada Bair

Contact Person and Telephone

Judy Klein
217-357-6860

Registered Agent Information

HARTZELL,FRANKLIN M.;MR.
608 WABASH
CARTHAGE , IL 62321

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System	27
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	1
Circulatory System	4
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	50

Date Completed
4/2/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	57	55	53	55	50	7	0	57	Residents on 1/1/2006	52
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	20
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006	22
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	50
TOTAL BEDS	57	55	53	55	50	7	0	57		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	10786	51.8%	7708	18494	88.9%	92.1%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	10786	51.8%	7708	18494	88.9%	92.1%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	3	7	0	0	0	0	0	0	3	7	10
85+	9	26	0	0	0	0	0	0	9	26	35
TOTALS	14	36	0	0	0	0	0	0	14	36	50

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.

HANCOCK COUNTY NURSING HOME

BOX 160 SOUTH ADAMS STREET
 CARTHAGE, IL. 62321

Reference Numbers Facility ID 6004022

Health Service Area 003 Planning Service Area 067

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	31	0	0	19	0	50
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	31	0	0	19	0	50

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	157	133
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.10
LPN's	5.40
Certified Aides	19.80
Other Health Staff	0.00
Non-Health Staff	2.30
Totals	32.60

HARBOR CREST HOME

817 17TH STREET
FULTON, IL. 61252

Reference Numbers Facility ID 6004048
Health Service Area 001 Planning Service Area 195

Administrator
ROBERT J. GALE

Contact Person and Telephone

ROBERT J. GALE
815-589-3411

Registered Agent Information

GALE,ROBERT J.;MR.
817 17TH ST
FULTON, IL 61252

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	11
Mental Illness	22
Developmental Disability	0
Circulatory System	16
Respiratory System	4
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	65

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	84	78	70	76	65	19	0	84	62	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0	0	0	28	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0	0	0	25	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0	0	0	65	
TOTAL BEDS	84	78	70	76	65	19	0	84		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	13264	43.3%	10061	23325	76.1%		81.9%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	13264	43.3%	10061	23325	76.1%		81.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	8	12	0	0	0	0	0	0	8	12	20
85+	10	29	0	0	0	0	0	0	10	29	39
TOTALS	22	43	0	0	0	0	0	0	22	43	65

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.

HARBOR CREST HOME817 17TH STREET
FULTON, IL. 61252

Reference Numbers Facility ID 6004048

Health Service Area 001 Planning Service Area 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	35	0	0	30	0	65
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	35	0	0	30	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	154	141
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	65	0	0	0	65
Ethnicity Unknown	0	0	0	0	0
Total	65	0	0	0	65

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	5.00
Certified Aides	28.00
Other Health Staff	6.00
Non-Health Staff	21.00
Totals	69.00

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
John Marc Sianghio

Contact Person and Telephone

John Marc Sianghio
773-588-9500

Registered Agent Information

MILSTEIN,ALBERT
35 WEST WACKER DRIVE
CHICAGO , IL 60601

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	19
Blood Disorders	0
*Nervous System	18
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	77
Respiratory System	27
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	6
Musculo-skeletal Disorders	13
Injuries and Poisonings	1
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	172

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	180	180	180	172	8	180	180	Residents on 1/1/2006	164
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	576
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	568
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	172
TOTAL BEDS	180	180	180	172	8	180	180		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	8416	12.8%	39957	60.8%	15210	63583	96.8%	96.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	8416	12.8%	39957	60.8%	15210	63583	96.8%	96.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	0	0	0	0	0	0	0	3	0	3
45 to 59	7	2	0	0	0	0	0	0	7	2	9
60 to 64	5	3	0	0	0	0	0	0	5	3	8
65 to 74	9	11	0	0	0	0	0	0	9	11	20
75 to 84	27	45	0	0	0	0	0	0	27	45	72
85+	17	43	0	0	0	0	0	0	17	43	60
TOTALS	68	104	0	0	0	0	0	0	68	104	172

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	30	91	23	4	24	0	172
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	30	91	23	4	24	0	172

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	34	0	0	0	34
Amer. Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pac. Isl.	8	0	0	0	8
White	122	0	0	0	122
Race Unknown	0	0	0	0	0
Total	172	0	0	0	172

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	21	0	0	0	21
Non-Hispanic	151	0	0	0	151
Ethnicity Unknown	0	0	0	0	0
Total	172	0	0	0	172

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	23.00
LPN's	11.00
Certified Aides	57.00
Other Health Staff	12.00
Non-Health Staff	64.00
Totals	169.00

HARRIS PLACE

209 HARRIS ROAD
EAST PEORIA, IL. 61611

Reference Numbers Facility ID 6013346
Health Service Area 002 Planning Service Area 179

Administrator

Cynthia Best

Contact Person and Telephone

Cynthia Best
309-698-9600

Registered Agent Information

ROBERTSON,LESTER E;;JR
2205 BROADWAY
MOUNT VERNON , IL 62864

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/27/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	14	2	16	Total Discharges 2006	3
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	14
TOTAL BEDS	16	16	16	16	14	2	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5502	94.2%	0	5502	94.2%	94.2%	94.2%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5502	94.2%	0	5502	94.2%	94.2%	94.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	1	2	0	0	1	2	3
65 to 74	0	0	0	0	3	3	0	0	3	3	6
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

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.

HARRIS PLACE

209 HARRIS ROAD
 EAST PEORIA, IL. 61611

Reference Numbers Facility ID 6013346

Health Service Area 002 Planning Service Area 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.33
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.50
LPN's	0.00
Certified Aides	0.00
Other Health Staff	10.00
Non-Health Staff	0.00
Totals	10.83

HARRISBURG CARE CENTER

1000 WEST SLOAN STREET
 HARRISBURG, IL 62946
Reference Numbers Facility ID 6004055
 Health Service Area 005 Planning Service Area 059

Administrator

Dan Boatright

Contact Person and Telephone

Dan Boatright
 618-252-3905

Registered Agent Information

BRETSH,GREG
 601 NORTH COLUMBIA STREET
 WEST FRANKFORT , IL 62896

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	13
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	4
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	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	6
TOTALS	35

Date Completed
 4/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	68	68	35	0	35	33	60	68	38	133
Skilled Under 22	0	0	0	0	0	0		0		136
Intermediate DD	0	0	0	0	0	0		0		35
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	68	68	35	0	35	33	60	68		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1965	9.0%	11388	45.9%	2225	15578	62.8%		62.8%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1965	9.0%	11388	45.9%	2225	15578	62.8%		62.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	5	5	0	0	0	0	0	0	5	5	10
75 to 84	4	6	0	0	0	0	0	0	4	6	10
85+	4	7	0	0	0	0	0	0	4	7	11
TOTALS	14	21	0	0	0	0	0	0	14	21	35

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.

HARRISBURG CARE CENTER

1000 WEST SLOAN STREET
 HARRISBURG, IL. 62946

Reference Numbers Facility ID 6004055

Health Service Area 005 Planning Service Area 059

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	2	27	1	0	5	0	35
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	27	1	0	5	0	35

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	75	68
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	13.00
Other Health Staff	0.00
Non-Health Staff	21.00
Totals	43.00

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
309-673-2676

Registered Agent Information

LEIBY,GAIL M.;MS.
3215 NORTH UNIVERSITY
PEORIA, IL 61604

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/30/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	11
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	2
Intermediate DD	15	15	13	15	2		15	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0			Residents on 12/31/2006	13
TOTAL BEDS	15	15	13	15	2	0	15		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			4227	77.2%	0	4227	77.2%	77.2%	77.2%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	4227	77.2%	0	4227	77.2%	77.2%	77.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	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	3	1	0	0	3	1	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	2	0	0	0	2	0	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	7	6	0	0	7	6	13

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.

HART HOUSE

905 NORTHEAST PERRY STREET
 PEORIA, IL. 61603

Reference Numbers Facility ID 6004063

Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	116
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	7.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	10.00

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

Alissa Juenger
309-673-4645

Registered Agent Information

LEIBY,GAIL M.;MS.
3215 NORTH UNIVERSITY
PEORIA, IL 61604

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/2/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	14
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	15	15	14	15	2		15	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0			Residents on 12/31/2006	13
TOTAL BEDS	15	15	14	15	2	0	15		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			4951	90.4%	0	4951	90.4%	90.4%	90.4%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	4951	90.4%	0	4951	90.4%	90.4%	90.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	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	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	1	0	0	0	1	1
TOTALS	0	0	0	0	6	7	0	0	6	7	13

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.

HARTRICK HOUSE

702 NORTHEAST MADISON STREET
PEORIA, IL. 61603

Reference Numbers Facility ID 6004071

Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	109
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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

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
Susan Showalter

Contact Person and Telephone

Marikay Snyder
309-689-5880

Registered Agent Information

SNYDER, MARIKAY L.
830 WEST TRAILCREEK DRIVE
PEORIA, IL 61614

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	4
Circulatory System	30
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	76

Date Completed
4/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	74
Nursing Care	98	94	81	94	76	22	18	98	Total Admissions 2006	124
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2006	122
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2006	76
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	98	94	81	94	76	22	18	98		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2503	38.1%	17858	49.9%	6385	26746	74.8%		78.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2503	38.1%	17858	49.9%	6385	26746	74.8%		78.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	0	0	0	0	0	0	0	2	0	2
65 to 74	7	3	0	0	0	0	0	0	7	3	10
75 to 84	10	19	0	0	0	0	0	0	10	19	29
85+	9	22	0	0	0	0	0	0	9	22	31
TOTALS	29	47	0	0	0	0	0	0	29	47	76

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.

HAVANA HEALTH CARE CENTER

609 NORTH HARPHAM STREET

HAVANA, IL. 62644

Reference Numbers Facility ID 6004089

Health Service Area 003 Planning Service Area 125

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	11	52	0	0	13	0	76
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	52	0	0	13	0	76

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	139	109
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	75	0	0	0	75
Ethnicity Unknown	0	0	0	0	0
Total	76	0	0	0	76

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	29.00
Other Health Staff	1.00
Non-Health Staff	21.00
Totals	68.00

Hawthorne Inn Of Clinton

1Park Lane West
CLINTON, IL. 61727

Reference Numbers Facility ID 6015879
Health Service Area 004 Planning Service Area 039

Administrator

William Wade

Contact Person and Telephone

Joseph E. Park
309-335-2109

Registered Agent Information

BIBO,J.MICHAEL
115 EAST SOUTH STREET
GALESBURG , IL 61401

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	6
*Nervous System	12
Alzheimer Disease	11
Mental Illness	1
Developmental Disability	0
Circulatory System	24
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	8
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	95

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	98	98	98	98	95	3	134	134	98	87
Skilled Under 22	0	0	0	0	0	0		0		90
Intermediate DD	0	0	0	0	0	0		0		95
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	98	98	98	98	95	3	134	134		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3357	6.9%	15367	31.4%	15222	33946	94.9%	94.9%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	3357	6.9%	15367	31.4%	15222	33946	94.9%	94.9%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	0	3	5	8
75 to 84	7	22	0	0	0	0	0	0	7	22	29
85+	11	46	0	0	0	0	0	0	11	46	57
TOTALS	21	74	0	0	0	0	0	0	21	74	95

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.

Hawthorne Inn Of Clinton

1Park Lane West
 CLINTON, IL. 61727

Reference Numbers Facility ID 6015879

Health Service Area 004 Planning Service Area 039

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	47	0	0	42	0	95
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	47	0	0	42	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	28.00
Other Health Staff	0.00
Non-Health Staff	53.00
Totals	100.00

FACILITY NOTES

P-04-088 12/21/2006 Licensed 36 nursing care beds, total now 134 nursing care beds.

HAWTHORNE TERRACE

2136 WINDISH DRIVE
GALESBURG, IL. 61401

Reference Numbers Facility ID 6012876
Health Service Area 002 Planning Service Area 095

Administrator

Regina Mason

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLED SOE, TIMOETHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

Date Completed
3/8/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	14	2		16	Total Discharges 2006	2
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2006	14
TOTAL BEDS	16	16	16	16	14	2	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%		0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			5763	98.7%	0	5763	98.7%		98.7%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	5763	98.7%	0	5763	98.7%		98.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	1	0	0	3	1	4
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	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	9	5	0	0	9	5	14

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.

HAWTHORNE TERRACE2136 WINDISH DRIVE
GALESBURG, IL. 61401

Reference Numbers Facility ID 6012876

Health Service Area 002 Planning Service Area 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	115	115
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	6.80
Other Health Staff	0.70
Non-Health Staff	1.60
Totals	9.35

HEARTHSTONE MANOR

920 NORTH SEMINARY AVENUE
WOODSTOCK, IL. 60098

Reference Numbers Facility ID 6009310
Health Service Area 008 Planning Service Area 111

Administrator

Janet Smith

Contact Person and Telephone

Joy Brin
815-338-1749

Registered Agent Information

EGAN, TERRANCE P.
318 CHRISTIAN WAY
WOODSTOCK, IL 60098

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	39
Mental Illness	0
Developmental Disability	0
Circulatory System	35
Respiratory System	4
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	4
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	108

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	75	70	70	70	68	7	29	30	111
Skilled Under 22	0	0	0	0	0	0	0	0	173
Intermediate DD	0	0	0	0	0	0	0	0	176
Sheltered Care	63	49	47	49	40	23			108
TOTAL BEDS	138	119	117	119	108	30	29	30	

**FACILITY UTILIZATION - 2006
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3002	28.4%	6755	61.7%	13816	23573	86.1%	92.3%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					16479	16479	71.7%	92.1%		
TOTALS	3002	28.4%	6755	61.7%	30295	40052	79.5%	92.2%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	0	0	0	0
75 to 84	4	9	0	0	0	0	2	10	6	19	25
85+	10	45	0	0	0	0	5	22	15	67	82
TOTALS	14	54	0	0	0	0	7	33	21	87	108

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.

HEARTHSTONE MANOR

920 NORTH SEMINARY AVENUE
WOODSTOCK, IL. 60098

Reference Numbers Facility ID 6009310

Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	9	17	0	0	42	0	68
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			3	0	37	0	40
TOTALS	9	17	3	0	79	0	108

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	234	174
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	106	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	68	0	0	40	108
Race Unknown	0	0	0	0	0
Total	68	0	0	40	108

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	68	0	0	40	108
Ethnicity Unknown	0	0	0	0	0
Total	68	0	0	40	108

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	43.00
Other Health Staff	2.00
Non-Health Staff	51.00
Totals	116.00

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

Registered Agent Information

PHILLIPPE,TIMOTHY F
200 NORTH POSTVILLE DRIVE
LINCOLN , IL 62656

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System	4
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	5
Digestive System	6
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	24
Non-Medical Conditions	0
TOTALS	67

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	70	70	70	70	3	62	78	65	
Skilled Under 22	0	0	0	0	0	0	0	73	
Intermediate DD	0	0	0	0	0	0	0	71	
Sheltered Care	1	1	1	1	1	0	0	67	
TOTAL BEDS	71	71	71	71	4	62	78		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	3025	13.4%	10722	37.7%	9725	23472	91.9%	91.9%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	3025	13.4%	10722	37.7%	9725	23472	90.6%	90.6%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	0	1	2	3
75 to 84	3	12	0	0	0	0	0	0	3	12	15
85+	8	40	0	0	0	0	0	0	8	40	48
TOTALS	12	55	0	0	0	0	0	0	12	55	67

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.

HEARTLAND CHRISTIAN VILLAGE

101 TROWBRIDGE ROAD

NEOGA, IL. 62447

Reference Numbers Facility ID 6013437

Health Service Area 004 Planning Service Area 029

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	33	0	0	26	0	67
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	33	0	0	26	0	67

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	174	157
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	110	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	12.00
Certified Aides	34.00
Other Health Staff	0.00
Non-Health Staff	23.00
Totals	76.00

HEARTLAND HEALTH CARE CENTER

833 SIXTEENTH AVENUE
MOLINE, IL. 61265

Reference Numbers Facility ID 6006233
Health Service Area 010 Planning Service Area 161

Administrator
Vickie Toomsen

Contact Person and Telephone

Vickie Toomsen
309-764-6744

Registered Agent Information

C T CORPORATION SYSTEM
208 SOUTH LASALLE STREET
CHICAGO , IL 60604

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	7
Blood Disorders	3
*Nervous System	58
Alzheimer Disease	15
Mental Illness	4
Developmental Disability	0
Circulatory System	3
Respiratory System	4
Digestive System	6
Genitourinary System Disorders	1
Skin Disorders	5
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	147

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	149	149	149	149	2	118	36	Residents on 1/1/2006	138
Skilled Under 22	0	0	0	0	0		0	Total Admissions 2006	357
Intermediate DD	0	0	0	0	0		0	Total Discharges 2006	348
Sheltered Care	0	0	0	0	0		0	Residents on 12/31/2006	147
TOTAL BEDS	149	149	149	149	2	118	36		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1367	3.2%	279	2.1%	2711	4357	8.0%	8.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	1367	3.2%	279	2.1%	2711	4357	8.0%	8.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	6	0	0	0	0	0	0	5	6	11
75 to 84	13	32	0	0	0	0	0	0	13	32	45
85+	23	68	0	0	0	0	0	0	23	68	91
TOTALS	41	106	0	0	0	0	0	0	41	106	147

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.

HEARTLAND HEALTH CARE CENTER

833 SIXTEENTH AVENUE
 MOLINE, IL. 61265

Reference Numbers Facility ID 6006233

Health Service Area 010 Planning Service Area 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	44	9	0	6	88	0	147
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	44	9	0	6	88	0	147

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	189	160
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	141	0	0	0	141
Race Unknown	3	0	0	0	3
Total	147	0	0	0	147

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	144	0	0	0	144
Ethnicity Unknown	0	0	0	0	0
Total	147	0	0	0	147

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	67.00
Other Health Staff	5.00
Non-Health Staff	43.00
Totals	140.00

FACILITY NOTES

Bed Change 11/13/2006 Added ten nursing care beds, total now 149 nursing care beds.

HEARTLAND HEALTH CARE-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

Christie Butler
 309-833-5555

Registered Agent Information

C T CORPORATION SYSTEM
 208 SOUTH LASALLE STREET
 CHICAGO , IL 60604

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System	23
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	5
Circulatory System	3
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	3
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	67

Date Completed
 4/2/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	80	80	80	0	67	13	80	20	Total Admissions 2006	198
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2006	205
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2006	67
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	80	80	80	0	67	13	80	20		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	7816	26.8%	4143	56.8%	14131	26090	89.3%	89.3%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	7816	26.8%	4143	56.8%	14131	26090	89.3%	89.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	3	4	0	0	0	0	0	0	3	4	7
75 to 84	6	16	0	0	0	0	0	0	6	16	22
85+	3	32	0	0	0	0	0	0	3	32	35
TOTALS	12	55	0	0	0	0	0	0	12	55	67

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.

HEARTLAND HEALTH CARE-MACOMB

#8 DOCTORS LANE
 MACOMB, IL. 61455

Reference Numbers Facility ID 6005649

Health Service Area 002 Planning Service Area 109

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	16	11	0	0	40	0	67
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	11	0	0	40	0	67

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	148	132
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	6.00
Certified Aides	32.00
Other Health Staff	10.00
Non-Health Staff	20.00
Totals	78.00

Heartland Healthcare Center

2081 North Main Street
CANTON, IL. 61520

Reference Numbers Facility ID 6011597
Health Service Area 002 Planning Service Area 057

Administrator

Jill Centko

Contact Person and Telephone

Jill Centko
309-647-6135

Registered Agent Information

C T CORPORATION SYSTEM
208 SOUTH LASALLE
CHICAGO, IL 60604

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System	1
Alzheimer Disease	15
Mental Illness	17
Developmental Disability	0
Circulatory System	22
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	78

Date Completed
4/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	82	80	80	80	72	10	82	32	77
Skilled Under 22	0	0	0	0	0	0		0	186
Intermediate DD	0	0	0	0	0	0		0	185
Sheltered Care	16	7	7	7	6	10			78
TOTAL BEDS	98	87	87	87	78	20	82	32	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	6118	20.4%	7747	66.3%	13192	27057	90.4%	92.7%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					2192	2192	37.5%	85.8%	
TOTALS	6118	20.4%	7747	66.3%	15384	29249	81.8%	92.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	9	22	0	0	0	0	0	1	9	23	32
85+	7	32	0	0	0	0	2	3	9	35	44
TOTALS	18	54	0	0	0	0	2	4	20	58	78

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.

Heartland Healthcare Center

2081 North Main Street
CANTON, IL. 61520

Reference Numbers Facility ID 6011597

Health Service Area 002 Planning Service Area 057

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	14	18	0	6	34	0	72
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	6	0	6
TOTALS	14	18	0	6	40	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	168	149
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	118	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	72	0	0	6	78
Race Unknown	0	0	0	0	0
Total	72	0	0	6	78

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	72	0	0	6	78
Ethnicity Unknown	0	0	0	0	0
Total	72	0	0	6	78

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	28.00
Other Health Staff	0.00
Non-Health Staff	31.00
Totals	77.00

HEARTLAND HEALTHCARE CENTER

1001 EAST PELLIS STREET
 PAXTON, IL. 60957
Reference Numbers Facility ID 6011571
 Health Service Area 004 Planning Service Area 053

Administrator
 Cindy Scharp

Contact Person and Telephone

Cindy Scharp
 217-379-4361

Registered Agent Information

C T CORPORATION SYSTEM
 208 SOUTH LASALLE STREET
 CHICAGO , IL 60604

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	27
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	9
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	3
Musculo-skeletal Disorders	21
Injuries and Poisonings	0
Other Medical Conditions	29
Non-Medical Conditions	0
TOTALS	91

Date Completed
 4/10/2006

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	96	96	96	96	5	96	6	94	
Skilled Under 22	0	0	0	0	0		0	256	
Intermediate DD	0	0	0	0	0		0	259	
Sheltered Care	0	0	0	0	0		0	91	
TOTAL BEDS	96	96	96	96	5	96	6		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	6821	19.5%	3581	163.5%	24044	34446	98.3%	98.3%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	6821	19.5%	3581	163.5%	24044	34446	98.3%	98.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	6	4	0	0	0	0	0	0	6	4	10
75 to 84	7	24	0	0	0	0	0	0	7	24	31
85+	10	38	0	0	0	0	0	0	10	38	48
TOTALS	23	68	0	0	0	0	0	0	23	68	91

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.

HEARTLAND HEALTHCARE CENTER

1001 EAST PELLIS STREET

PAXTON, IL. 60957

Reference Numbers Facility ID 6011571

Health Service Area 004 Planning Service Area 053

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	16	10	0	5	60	0	91
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	10	0	5	60	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	152	138
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	13.00
Certified Aides	45.00
Other Health Staff	6.00
Non-Health Staff	39.00
Totals	119.00

HEARTLAND HEALTHCARE CENTER

280 EAST LOSEY STREET
GALESBURG, IL. 61401

Reference Numbers Facility ID 6003446
Health Service Area 002 Planning Service Area 095

Administrator
Lorna Brown

Contact Person and Telephone

Lorna Brown
309-343-2166

Registered Agent Information

C T CORPORATION SYSTEM
208 SOUTH LASALLE
CHICAGO, IL 60604

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System	1
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	10
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	4
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	69

Date Completed
4/2/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	84	84	83	82	69	15	82	30	75	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				69
TOTAL BEDS	84	84	83	82	69	15	82	30		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	7732	25.8%	6352	58.0%	13083	27167	88.6%	88.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	7732	25.8%	6352	58.0%	13083	27167	88.6%	88.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	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	6	18	0	0	0	0	0	0	6	18	24
85+	3	32	0	0	0	0	0	0	3	32	35
TOTALS	12	57	0	0	0	0	0	0	12	57	69

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.

HEARTLAND HEALTHCARE CENTER

280 EAST LOSEY STREET
 GALESBURG, IL. 61401

Reference Numbers Facility ID 6003446

Health Service Area 002 Planning Service Area 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	20	19	2	2	26	0	69
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	19	2	2	26	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	146	138
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	68	0	0	0	68
Race Unknown	0	0	0	0	0
Total	69	0	0	0	69

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	68	0	0	0	68
Ethnicity Unknown	0	0	0	0	0
Total	69	0	0	0	69

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	27.00
Other Health Staff	3.00
Non-Health Staff	20.00
Totals	67.00

HEARTLAND HEALTHCARE CTR

1650 INDIAN TOWN ROAD
HENRY, IL. 61537

Reference Numbers Facility ID 6011613
Health Service Area 002 Planning Service Area 123

Administrator
Susan Legner

Contact Person and Telephone

Sue Legner
309-364-3905

Registered Agent Information

C T CORPORATION SYSTEM
208 SOUTH LASALLE
CHICAGO, IL 60604

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	1
Alzheimer Disease	24
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	6
Musculo-skeletal Disorders	0
Injuries and Poisonings	11
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	80

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	94	91	89	91	80	14	66	20	70	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				199
TOTAL BEDS	94	91	89	91	80	14	66	20		80

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	6851	28.4%	4164	57.0%	18225	29240	85.2%	88.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	6851	28.4%	4164	57.0%	18225	29240	85.2%	88.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	5	0	0	0	0	0	0	3	5	8
75 to 84	9	37	0	0	0	0	0	0	9	37	46
85+	19	3	0	0	0	0	0	0	19	3	22
TOTALS	33	47	0	0	0	0	0	0	33	47	80

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.

HEARTLAND HEALTHCARE CTR

1650 INDIAN TOWN ROAD

HENRY, IL. 61537

Reference Numbers Facility ID 6011613

Health Service Area 002 Planning Service Area 123

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	18	10	0	4	48	0	80
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	10	0	4	48	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	177	155
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	24.00
Other Health Staff	2.00
Non-Health Staff	21.00
Totals	63.00

HEARTLAND MANOR NURSING HOME

410 NORTHWEST THIRD
CASEY, IL. 62420

Reference Numbers Facility ID 6004121
Health Service Area 004 Planning Service Area 023

Administrator

David J. Sauer

Contact Person and Telephone

DAVID J. SAUER
217-932-4081

Registered Agent Information

SAUER,DAVID J.;MR.
410 N W THIRD ST
CASEY , IL 62420

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	4
Alzheimer Disease	7
Mental Illness	7
Developmental Disability	0
Circulatory System	35
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	65

Date Completed
3/6/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	99	86	65	86	34	28	99	71	91
Skilled Under 22	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0		0		
TOTAL BEDS	99	86	65	86	34	28	99		97
									Residents on 12/31/2006
									65

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1847	18.1%	12464	34.5%	8905	23216	64.2%	74.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	1847	18.1%	12464	34.5%	8905	23216	64.2%	74.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	1	2	0	0	0	0	0	0	1	2	3
75 to 84	4	15	0	0	0	0	0	0	4	15	19
85+	6	36	0	0	0	0	0	0	6	36	42
TOTALS	12	53	0	0	0	0	0	0	12	53	65

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.

HEARTLAND MANOR NURSING HOME

410 NORTHWEST THIRD

CASEY, IL. 62420

Reference Numbers Facility ID 6004121

Health Service Area 004 Planning Service Area 023

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	4	34	0	2	25	0	65
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	34	0	2	25	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	129	123
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	64	0	0	0	64
Ethnicity Unknown	0	0	0	0	0
Total	65	0	0	0	65

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	27.00
Other Health Staff	0.00
Non-Health Staff	33.00
Totals	77.00

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
 Margaret Olson

Contact Person and Telephone

Chris Reinhofer
 773-286-3883

Registered Agent Information

FISCH,KENNETH J.;MR.
 4200 W. PETERSON AVE.,STE. 140
 CHICAGO , IL 60646

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System	4
Alzheimer Disease	10
Mental Illness	49
Developmental Disability	0
Circulatory System	4
Respiratory System	10
Digestive System	7
Genitourinary System Disorders	1
Skin Disorders	2
Musculo-skeletal Disorders	5
Injuries and Poisonings	8
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	108

Date Completed
 4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	173	173	115	173	108	65	173	173	99
Skilled Under 22	0	0	0	0	0	0	0	0	115
Intermediate DD	0	0	0	0	0	0	0	0	106
Sheltered Care	0	0	0	0	0	0	0	0	108
TOTAL BEDS	173	173	115	173	108	65	173	173	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	2294	3.6%	33945	53.8%	979	37218	58.9%	58.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2294	3.6%	33945	53.8%	979	37218	58.9%	58.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	8	2	0	0	0	0	0	0	8	2	10
45 to 59	17	15	0	0	0	0	0	0	17	15	32
60 to 64	4	12	0	0	0	0	0	0	4	12	16
65 to 74	14	5	0	0	0	0	0	0	14	5	19
75 to 84	9	12	0	0	0	0	0	0	9	12	21
85+	3	7	0	0	0	0	0	0	3	7	10
TOTALS	55	53	0	0	0	0	0	0	55	53	108

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.

HEATHER HEALTH CARE CENTER

15600 SOUTH HONORE STREET
 HARVEY, IL. 60426

Reference Numbers Facility ID 6004139

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	97	0	0	7	0	108
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	97	0	0	7	0	108

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	171	142
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	76	0	0	0	76
Hawaiian/Pac. Isl.	0	0	0	0	0
White	32	0	0	0	32
Race Unknown	0	0	0	0	0
Total	108	0	0	0	108

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	105	0	0	0	105
Ethnicity Unknown	0	0	0	0	0
Total	108	0	0	0	108

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	7.74
Certified Aides	14.82
Other Health Staff	5.93
Non-Health Staff	20.34
Totals	53.83

HELIA HEALTHCARE OF CARBONDALE

500 SOUTH LEWIS LANE
CARBONDALE, IL. 62901

Reference Numbers Facility ID 6001408
Health Service Area 005 Planning Service Area 077

Administrator

Yolanda Fisher

Contact Person and Telephone

Yolanda Fisher
618-529-5355

Registered Agent Information

BUSINESS FILINGS, INC.
600 SOUTH SECOND STREET
SPRINGFIELD, IL 62704

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

Date Completed
4/10/2006

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	6
Mental Illness	4
Developmental Disability	0
Circulatory System	20
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	4
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	66

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	118	118	69	118	66	52			57	
Skilled Under 22	0	0	0	0	0	0		0	132	
Intermediate DD	0	0	0	0	0	0		0	123	
Sheltered Care	0	0	0	0	0	0			66	
TOTAL BEDS	118	118	69	118	66	52				

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	5409	0.0%	11713	0.0%	5827	22949	53.3%	53.3%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	5409	0.0%	11713	0.0%	5827	22949	53.3%	53.3%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	0	0	0	0	0	0	0	4	0	4
45 to 59	0	6	0	0	0	0	0	0	0	6	6
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	6	5	0	0	0	0	0	0	6	5	11
75 to 84	5	16	0	0	0	0	0	0	5	16	21
85+	5	18	0	0	0	0	0	0	5	18	23
TOTALS	21	45	0	0	0	0	0	0	21	45	66

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.

HELIA HEALTHCARE OF CARBONDALE

500 SOUTH LEWIS LANE
 CARBONDALE, IL. 62901

Reference Numbers Facility ID 6001408

Health Service Area 005 Planning Service Area 077

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	14	32	1	2	17	0	66
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	32	1	2	17	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	112	92
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pac. Isl.	0	0	0	0	0
White	56	0	0	0	56
Race Unknown	0	0	0	0	0
Total	66	0	0	0	66

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	27.00
Other Health Staff	7.00
Non-Health Staff	18.00
Totals	68.00

HELIA HEALTHCARE OF CHAMPAIGN

1915 SOUTH MATTIS
 CHAMPAIGN, IL. 61820
Reference Numbers Facility ID 6003800
 Health Service Area 004 Planning Service Area 019

Administrator

Gary Coulter

Contact Person and Telephone

Gary Coulter
 217-352-0516

Registered Agent Information

BUSINESS FILLINGS, INC.
 600 S. 2ND STREET, SUITE 103
 SPRINGFIELD, IL 62704

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System	4
Alzheimer Disease	10
Mental Illness	14
Developmental Disability	1
Circulatory System	18
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	72

Date Completed
 4/2/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	118	118	80	118	72	46	118	118	75	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		0		
TOTAL BEDS	118	118	80	118	72	46	118	118		115
										Residents on 12/31/2006
										72

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	2273	5.3%	20836	48.4%	4308	27417	63.7%	63.7%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	2273	5.3%	20836	48.4%	4308	27417	63.7%	63.7%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	1	0	0	0	0	0	0	2	1	3
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	4	10	0	0	0	0	0	0	4	10	14
75 to 84	9	15	0	0	0	0	0	0	9	15	24
85+	5	19	0	0	0	0	0	0	5	19	24
TOTALS	24	48	0	0	0	0	0	0	24	48	72

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.

HELIA HEALTHCARE OF CHAMPAIGN

1915 SOUTH MATTIS
 CHAMPAIGN, IL. 61820

Reference Numbers Facility ID 6003800

Health Service Area 004 Planning Service Area 019

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	53	4	0	10	0	72
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	53	4	0	10	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	129
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	14	0	0	0	14
Hawaiian/Pac. Isl.	0	0	0	0	0
White	57	0	0	0	57
Race Unknown	0	0	0	0	0
Total	72	0	0	0	72

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	6.00
Certified Aides	28.00
Other Health Staff	1.00
Non-Health Staff	23.00
Totals	68.00

FACILITY NOTES

Name Change	8/18/2006	Name changed from Care Centre of Champaign.
E-018-06	8/18/2006	Change of ownership occurred.
E-018-06	4/21/2006	Change of ownership exemption approved.

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

Christopher Haake

Contact Person and Telephone

Chris Haake
618-942-7014

Registered Agent Information

BUSINESS FILING INC.
600 SOUTH 2ND STREET
SPRINGFIELD, IL 62704

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	7
Mental Illness	35
Developmental Disability	0
Circulatory System	3
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	71

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	96	96	71	96	71	25	55	96	Residents on 1/1/2006	57
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2006	79
Intermediate DD	0	0	0	0	0	0		0	Total Discharges 2006	65
Sheltered Care	0	0	0	0	0	0		0	Residents on 12/31/2006	71
TOTAL BEDS	96	96	71	96	71	25	55	96		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	902	4.5%	19482	55.6%	5007	25391	72.5%		72.5%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	902	4.5%	19482	55.6%	5007	25391	72.5%		72.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	3	0	0	0	0	0	0	4	3	7
45 to 59	9	9	0	0	0	0	0	0	9	9	18
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	12	10	0	0	0	0	0	0	12	10	22
75 to 84	1	7	0	0	0	0	0	0	1	7	8
85+	3	8	0	0	0	0	0	0	3	8	11
TOTALS	31	40	0	0	0	0	0	0	31	40	71

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	59	0	0	7	0	71
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	59	0	0	7	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	112	85
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	66	0	0	0	66
Race Unknown	0	0	0	0	0
Total	71	0	0	0	71

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	21.00
Other Health Staff	4.00
Non-Health Staff	15.00
Totals	52.00

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
Christopher Haake

Contact Person and Telephone

Chris Haake
618-942-7014

Registered Agent Information

BUSINESS FILINGS INC.
600 SOUTH 2ND STREET
SPRINGFIELD, IL 62704

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	14
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	63	16	16	16	12	51		63	Total Discharges 2006	2
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2006	12
TOTAL BEDS	63	16	16	16	12	51	0	63		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%		0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			4661	20.3%	0	4661	20.3%		79.8%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	4661	20.3%	0	4661	20.3%		79.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	0	0	0	1	0	1
45 to 59	0	0	0	0	3	3	0	0	3	3	6
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	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

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	112	107
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	2.00
Certified Aides	11.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	17.00

HELIA HEALTHCARE OF URBANA

907 LINCOLN AVENUE
URBANA, IL. 61801

Reference Numbers Facility ID 6008288
Health Service Area 004 Planning Service Area 019

Administrator
Barbara Jo Kinsler RN

Contact Person and Telephone

Barbara Jo Kinsler RN
217-367-8421

Registered Agent Information

BUSINESS FILINGS, INC.
600 S. 2ND STREET, SUITE 103
SPRINGFIELD, IL 62704

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

Date Completed
4/11/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	17
Blood Disorders	2
*Nervous System	2
Alzheimer Disease	30
Mental Illness	6
Developmental Disability	0
Circulatory System	9
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	71

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	99	91	80	91	71	28	99	99	69	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		0		
TOTAL BEDS	99	91	80	91	71	28	99	99	71	41

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2092	5.8%	21736	60.2%	1866	25694	71.1%		77.4%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2092	5.8%	21736	60.2%	1866	25694	71.1%		77.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	5	4	0	0	0	0	0	0	5	4	9
60 to 64	4	1	0	0	0	0	0	0	4	1	5
65 to 74	7	7	0	0	0	0	0	0	7	7	14
75 to 84	10	15	0	0	0	0	0	0	10	15	25
85+	5	13	0	0	0	0	0	0	5	13	18
TOTALS	31	40	0	0	0	0	0	0	31	40	71

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.

HELIA HEALTHCARE OF URBANA

907 LINCOLN AVENUE
 URBANA, IL. 61801

Reference Numbers Facility ID 6008288

Health Service Area 004 Planning Service Area 019

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	59	0	1	4	0	71
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	59	0	1	4	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	114
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	20	0	0	0	20
Hawaiian/Pac. Isl.	0	0	0	0	0
White	50	0	0	0	50
Race Unknown	0	0	0	0	0
Total	71	0	0	0	71

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	70	0	0	0	70
Ethnicity Unknown	0	0	0	0	0
Total	71	0	0	0	71

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	29.00
Other Health Staff	3.00
Non-Health Staff	36.00
Totals	79.00

FACILITY NOTES

- Name Change 8/18/2006 Name changed from Care Centre of Urbana.
- E-019-06 8/18/2006 Change of ownership occurred.
- E-019-06 4/21/2006 Change of ownership exemption approved.

HELPING HAND IC FACILITY

7434 WEST 61ST PLACE
SUMMIT, IL. 60501

Reference Numbers Facility ID 6004162
Health Service Area 007 Planning Service Area 705

Administrator
Elizabeth Pacyga

Contact Person and Telephone

Elizabeth Pacyga
708-352-3580

Registered Agent Information

CUSICK, MICHAEL
9649 WEST 55TH STREET
COUNTRYSIDE, IL 60525

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	2		16	Total Discharges 2006	2
Sheltered Care	0	0	0	0	0			Residents on 12/31/2006	14
TOTAL BEDS	16	16	16	16	2	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5034	86.2%	441	5475	93.8%	93.8%	93.8%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5034	86.2%	441	5475	93.8%	93.8%	93.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	2	0	0	3	2	5
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	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

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.

HELPING HAND IC FACILITY

7434 WEST 61ST PLACE

SUMMIT, IL. 60501

Reference Numbers Facility ID 6004162

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	7.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	9.00

HENDERSON CO RETIREMENT CENTER

604 OAKWOOD DRIVE
STRONGHURST, IL. 61480

Reference Numbers Facility ID 6012066
Health Service Area 002 Planning Service Area 071

Administrator
RICHARD W. CLIFTON

Contact Person and Telephone

Kathy Symmonds
309-924-1123

Registered Agent Information

DORAN, DIANA L.
110 S. BROADWAY
STRONGHURST, IL 61480

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System	9
Alzheimer Disease	21
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	4
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	46

Date Completed
4/4/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	54	54	46	54	46	8	0	70	41	48
Skilled Under 22	0	0	0	0	0	0		0		43
Intermediate DD	0	0	0	0	0	0		0		46
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	54	54	46	54	46	8	0	70		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	172	0.0%	8606	33.7%	6297	15075	76.5%		76.5%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	172	0.0%	8606	33.7%	6297	15075	76.5%		76.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	6	11	0	0	0	0	0	0	6	11	17
85+	3	23	0	0	0	0	0	0	3	23	26
TOTALS	10	36	0	0	0	0	0	0	10	36	46

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.

HENDERSON CO RETIREMENT CENTER

604 OAKWOOD DRIVE
 STRONGHURST, IL. 61480

Reference Numbers Facility ID 6012066

Health Service Area 002 Planning Service Area 071

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	4	21	0	4	17	0	46
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	21	0	4	17	0	46

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	139	107
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.23
LPN's	4.76
Certified Aides	13.75
Other Health Staff	0.00
Non-Health Staff	18.37
Totals	41.11

HERBSTTRITT HOUSE

6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6010292
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

CONNELLY,ROSEMARY;SR.;RSM
2916 WEST 47TH STREET
CHICAGO , IL 60632

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	12
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	12	12	12	12	0		12	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0			Residents on 12/31/2006	12
TOTAL BEDS	12	12	12	12	0	0	12		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			4015	91.7%	365	4380	100.0%	100.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	4015	91.7%	365	4380	100.0%	100.0%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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

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.

HERBSTTRITT HOUSE6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6010292

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	195	195
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.15
LPN's	0.00
Certified Aides	7.40
Other Health Staff	1.80
Non-Health Staff	0.15
Totals	9.75

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

Registered Agent Information

MCELHANEY,ARTHUR E.,MR.
4016 9TH STREET
ROCK ISLAND , IL 61201

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/13/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	48
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	3
Intermediate DD	48	48	48	48	47	1	64	Total Discharges 2006	4
Sheltered Care	0	0	0	0	0	0		Residents on 12/31/2006	47
TOTAL BEDS	48	48	48	48	47	1	64		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%		0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			16808	72.0%	0	16808	95.9%		95.9%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	16808	72.0%	0	16808	95.9%		95.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	9	6	0	0	9	6	15
45 to 59	0	0	0	0	9	11	0	0	9	11	20
60 to 64	0	0	0	0	4	6	0	0	4	6	10
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	23	24	0	0	23	24	47

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.

HERITAGE FIFTY-THREE

4601 53RD STREET
MOLINE, IL. 61265

Reference Numbers Facility ID 6004196

Health Service Area 010 Planning Service Area 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	0	166
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	1	0	1
Black	0	0	1	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	45	0	45
Race Unknown	0	0	0	0	0
Total	0	0	47	0	47

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	45	0	45
Ethnicity Unknown	0	0	0	0	0
Total	0	0	47	0	47

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	0.00
Other Health Staff	46.00
Non-Health Staff	14.00
Totals	68.00

FACILITY NOTES

Bed Change 10/13/2006 Discontinued 16 ICF/DD beds, total now 48 ICF/DD beds.

HERITAGE MANOR - BLOOMINGTON L.L.C.

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

Susan Holifield
 309-827-8004

Registered Agent Information

WANNEMACHER, STEVEN
 115 W. JEFFERSON ST., STE. 400
 BLOOMINGTON, IL 61701

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Date Completed
 4/4/2007

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System	7
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	2
Circulatory System	20
Respiratory System	13
Digestive System	6
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	88

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	111	111	105	111	88	23	111	111	93
Skilled Under 22	0	0	0	0	0	0	0	0	100
Intermediate DD	0	0	0	0	0	0	0	0	105
Sheltered Care	0	0	0	0	0	0	0	0	88
TOTAL BEDS	111	111	105	111	88	23	111	111	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	4720	11.7%	16944	41.8%	11063	32727	80.8%	80.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	4720	11.7%	16944	41.8%	11063	32727	80.8%	80.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	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	4	2	0	0	0	0	0	0	4	2	6
75 to 84	4	24	0	0	0	0	0	0	4	24	28
85+	8	43	0	0	0	0	0	0	8	43	51
TOTALS	18	70	0	0	0	0	0	0	18	70	88

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.

HERITAGE MANOR - BLOOMINGTON L.L.C.

700 EAST WALNUT
 BLOOMINGTON, IL. 61701

Reference Numbers Facility ID 6004261

Health Service Area 004 Planning Service Area 113

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	12	49	0	2	25	0	88
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	49	0	2	25	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	167	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	18.00
Certified Aides	34.00
Other Health Staff	0.00
Non-Health Staff	25.00
Totals	83.00

FACILITY NOTES

- E-160-05 3/21/2006 Change of ownership occurred.
- E-160-05 2/8/2006 Change of ownership exemption approved.

HERITAGE MANOR - CHILLICOTHE

1028 HILLCREST DRIVE
 CHILLICOTHE, IL. 61523
Reference Numbers Facility ID 6007199
 Health Service Area 002 Planning Service Area 143

Administrator

Martha Schlink

Contact Person and Telephone

Martha Schlink
 309-274-2194

Registered Agent Information

WANNEMACHER, STEVE
 115 W JEFFERSON ST, #401
 BLOOMINGTON, IL 61701

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	5
*Nervous System	5
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	12
Digestive System	5
Genitourinary System Disorders	5
Skin Disorders	6
Musculo-skeletal Disorders	11
Injuries and Poisonings	4
Other Medical Conditions	26
Non-Medical Conditions	0
TOTALS	106

Date Completed
 4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	110	110	106	110	4	110	110	85	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	0		
TOTAL BEDS	110	110	106	110	4	110	110		106

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	5545	13.8%	20156	50.2%	8962	34663	86.3%	86.3%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	5545	13.8%	20156	50.2%	8962	34663	86.3%	86.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	0	0	0	0	0	0	0	2	0	2
65 to 74	2	12	0	0	0	0	0	0	2	12	14
75 to 84	5	27	0	0	0	0	0	0	5	27	32
85+	12	43	0	0	0	0	0	0	12	43	55
TOTALS	23	83	0	0	0	0	0	0	23	83	106

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.

HERITAGE MANOR - CHILLICOTHE

1028 HILLCREST DRIVE
 CHILLICOTHE, IL. 61523

Reference Numbers Facility ID 6007199

Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	14	68	0	2	22	0	106
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	68	0	2	22	0	106

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	169	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	102	0	0	0	102
Race Unknown	0	0	0	0	0
Total	106	0	0	0	106

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	105	0	0	0	105
Total	106	0	0	0	106

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	35.00
Other Health Staff	0.00
Non-Health Staff	28.00
Totals	81.00

HERITAGE MANOR - COLFAX

402 SOUTH HARRISON
COLFAX, IL. 61728

Reference Numbers Facility ID 6006852
Health Service Area 004 Planning Service Area 113

Administrator

Susan Holifield

Contact Person and Telephone

Susan Holifield
309-723-2591

Registered Agent Information

WANNEMACHER, STEVEN
115 W. JEFFERSON ST., STE. 400
BLOOMINGTON, IL 61701

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

Date Completed
4/4/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	1
Alzheimer Disease	3
Mental Illness	10
Developmental Disability	0
Circulatory System	17
Respiratory System	1
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	3
Injuries and Poisonings	9
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	53

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	60	54	54	54	53	7	60	60	46
Skilled Under 22	0	0	0	0	0	0	0	0	54
Intermediate DD	0	0	0	0	0	0	0	0	47
Sheltered Care	0	0	0	0	0	0	0	0	53
TOTAL BEDS	60	54	54	54	53	7	60	60	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1375	6.3%	8676	39.6%	7814	17865	81.6%	90.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	1375	6.3%	8676	39.6%	7814	17865	81.6%	90.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	4	9	0	0	0	0	0	0	4	9	13
85+	9	26	0	0	0	0	0	0	9	26	35
TOTALS	15	38	0	0	0	0	0	0	15	38	53

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.

HERITAGE MANOR - COLFAX

402 SOUTH HARRISON

COLFAX, IL. 61728

Reference Numbers Facility ID 6006852

Health Service Area 004 Planning Service Area 113

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	26	0	0	22	0	53
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	26	0	0	22	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	131	117
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	17.00
Other Health Staff	1.00
Non-Health Staff	16.00
Totals	42.00

FACILITY NOTES

E-161-05 3/21/2006 Change of ownership occurred.
E-161-05 2/8/2006 Change of ownership exemption approved.

HERITAGE MANOR - 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

WILLIAM R. PROVENCE
 815-584-1240

Registered Agent Information

WANNEMACHER, STEVE
 115 W. JEFFERSON, SUITE #401
 BLOOMINGTON, IL 61701

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	8
Mental Illness	9
Developmental Disability	0
Circulatory System	21
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	1
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	72

Date Completed
 4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	92	92	73	90	20	19	92	Residents on 1/1/2006	56
Skilled Under 22	0	0	0	0	0		0	Total Admissions 2006	98
Intermediate DD	0	0	0	0	0		0	Total Discharges 2006	82
Sheltered Care	0	0	0	0	0		0	Residents on 12/31/2006	72
TOTAL BEDS	92	92	73	90	20	19	92		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	3866	55.7%	10801	32.2%	8568	23235	69.2%	69.2%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	3866	55.7%	10801	32.2%	8568	23235	69.2%	69.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	3	0	0	0	0	0	0	5	3	8
75 to 84	8	15	0	0	0	0	0	0	8	15	23
85+	4	34	0	0	0	0	0	0	4	34	38
TOTALS	18	54	0	0	0	0	0	0	18	54	72

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.

HERITAGE MANOR - DWIGHT

300 EAST MAZON AVENUE
 DWIGHT, IL. 60420

Reference Numbers Facility ID 6002083

Health Service Area 004 Planning Service Area 105

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	18	32	0	0	22	0	72
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	32	0	0	22	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	158	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	1	0	0	0	1
White	71	0	0	0	71
Race Unknown	0	0	0	0	0
Total	72	0	0	0	72

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	27.00
Other Health Staff	0.00
Non-Health Staff	28.00
Totals	68.00

HERITAGE MANOR - EL PASO, LLC

555 EAST CLAY
 EL PASO, IL. 61738
Reference Numbers Facility ID 6005920
 Health Service Area 002 Planning Service Area 203

Administrator

Diane R. Greene

Contact Person and Telephone

DIANE R. GREENE
 309-527-6240

Registered Agent Information

WANNEMACHER, STEVEN
 115 W. JEFFERSON ST., STE. 400
 BLOOMINGTON, IL 61701

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	19
Mental Illness	0
Developmental Disability	0
Circulatory System	21
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	63

Date Completed
 4/23/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	65	65	65	63	2	65	65	Residents on 1/1/2006	60
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	31
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	28
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	63
TOTAL BEDS	65	65	65	63	2	65	65		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1893	8.0%	9437	39.8%	11494	22824	96.2%	96.2%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	1893	8.0%	9437	39.8%	11494	22824	96.2%	96.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	4	0	0	0	0	0	0	2	4	6
75 to 84	2	17	0	0	0	0	0	0	2	17	19
85+	8	28	0	0	0	0	0	0	8	28	36
TOTALS	13	50	0	0	0	0	0	0	13	50	63

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.

HERITAGE MANOR - EL PASO, LLC

555 EAST CLAY
EL PASO, IL. 61738

Reference Numbers Facility ID 6005920

Health Service Area 002 Planning Service Area 203

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	28	0	0	30	0	63
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	28	0	0	30	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	172	159
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	16.00
Non-Health Staff	0.00
Totals	45.00

FACILITY NOTES

- E-163-05 3/21/2006 Change of ownership occurred.
- E-163-05 2/8/2006 Change of ownership exemption approved.
- Bed Change 8/25/2006 Added two nursing care beds, total now 65 nursing care beds.

HERITAGE MANOR - 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
Linda S. Hartmann
847-697-6636

Registered Agent Information
WANNEMACHER, STEVEN
115 W. JEFFERSON ST., STE. 400
BLOOMINGTON, IL 61701

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

Date Completed
4/2/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System	6
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	28
Respiratory System	4
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	9
Injuries and Poisonings	7
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	79

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	94	94	89	94	79	15	94	94	80	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				60
TOTAL BEDS	94	94	89	94	79	15	94	94	79	79

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2958	8.6%	22496	65.6%	4729	30183	88.0%		88.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2958	8.6%	22496	65.6%	4729	30183	88.0%		88.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	4	0	0	0	0	0	0	3	4	7
75 to 84	7	24	0	0	0	0	0	0	7	24	31
85+	5	36	0	0	0	0	0	0	5	36	41
TOTALS	15	64	0	0	0	0	0	0	15	64	79

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.

HERITAGE MANOR - ELGIN

355 RAYMOND STREET

ELGIN, IL. 60120

Reference Numbers Facility ID 6006902

Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	46	0	0	28	0	79
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	46	0	0	28	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	72	0	0	0	72
Race Unknown	0	0	0	0	0
Total	79	0	0	0	79

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	78	0	0	0	78
Ethnicity Unknown	0	0	0	0	0
Total	79	0	0	0	79

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	28.00
Other Health Staff	0.00
Non-Health Staff	27.00
Totals	70.00

FACILITY NOTES

- E-162-05 3/21/2006 Change of ownership occurred.
- E-162-05 2/8/2006 Change of ownership exemption approved.

HERITAGE MANOR - GIBSON CITY

620 EAST FIRST STREET
GIBSON CITY, IL. 60936

Reference Numbers Facility ID 6003560
Health Service Area 004 Planning Service Area 053

Administrator

Paula Johnson

Contact Person and Telephone

Paula Johnson
217-784-4257

Registered Agent Information

WANNEMACHER, STEVEN
115 W. JEFFERSON ST., STE. 400
BLOOMINGTON, IL 61701

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System	1
Alzheimer Disease	7
Mental Illness	5
Developmental Disability	0
Circulatory System	12
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	3
Musculo-skeletal Disorders	4
Injuries and Poisonings	1
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	58

Date Completed
3/27/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	75	75	75	75	58	17	75	75	61
Skilled Under 22	0	0	0	0	0	0	0	0	42
Intermediate DD	0	0	0	0	0	0	0	0	45
Sheltered Care	0	0	0	0	0	0	0	0	58
TOTAL BEDS	75	75	75	75	58	17	75	75	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1096	4.0%	11462	41.9%	7925	20483	74.8%	74.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	1096	4.0%	11462	41.9%	7925	20483	74.8%	74.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	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+	7	30	0	0	0	0	0	0	7	30	37
TOTALS	12	46	0	0	0	0	0	0	12	46	58

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.

HERITAGE MANOR - GIBSON CITY

620 EAST FIRST STREET
 GIBSON CITY, IL. 60936

Reference Numbers Facility ID 6003560

Health Service Area 004 Planning Service Area 053

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	3	33	0	0	22	0	58
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	33	0	0	22	0	58

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	124	113
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	58	0	0	0	58
Race Unknown	0	0	0	0	0
Total	58	0	0	0	58

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	58	0	0	0	58
Ethnicity Unknown	0	0	0	0	0
Total	58	0	0	0	58

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	19.00
Other Health Staff	18.00
Non-Health Staff	8.00
Totals	51.00

FACILITY NOTES

- E-164-05 3/21/2006 Change of ownership occurred.
- E-164-05 2/8/2006 Change of ownership exemption approved.

HERITAGE MANOR - LITCHFIELD

628 SOUTH ILLINOIS STREET
LITCHFIELD, IL. 62056

Reference Numbers Facility ID 6000699
Health Service Area 003 Planning Service Area 135

Administrator

Lori Wheeler

Contact Person and Telephone

Lori Wheeler
217-324-2153

Registered Agent Information

WANNEMACHER, STEVE
115 W. JEFFERSON ST, #401
BLOOMINGTON, IL 61701

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System	2
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	12
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	3
Musculo-skeletal Disorders	5
Injuries and Poisonings	33
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	79

Date Completed
4/2/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	102	100	100	100	79	23	102	102	Total Admissions 2006	105
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2006	105
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2006	79
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	102	100	100	100	79	23	102	102		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	4039	10.8%	15071	40.5%	11683	30793	82.7%		84.4%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	4039	10.8%	15071	40.5%	11683	30793	82.7%		84.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	0	0	0	0	0	0	4	1	5
75 to 84	3	17	0	0	0	0	0	0	3	17	20
85+	5	49	0	0	0	0	0	0	5	49	54
TOTALS	12	67	0	0	0	0	0	0	12	67	79

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.

HERITAGE MANOR - LITCHFIELD628 SOUTH ILLINOIS STREET
LITCHFIELD, IL. 62056

Reference Numbers Facility ID 6000699

Health Service Area 003 Planning Service Area 135

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	4	36	0	0	39	0	79
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	36	0	0	39	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	25.00
Other Health Staff	15.00
Non-Health Staff	12.00
Totals	65.00

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

Christie Leadley
815-539-6745

Registered Agent Information

WANNEMACHER, STEVE
115 W. JEFFERSON ST., STE 400
BLOOMINGTON, IL 61701

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System	7
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	21
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	65

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	99	99	77	0	65	34	50	99	74	53
Skilled Under 22	0	0	0	0	0	0	0	0		62
Intermediate DD	0	0	0	0	0	0	0	0		65
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	99	99	77	0	65	34	50	99		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2838	15.6%	14982	41.5%	7816	25636	70.9%		70.9%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2838	15.6%	14982	41.5%	7816	25636	70.9%		70.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	7	0	0	0	0	0	0	2	7	9
75 to 84	7	18	0	0	0	0	0	0	7	18	25
85+	5	25	0	0	0	0	0	0	5	25	30
TOTALS	15	50	0	0	0	0	0	0	15	50	65

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.

HERITAGE MANOR - MENDOTA1201 FIRST AVENUE
MENDOTA, IL. 61342

Reference Numbers Facility ID 6004253

Health Service Area 002 Planning Service Area 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	38	1	0	20	0	65
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	38	1	0	20	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	166	137
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	64	0	0	0	64
Ethnicity Unknown	0	0	0	0	0
Total	65	0	0	0	65

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	26.00
Other Health Staff	2.00
Non-Health Staff	23.00
Totals	63.00

HERITAGE MANOR - MINONK

201 LOCUST
 MINONK, IL. 61760
Reference Numbers Facility ID 6005367
 Health Service Area 002 Planning Service Area 203

Administrator

Kim Seaman

Contact Person and Telephone

Kim Seaman
 309-432-2557

Registered Agent Information

WANNEMACHER, STEVEN
 115 W. JEFFERSON ST., STE. 400
 BLOOMINGTON, IL 61701

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

Date Completed
 4/5/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	13
Mental Illness	3
Developmental Disability	1
Circulatory System	14
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	6
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	57

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	49	49	49	49	6	49	49	Residents on 1/1/2006	52
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	121
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	116
Sheltered Care	23	23	23	23	9			Residents on 12/31/2006	57
TOTAL BEDS	72	72	72	72	15	49	49		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	1715	9.6%	10405	58.2%	3292	15412	86.2%	86.2%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					6046	6046	72.0%	72.0%		
TOTALS	1715	9.6%	10405	58.2%	9338	21458	81.7%	81.7%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	0	4	4
75 to 84	6	8	0	0	0	0	0	4	6	12	18
85+	12	17	0	0	0	0	0	5	12	22	34
TOTALS	19	28	0	0	0	0	0	10	19	38	57

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.

HERITAGE MANOR - MINONK

201 LOCUST
MINONK, IL. 61760

Reference Numbers Facility ID 6005367

Health Service Area 002 Planning Service Area 203

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	4	26	0	0	13	0	43
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	14	0	14
TOTALS	4	26	0	0	27	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	152	137
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	109	90

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	43	0	0	14	57
Race Unknown	0	0	0	0	0
Total	43	0	0	14	57

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	43	0	0	14	57
Ethnicity Unknown	0	0	0	0	0
Total	43	0	0	14	57

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	19.00
Other Health Staff	4.00
Non-Health Staff	20.00
Totals	53.00

FACILITY NOTES

- E-166-05 3/21/2006 Change of ownership occurred.
- E-166-05 2/8/2006 Change of ownership exemption approved.

HERITAGE MANOR - MOUNT ZION

1225 WOODLAND DRIVE
MOUNT ZION, IL. 62549

Reference Numbers Facility ID 6010128
Health Service Area 004 Planning Service Area 115

Administrator
Margery A. Oblinger

Contact Person and Telephone

Margery A. Oblinger
217-864-2356

Registered Agent Information

WANNEMACHER, STEVEN
115 W. JEFFERSON ST., STE. 400
BLOOMINGTON, IL 61701

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	7
Mental Illness	2
Developmental Disability	1
Circulatory System	14
Respiratory System	8
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	1
Other Medical Conditions	25
Non-Medical Conditions	0
TOTALS	72

Date Completed
4/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	75	75	75	75	3	75	75	Residents on 1/1/2006	70
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	51
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	49
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	72
TOTAL BEDS	75	75	75	75	3	75	75		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	5261	19.2%	17758	64.9%	3066	26085	95.3%	95.3%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	5261	19.2%	17758	64.9%	3066	26085	95.3%	95.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	9	16	0	0	0	0	0	0	9	16	25
85+	9	28	0	0	0	0	0	0	9	28	37
TOTALS	21	51	0	0	0	0	0	0	21	51	72

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.

HERITAGE MANOR - MOUNT ZION

1225 WOODLAND DRIVE
MOUNT ZION, IL. 62549

Reference Numbers Facility ID 6010128

Health Service Area 004 Planning Service Area 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	18	41	0	0	13	0	72
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	41	0	0	13	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	153	132
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	70	0	0	0	70
Race Unknown	0	0	0	0	0
Total	72	0	0	0	72

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	2.00
Non-Health Staff	21.00
Totals	57.00

FACILITY NOTES

- E-168-05 3/21/2006 Change of ownership occurred.
- E-168-05 2/8/2006 Change of ownership exemption approved.

HERITAGE MANOR - 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

Cathleen Koch
 217-773-3377

Registered Agent Information

WANNEMACHER, STEVEN
 115 W. JEFFERSON ST., STE. 400
 BLOOMINGTON, IL 61701

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System	4
Alzheimer Disease	3
Mental Illness	7
Developmental Disability	1
Circulatory System	10
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	9
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	52

Date Completed
 4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	87	83	62	83	35	87	87	55	
Skilled Under 22	0	0	0	0	0		0	71	
Intermediate DD	0	0	0	0	0		0	74	
Sheltered Care	0	0	0	0	0		0	52	
TOTAL BEDS	87	83	62	83	35	87	87		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1683	5.3%	12200	38.4%	6188	20071	63.2%	66.3%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	1683	5.3%	12200	38.4%	6188	20071	63.2%	66.3%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	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	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	8	13	0	0	0	0	0	0	8	13	21
85+	3	19	0	0	0	0	0	0	3	19	22
TOTALS	14	38	0	0	0	0	0	0	14	38	52

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.

HERITAGE MANOR - MT STERLING

435 CAMDEN ROAD
MOUNT STERLING, IL. 62353

Reference Numbers Facility ID 6004287

Health Service Area 003 Planning 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	6	31	0	0	15	0	52
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	31	0	0	15	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	129	105
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	52	0	0	0	52
Race Unknown	0	0	0	0	0
Total	52	0	0	0	52

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	17.00
Totals	52.00

FACILITY NOTES

- E-167-05 3/21/2006 Change of ownership occurred.
- E-167-05 2/8/2006 Change of ownership exemption approved.

HERITAGE MANOR - 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

Registered Agent Information

WANNEMACHER, STEVEN
 115 W. JEFFERSON ST. STE. 400
 BLOOMINGTON, IL 61701

FACILITY OWNERSHIP
 LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System	12
Alzheimer Disease	14
Mental Illness	11
Developmental Disability	0
Circulatory System	22
Respiratory System	12
Digestive System	9
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	10
Injuries and Poisonings	20
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	137

Date Completed
 3/3/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	164	164	144	164	27	61	164	Residents on 1/1/2006	136
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	148
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	147
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	137
TOTAL BEDS	164	164	144	164	27	61	164		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	3831	17.2%	26487	44.2%	20229	50547	84.4%	84.4%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	3831	17.2%	26487	44.2%	20229	50547	84.4%	84.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	4	5	0	0	0	0	0	0	4	5	9
75 to 84	11	37	0	0	0	0	0	0	11	37	48
85+	12	65	0	0	0	0	0	0	12	65	77
TOTALS	28	109	0	0	0	0	0	0	28	109	137

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.

HERITAGE MANOR - NORMAL

509 NORTH ADELAIDE

NORMAL, IL. 61761

Reference Numbers Facility ID 6008510

Health Service Area 004 Planning Service Area 113

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	18	63	0	1	55	0	137
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	63	0	1	55	0	137

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	186	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	1	0	0	0	1
White	132	0	0	0	132
Race Unknown	1	0	0	0	1
Total	137	0	0	0	137

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	136	0	0	0	136
Ethnicity Unknown	0	0	0	0	0
Total	137	0	0	0	137

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	19.00
Certified Aides	60.00
Other Health Staff	6.00
Non-Health Staff	68.00
Totals	166.00

FACILITY NOTES

- E-160-05 3/21/2006 Change of ownership occurred.
- E-160-05 2/8/2006 Change of ownership exemption approved.

HERITAGE MANOR - 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

NANCY L. PRYOR
 217-562-2174

Registered Agent Information

WANNEMACHER, STEVE
 115 W. JEFFERSON ST, #401
 BLOOMINGTON, IL 61702

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	11
Blood Disorders	1
*Nervous System	17
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	2
Circulatory System	46
Respiratory System	7
Digestive System	3
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	10
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	121

Date Completed
 4/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	151	151	128	151	30	151	151	122	205
Skilled Under 22	0	0	0	0	0		0		206
Intermediate DD	0	0	0	0	0		0		121
Sheltered Care	0	0	0	0	0				
TOTAL BEDS	151	151	128	151	30	151	151		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	5699	10.3%	27343	49.6%	10989	44031	79.9%	79.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	5699	10.3%	27343	49.6%	10989	44031	79.9%	79.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	5	7	0	0	0	0	0	0	5	7	12
75 to 84	9	23	0	0	0	0	0	0	9	23	32
85+	13	61	0	0	0	0	0	0	13	61	74
TOTALS	28	93	0	0	0	0	0	0	28	93	121

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.

HERITAGE MANOR - PANA

1000 EAST SIXTH STREET ROAD
 PANA, IL. 62557

Reference Numbers Facility ID 6000707

Health Service Area 003 Planning Service Area 021

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	16	84	0	0	21	0	121
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	84	0	0	21	0	121

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	132	128
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	121	0	0	0	121
Race Unknown	0	0	0	0	0
Total	121	0	0	0	121

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	121	0	0	0	121
Ethnicity Unknown	0	0	0	0	0
Total	121	0	0	0	121

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	42.00
Other Health Staff	8.00
Non-Health Staff	36.00
Totals	102.00

HERITAGE MANOR - PERU

1301 21st STREET
 PERU, IL. 61354
Reference Numbers Facility ID 6004303
 Health Service Area 002 Planning Service Area 099

Administrator
 Caroline Daugherty

Contact Person and Telephone

Caroline Daugherty
 815-223-4901

Registered Agent Information

WANNEMACHER, STEVEN
 115 W. JEFFERSON ST., STE. 400
 BLOOMINGTON, IL 61701

FACILITY OWNERSHIP
 LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	2
*Nervous System	19
Alzheimer Disease	4
Mental Illness	5
Developmental Disability	0
Circulatory System	13
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	51
Non-Medical Conditions	0
TOTALS	103

Date Completed
 4/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	129	126	116	126	26	129	129	116	120
Skilled Under 22	0	0	0	0	0		0		133
Intermediate DD	0	0	0	0	0		0		103
Sheltered Care	0	0	0	0	0				
TOTAL BEDS	129	126	116	126	26	129	129		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	6030	12.8%	24810	52.7%	8350	39190	83.2%	85.2%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	6030	12.8%	24810	52.7%	8350	39190	83.2%	85.2%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	7	26	0	0	0	0	0	0	7	26	33
85+	10	52	0	0	0	0	0	0	10	52	62
TOTALS	19	84	0	0	0	0	0	0	19	84	103

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.

HERITAGE MANOR - PERU

1301 21st STREET
 PERU, IL. 61354

Reference Numbers Facility ID 6004303

Health Service Area 002 Planning Service Area 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	18	65	1	1	18	0	103
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	65	1	1	18	0	103

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	184	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	1	0	0	0	1
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	102	0	0	0	102
Race Unknown	0	0	0	0	0
Total	103	0	0	0	103

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	49.00
Other Health Staff	4.00
Non-Health Staff	10.00
Totals	89.00

FACILITY NOTES

- E-170-05 3/21/2006 Change of ownership occurred.
- E-170-05 2/8/2006 Change of ownership exemption approved.

HERITAGE MANOR - SPRINGFIELD

900 NORTH RUTLEDGE
 SPRINGFIELD, IL 62702
Reference Numbers Facility ID 6004279
 Health Service Area 003 Planning Service Area 167

Administrator
 Ruth Kopec

Contact Person and Telephone
 Ruth Kopec
 217-789-0930

Registered Agent Information
 WANNEMACHER, STEVE
 115 W. JEFFERSON ST, SUITE 401
 BLOOMINGTON, IL 61702

FACILITY OWNERSHIP
 LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

Date Completed
 4/12/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System	2
Alzheimer Disease	10
Mental Illness	3
Developmental Disability	1
Circulatory System	13
Respiratory System	4
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	7
Injuries and Poisonings	2
Other Medical Conditions	92
Non-Medical Conditions	0
TOTALS	153

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	178	177	177	176	25	129	178	Residents on 1/1/2006	164
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	630
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	641
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	153
TOTAL BEDS	178	177	177	176	25	129	178		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	11028	23.4%	32559	50.1%	14355	57942	89.2%	89.7%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	11028	23.4%	32559	50.1%	14355	57942	89.2%	89.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	7	0	0	0	0	0	0	3	7	10
75 to 84	12	37	0	0	0	0	0	0	12	37	49
85+	13	79	0	0	0	0	0	0	13	79	92
TOTALS	28	125	0	0	0	0	0	0	28	125	153

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.

HERITAGE MANOR - SPRINGFIELD900 NORTH RUTLEDGE
SPRINGFIELD, IL. 62702

Reference Numbers Facility ID 6004279

Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	24	89	0	3	37	0	153
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	89	0	3	37	0	153

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	191	164
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pac. Isl.	1	0	0	0	1
White	142	0	0	0	142
Race Unknown	0	0	0	0	0
Total	153	0	0	0	153

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	152	0	0	0	152
Ethnicity Unknown	0	0	0	0	0
Total	153	0	0	0	153

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	41.00
Other Health Staff	27.00
Non-Health Staff	21.00
Totals	125.00

HERITAGE MANOR - 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
WANNEMACHER, STEVE
115 WEST JEFFERSON ST, STE #401
BLOOMINGTON, IL 61701

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System	2
Alzheimer Disease	9
Mental Illness	15
Developmental Disability	1
Circulatory System	10
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	2
Other Medical Conditions	33
Non-Medical Conditions	0
TOTALS	84

Date Completed
3/30/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	99	93	89	93	84	15	99	99	91	55
Skilled Under 22	0	0	0	0	0	0		0		62
Intermediate DD	0	0	0	0	0	0		0		84
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	99	93	89	93	84	15	99	99		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2794	7.7%	19251	53.3%	10222	32267	89.3%	95.1%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	2794	7.7%	19251	53.3%	10222	32267	89.3%	95.1%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	2	6	0	0	0	0	0	0	2	6	8
75 to 84	8	21	0	0	0	0	0	0	8	21	29
85+	2	42	0	0	0	0	0	0	2	42	44
TOTALS	12	72	0	0	0	0	0	0	12	72	84

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.

HERITAGE MANOR - STAUNTON

215 WEST PENNSYLVANIA STREET

STAUNTON, IL. 62088

Reference Numbers Facility ID 6000715

Health Service Area 003 Planning Service Area 117

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	12	45	0	0	27	0	84
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	45	0	0	27	0	84

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	159	123
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	20.00
Other Health Staff	0.00
Non-Health Staff	21.00
Totals	51.00

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

Janette Strabala
815-672-4516

Registered Agent Information

WANNEMACHER, STEVEN
115 W. JEFFERSON ST., STE. 400
BLOOMINGTON, IL 61701

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	2
Blood Disorders	3
*Nervous System	10
Alzheimer Disease	6
Mental Illness	3
Developmental Disability	1
Circulatory System	42
Respiratory System	10
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	14
Injuries and Poisonings	3
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	117

Date Completed
4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	120	120	120	117	3	110	110	Residents on 1/1/2006	106
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	121
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	110
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	117
TOTAL BEDS	120	120	120	117	3	110	110		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	5844	14.6%	19543	48.7%	12038	37425	85.4%	85.4%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	5844	14.6%	19543	48.7%	12038	37425	85.4%	85.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	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	1	1	0	0	0	0	0	0	1	1	2
65 to 74	4	8	0	0	0	0	0	0	4	8	12
75 to 84	12	27	0	0	0	0	0	0	12	27	39
85+	8	52	0	0	0	0	0	0	8	52	60
TOTALS	25	92	0	0	0	0	0	0	25	92	117

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.

HERITAGE MANOR - STREATOR

1525 EAST MAIN STREET
STREATOR, IL. 61364

Reference Numbers Facility ID 6004311

Health Service Area 002 Planning Service Area 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	18	51	1	1	46	0	117
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	51	1	1	46	0	117

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	176	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	117	0	0	0	117
Race Unknown	0	0	0	0	0
Total	117	0	0	0	117

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	117	0	0	0	117
Ethnicity Unknown	0	0	0	0	0
Total	117	0	0	0	117

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	36.00
Other Health Staff	1.00
Non-Health Staff	31.00
Totals	85.00

FACILITY NOTES

- Bed Change 1/30/2006 Added ten nursing care beds, total now 120 nursing care beds.
- E-171-05 3/21/2006 Change of ownership occurred.
- E-171-05 2/8/2006 Change of ownership exemption approved.

HERITAGE MANOR -CARLINVILLE

1200 UNIVERSITY AVENUE
 CARLINVILLE, IL. 62626
Reference Numbers Facility ID 6000723
 Health Service Area 003 Planning Service Area 117

Administrator

Karla Smith

Contact Person and Telephone

Karla Smith
 217-854-4433

Registered Agent Information

WANNEMACHER,STEVE
 115 W. JEFFERSON ST, #401
 BLOOMINGTON , IL 61701

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System	8
Alzheimer Disease	14
Mental Illness	8
Developmental Disability	0
Circulatory System	10
Respiratory System	2
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	2
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	76

Date Completed
 4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	108	105	86	104	76	32	108	108	53	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		0		
TOTAL BEDS	108	105	86	104	76	32	108	108	96	76

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3603	9.1%	15452	39.2%	7868	26923	68.3%		70.2%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	3603	9.1%	15452	39.2%	7868	26923	68.3%		70.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	2	0	0	0	0	0	0	1	2	3
65 to 74	10	3	0	0	0	0	0	0	10	3	13
75 to 84	6	25	0	0	0	0	0	0	6	25	31
85+	5	22	0	0	0	0	0	0	5	22	27
TOTALS	24	52	0	0	0	0	0	0	24	52	76

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.

HERITAGE MANOR -CARLINVILLE

1200 UNIVERSITY AVENUE
 CARLINVILLE, IL. 62626

Reference Numbers Facility ID 6000723

Health Service Area 003 Planning Service Area 117

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	9	43	0	0	24	0	76
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	43	0	0	24	0	76

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	107
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	29.00
Other Health Staff	0.00
Non-Health Staff	28.00
Totals	72.00

HERITAGE MANOR EAST-BEARDSTOWN

1501 CANAL STREET
 BEARDSTOWN, IL. 62618
Reference Numbers Facility ID 6006480
 Health Service Area 003 Planning Service Area 017

Administrator

Pat McNeal

Contact Person and Telephone

Pat McNeal
 217-323-1900

Registered Agent Information

WANNEMACHER, STEVE
 115 W. JEFFERSON ST, #401
 BLOOMINGTON, IL 61701

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System	28
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	2
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	53

Date Completed
 4/6/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	71	69	57	59	18	71	71	58	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0	0	34	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0	0	39	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0	0	53	
TOTAL BEDS	71	69	57	59	18	71	71		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1635	6.3%	12897	49.8%	5613	20145	77.7%	80.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	1635	6.3%	12897	49.8%	5613	20145	77.7%	80.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	4	3	0	0	0	0	0	0	4	3	7
75 to 84	6	16	0	0	0	0	0	0	6	16	22
85+	4	17	0	0	0	0	0	0	4	17	21
TOTALS	15	38	0	0	0	0	0	0	15	38	53

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.

HERITAGE MANOR EAST-BEARDSTOWN1501 CANAL STREET
BEARDSTOWN, IL. 62618

Reference Numbers Facility ID 6006480

Health Service Area 003 Planning Service Area 017

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	2	39	0	1	11	0	53
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	39	0	1	11	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	114
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	20.00
Other Health Staff	4.00
Non-Health Staff	17.00
Totals	54.00

Heritage Manor of 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

Jean Strausbaugh
217-839-2171

Registered Agent Information

WANNEMACHER, STEVE
115 W. JEFFERSON ST, #401
BLOOMINGTON, IL 61701

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	2
Mental Illness	5
Developmental Disability	0
Circulatory System	17
Respiratory System	12
Digestive System	2
Genitourinary System Disorders	6
Skin Disorders	3
Musculo-skeletal Disorders	6
Injuries and Poisonings	6
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	84

Date Completed
4/4/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	118	118	87	118	84	34	118	118	Total Admissions 2006	95
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2006	81
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2006	84
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	118	118	87	118	84	34	118	118		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	4102	9.5%	16586	38.5%	8875	29563	68.6%		68.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	4102	9.5%	16586	38.5%	8875	29563	68.6%		68.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	6	10	0	0	0	0	0	0	6	10	16
75 to 84	7	27	0	0	0	0	0	0	7	27	34
85+	4	25	0	0	0	0	0	0	4	25	29
TOTALS	21	63	0	0	0	0	0	0	21	63	84

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.

Heritage Manor of Gillespie

7588 Staunton Road
 GILLESPIE, IL. 62033

Reference Numbers Facility ID 6000681

Health Service Area 003 Planning Service Area 117

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	9	48	0	1	26	0	84
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	48	0	1	26	0	84

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	123
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	25.00
Other Health Staff	0.00
Non-Health Staff	30.00
Totals	71.00

HERITAGE MANOR SOUTH-BEARDSTOWN

8306 ST. LUKES DRIVE
BEARDSTOWN, IL. 62618

Reference Numbers Facility ID 6000780
Health Service Area 003 Planning Service Area 017

Administrator
Kelly Jean Hungerford

Contact Person and Telephone

Kelly J. Hungerford
217-323-4055

Registered Agent Information

WANNEMACHER, STEVE
115 WEST JEFFERSON, #401
BLOOMINGTON, IL 61701

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System	4
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	6
Digestive System	8
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	3
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	72

Date Completed
4/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	79	79	72	79	7	79	79	Residents on 1/1/2006	72
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	133
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	133
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	72
TOTAL BEDS	79	79	72	79	7	79	79		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	2862	9.9%	13528	46.9%	7556	23946	83.0%	83.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2862	9.9%	13528	46.9%	7556	23946	83.0%	83.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	25	0	0	0	0	0	0	5	25	30
85+	7	26	0	0	0	0	0	0	7	26	33
TOTALS	15	57	0	0	0	0	0	0	15	57	72

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.

HERITAGE MANOR SOUTH-BEARDSTOWN

8306 ST. LUKES DRIVE
 BEARDSTOWN, IL. 62618

Reference Numbers Facility ID 6000780

Health Service Area 003 Planning Service Area 017

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	34	0	1	29	0	72
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	34	0	1	29	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	172	127
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	127

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	34.00
Other Health Staff	0.00
Non-Health Staff	25.00
Totals	73.00

Heritage Nursing Center

1315 Curt Drive, Box 6179
Champaign, IL 61826

Reference Numbers Facility ID 6004212
Health Service Area 004 Planning Service Area 019

Administrator

Dawn Taylor

Contact Person and Telephone

Dawn Taylor
217-352-5707

Registered Agent Information

STERN, ABRAHAM J.
10 SOUTH WACKER DRIVE, 40TH FL
CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	12
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	9
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	51

Date Completed
4/30/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	60	60	60	60	51	9	60	60	56	53
Skilled Under 22	0	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	60	60	60	60	51	9	60	60		58
										Residents on 12/31/2006
										51

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1424	6.5%	13489	61.6%	4532	19445	88.8%		88.8%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1424	6.5%	13489	61.6%	4532	19445	88.8%		88.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	6	8	0	0	0	0	0	0	6	8	14
75 to 84	5	9	0	0	0	0	0	0	5	9	14
85+	3	18	0	0	0	0	0	0	3	18	21
TOTALS	16	35	0	0	0	0	0	0	16	35	51

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.

Heritage Nursing Center

1315 Curt Drive, Box 6179

Champaign, IL. 61826

Reference Numbers Facility ID 6004212

Health Service Area 004 Planning Service Area 019

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	35	0	0	11	0	51
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	35	0	0	11	0	51

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	105	105
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	11	0	0	0	11
Hawaiian/Pac. Isl.	0	0	0	0	0
White	39	0	0	0	39
Race Unknown	0	0	0	0	0
Total	51	0	0	0	51

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	24.00
Other Health Staff	0.00
Non-Health Staff	18.00
Totals	50.00

Heritage Nursing Home

5888 North Ridge Avenue
CHICAGO, IL. 60660

Reference Numbers Facility ID 6002315
Health Service Area 006 Planning Service Area 601

Administrator

Sylvia Y. Herlihy

Contact Person and Telephone

Kathy Donohue
773-769-2626

Registered Agent Information

SHABAT, DANIEL
7520 N. LINCOLN AVENUE
LINCOLNWOOD, IL 60712

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	0
Mental Illness	79
Developmental Disability	3
Circulatory System	9
Respiratory System	0
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	108

Date Completed
4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	128	128	121	128	20	21	128	Residents on 1/1/2006	116
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	85
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	93
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	108
TOTAL BEDS	128	128	121	128	20	21	128		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	805	10.5%	38291	82.0%	2054	41150	88.1%	88.1%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	805	10.5%	38291	82.0%	2054	41150	88.1%	88.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	12	11	0	0	0	0	0	0	12	11	23
45 to 59	26	16	0	0	0	0	0	0	26	16	42
60 to 64	7	8	0	0	0	0	0	0	7	8	15
65 to 74	6	9	0	0	0	0	0	0	6	9	15
75 to 84	3	5	0	0	0	0	0	0	3	5	8
85+	4	1	0	0	0	0	0	0	4	1	5
TOTALS	58	50	0	0	0	0	0	0	58	50	108

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.

Heritage Nursing Home5888 North Ridge Avenue
CHICAGO, IL. 60660**Reference Numbers** Facility ID 6002315

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	97	0	0	5	0	108
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	97	0	0	5	0	108

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	1	0	0	0	1
Black	28	0	0	0	28
Hawaiian/Pac. Isl.	0	0	0	0	0
White	77	0	0	0	77
Race Unknown	0	0	0	0	0
Total	108	0	0	0	108

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	105	0	0	0	105
Ethnicity Unknown	0	0	0	0	0
Total	108	0	0	0	108

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	23.00
Other Health Staff	6.00
Non-Health Staff	33.00
Totals	77.00

Heritage Square

620 North Ottawa Avenue
Dixon, IL 61021

Reference Numbers Facility ID 6004337
Health Service Area 001 Planning Service Area 103

Administrator

Norman J Gross

Contact Person and Telephone

Norm Gross
815-288-2251

Registered Agent Information

REIGLE, WILLIAM
620 NORTH OTTAWA AVENUE
DIXON, IL 61021

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	16
Blood Disorders	0
*Nervous System	1
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	5
Digestive System	6
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	62

Date Completed
4/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	25	25	25	25	3	0	25	63	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0	0	9	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0	0	10	Residents on 12/31/2006
Sheltered Care	49	49	41	49	9			62	
TOTAL BEDS	74	74	66	74	12	0	25		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	1875	20.5%	6842	8717	95.5%	95.5%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					14600	14600	81.6%	81.6%		
TOTALS	0	0.0%	1875	20.5%	21442	23317	86.3%	86.3%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	0	0	0	0	0	0	1	4	1	4	5
85+	3	19	0	0	0	0	5	29	8	48	56
TOTALS	3	19	0	0	0	0	7	33	10	52	62

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.

Heritage Square

620 North Ottawa Avenue
Dixon, IL. 61021

Reference Numbers Facility ID 6004337

Health Service Area 001 Planning Service Area 103

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	4	0	7	11	0	22
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	2	37	1	40
TOTALS	0	4	0	9	48	1	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	119
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	76	74

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	22	0	0	40	62
Race Unknown	0	0	0	0	0
Total	22	0	0	40	62

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	22	0	0	40	62
Ethnicity Unknown	0	0	0	0	0
Total	22	0	0	40	62

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	24.00
Other Health Staff	0.00
Non-Health Staff	40.00
Totals	81.00

HICKORY ESTATES

RT 250 WEST
SUMNER, IL. 62466

Reference Numbers Facility ID 6004345
Health Service Area 005 Planning Service Area 101

Administrator
PETER M NARISH

Contact Person and Telephone

PETER M NARISH
618-936-2004

Registered Agent Information

STOUT, JAMES C.
324 NORTH MAIN STREET, PO BOX 8
BRIDGEPORT, IL 62417

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/29/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	15	1	16	16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	15
TOTAL BEDS	16	16	16	16	15	1	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5687	97.4%	0	5687	97.4%	97.4%	97.4%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5687	97.4%	0	5687	97.4%	97.4%	97.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	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	1	0	0	0	1	1
TOTALS	0	0	0	0	3	12	0	0	3	12	15

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.

HICKORY ESTATES

RT 250 WEST
SUMNER, IL. 62466

Reference Numbers Facility ID 6004345

Health Service Area 005 Planning Service Area 101

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	204	102
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	8.00
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	9.00

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
KAREN GUTIERREZ

Contact Person and Telephone

KAREN GUTIERREZ
708-598-4040

Registered Agent Information

STERN, ABRAHAM J.; MR.
10 SOUTH WACKER DRIVE, 40TH FL
CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	2
*Nervous System	0
Alzheimer Disease	2
Mental Illness	25
Developmental Disability	0
Circulatory System	15
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	58

Date Completed
4/2/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	74	74	68	74	58	16	13	74	61	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		0		
TOTAL BEDS	74	74	68	74	58	16	13	74		205
										Residents on 12/31/2006
										58

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	681	14.4%	20089	74.4%	868	21638	80.1%		80.1%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	681	14.4%	20089	74.4%	868	21638	80.1%		80.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	5	0	0	0	0	0	0	3	5	8
45 to 59	16	6	0	0	0	0	0	0	16	6	22
60 to 64	4	5	0	0	0	0	0	0	4	5	9
65 to 74	4	4	0	0	0	0	0	0	4	4	8
75 to 84	2	4	0	0	0	0	0	0	2	4	6
85+	2	3	0	0	0	0	0	0	2	3	5
TOTALS	31	27	0	0	0	0	0	0	31	27	58

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.

HICKORY NURSING PAVILION

9246 SOUTH ROBERTS ROAD
 HICKORY HILLS, IL. 60457

Reference Numbers Facility ID 6004352

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	54	4	0	0	0	58
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	54	4	0	0	0	58

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	25	0	0	0	25
Hawaiian/Pac. Isl.	1	0	0	0	1
White	32	0	0	0	32
Race Unknown	0	0	0	0	0
Total	58	0	0	0	58

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	58	0	0	0	58
Ethnicity Unknown	0	0	0	0	0
Total	58	0	0	0	58

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	15.00
Other Health Staff	3.00
Non-Health Staff	17.00
Totals	46.00

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

Registered Agent Information
 TENNEY,CARL
 236 NORTH WATER STREET,STE 400
 DECATUR , IL 62525

FACILITY OWNERSHIP
 NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
 4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5332	91.3%	0	5332	91.3%	91.3%	91.3%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5332	91.3%	0	5332	91.3%	91.3%	91.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	6	0	0	4	6	10
45 to 59	0	0	0	0	3	1	0	0	3	1	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	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

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.

HICKORY POINT TERRACE

260 EAST LUCILLE AVENUE

FORSYTH, IL. 62535

Reference Numbers Facility ID 6010623

Health Service Area 004 Planning Service Area 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	233
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	0.00
Non-Health Staff	10.00
Totals	12.00

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

JACOBUS,DAVE;MR.
2576 NORTH GREENWAY ROAD
CERRO GORDO , IL 61818

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/18/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	6
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	6	6	6	6	6	0	6	6	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	6
TOTAL BEDS	6	6	6	6	6	0	0	6		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			2156	98.4%	34	2190	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	2156	98.4%	34	2190	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	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	4	0	0	2	4	6

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.

Hickory Street Place3905 East Hickory Street
Decatur, IL. 62521**Reference Numbers** Facility ID 6012819

Health Service Area 004 Planning Service Area 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	166	166
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	4.00
Other Health Staff	0.00
Non-Health Staff	0.25
Totals	4.75

HIGHLAND HEALTH CARE CENTER

1450 26TH STREET
 HIGHLAND, IL. 62249
Reference Numbers Facility ID 6001663
 Health Service Area 011 Planning Service Area 119

Administrator
 Barbara Varwig

Contact Person and Telephone

Barbara Varwig
 618-654-2368

Registered Agent Information

C T CORPORATION SYSTEM
 208 SOUTH LASALLE, SUITE 814
 CHICAGO, IL 60604

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System	5
Alzheimer Disease	6
Mental Illness	19
Developmental Disability	0
Circulatory System	11
Respiratory System	11
Digestive System	12
Genitourinary System Disorders	4
Skin Disorders	3
Musculo-skeletal Disorders	2
Injuries and Poisonings	10
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	95

Date Completed
 3/26/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	128	128	115	128	95	33	82	95	101
Skilled Under 22	0	0	0	0	0	0	0	0	267
Intermediate DD	0	0	0	0	0	0	0	0	273
Sheltered Care	0	0	0	0	0	0	0	0	95
TOTAL BEDS	128	128	115	128	95	33	82	95	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	4570	15.3%	25127	72.5%	7486	37183	79.6%		79.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	4570	15.3%	25127	72.5%	7486	37183	79.6%		79.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	4	5	0	0	0	0	0	0	4	5	9
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	4	8	0	0	0	0	0	0	4	8	12
75 to 84	8	25	0	0	0	0	0	0	8	25	33
85+	14	23	0	0	0	0	0	0	14	23	37
TOTALS	33	62	0	0	0	0	0	0	33	62	95

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.

HIGHLAND HEALTH CARE CENTER1450 26TH STREET
HIGHLAND, IL. 62249

Reference Numbers Facility ID 6001663

Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	12	68	2	0	13	0	95
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	68	2	0	13	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	235	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	38.00
Other Health Staff	0.00
Non-Health Staff	43.00
Totals	104.00

HIGHLAND PARK HEALTH CARE CTR

50 PLEASANT AVENUE
HIGHWOOD, IL. 60040

Reference Numbers Facility ID 6007280
Health Service Area 008 Planning Service Area 097

Administrator

Ma. Arleen Menchavez-Siap

Contact Person and Telephone

Ma. Arleen Menchavez Siap
847-432-9142

Registered Agent Information

GUTNICKI, ABRAHAM
8320 SKOKIE BOULEVARD
SKOKIE, IL 60077

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	19
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	33
Mental Illness	13
Developmental Disability	0
Circulatory System	12
Respiratory System	8
Digestive System	4
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

Date Completed

4/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	95	95	93	95	89	6	14	95	80	124
Skilled Under 22	0	0	0	0	0	0	0	0		115
Intermediate DD	0	0	0	0	0	0	0	0		89
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	95	95	93	95	89	6	14	95		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2411	47.2%	20251	58.4%	8457	31119	89.7%		89.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2411	47.2%	20251	58.4%	8457	31119	89.7%		89.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	4	0	0	0	0	0	0	2	4	6
65 to 74	4	8	0	0	0	0	0	0	4	8	12
75 to 84	9	19	0	0	0	0	0	0	9	19	28
85+	3	37	0	0	0	0	0	0	3	37	40
TOTALS	19	70	0	0	0	0	0	0	19	70	89

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.

HIGHLAND PARK HEALTH CARE CTR

50 PLEASANT AVENUE
HIGHWOOD, IL. 60040

Reference Numbers Facility ID 6007280

Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	55	0	0	25	0	89
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	55	0	0	25	0	89

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	118
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pac. Isl.	1	0	0	0	1
White	82	0	0	0	82
Race Unknown	0	0	0	0	0
Total	89	0	0	0	89

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	21.00
Other Health Staff	8.00
Non-Health Staff	22.00
Totals	61.00

FACILITY NOTES

- Name Change 9/8/2006 Name changed from Highland Park Health Care Ctr.
- E-045-06 9/8/2006 Change of ownership occurred.
- E-045-06 7/26/2006 Change of ownership exemption approved.

HIGHLAND PARK HOSPITAL

718 GLENVIEW
 HIGHLAND PARK, IL. 60035
Reference Numbers Facility ID 6004378
 Health Service Area 008 Planning Service Area 097

Administrator

Nancy Semerdjian

Contact Person and Telephone

Lisa Garcia
 847-570-5048

Registered Agent Information

Date Completed
 4/12/2007

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Note: Reported restrictions denoted by '1'

FACILITY OWNERSHIP

OTHER NON-PROFIT

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	28	22	21	0	0	28	0	0	19	320
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	28	22	21	0	0	28	0	0	0	339

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2959	0.0%	0	0.0%	622	3581	35.0%		44.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2959	0.0%	0	0.0%	622	3581	35.0%		44.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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

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.

HIGHLAND PARK HOSPITAL

718 GLENVIEW
 HIGHLAND PARK, IL. 60035

Reference Numbers Facility ID 6004378

Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	0	0	0

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	593	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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

FACILITY NOTES

P-06-054 10/24/2006 Permit issued and completed to discontinue the 28 bed nursing care unit.

HIGHVIEW TERRACE

409 NORTH HIGH STREET
PARIS, IL. 61944

Reference Numbers Facility ID 6010359
Health Service Area 004 Planning Service Area 045

Administrator
Gregory Baumgardner

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSON, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/8/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5840	100.0%	0	5840	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	7	3	0	0	7	3	10
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	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	10	6	0	0	10	6	16

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.

HIGHVIEW TERRACE

409 NORTH HIGH STREET
 PARIS, IL. 61944

Reference Numbers Facility ID 6010359

Health Service Area 004 Planning Service Area 045

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	111	111
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	7.60
Other Health Staff	0.80
Non-Health Staff	2.00
Totals	10.65

HILLCREST HEALTHCARE CENTER

777 DRAPER
 JOLIET, IL. 60432
Reference Numbers Facility ID 6002604
 Health Service Area 009 Planning Service Area 197

Administrator
 Michael Mutterer

Contact Person and Telephone

Amy Walko
 815-727-4794

Registered Agent Information

MEGENCE,MEYER
 8320 SKOKIE BOULEVARD
 SKOKIE, IL 60077

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	20
Blood Disorders	1
*Nervous System	5
Alzheimer Disease	0
Mental Illness	76
Developmental Disability	0
Circulatory System	20
Respiratory System	7
Digestive System	8
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	1
Injuries and Poisonings	3
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	156

Date Completed
 4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	168	168	161	168	12	84	168	Residents on 1/1/2006	142
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	125
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	111
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	156
TOTAL BEDS	168	168	161	168	12	84	168		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	798	2.6%	51447	83.9%	2303	54548	89.0%	89.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	798	2.6%	51447	83.9%	2303	54548	89.0%	89.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	41	13	0	0	0	0	0	0	41	13	54
45 to 59	39	24	0	0	0	0	0	0	39	24	63
60 to 64	9	5	0	0	0	0	0	0	9	5	14
65 to 74	11	5	0	0	0	0	0	0	11	5	16
75 to 84	3	5	0	0	0	0	0	0	3	5	8
85+	1	0	0	0	0	0	0	0	1	0	1
TOTALS	104	52	0	0	0	0	0	0	104	52	156

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.

HILLCREST HEALTHCARE CENTER

777 DRAPER
 JOLIET, IL. 60432

Reference Numbers Facility ID 6002604

Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	1	154	0	0	1	0	156
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	154	0	0	1	0	156

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	126
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	1	0	0	0	1
Black	39	0	0	0	39
Hawaiian/Pac. Isl.	0	0	0	0	0
White	114	0	0	0	114
Race Unknown	0	0	0	0	0
Total	156	0	0	0	156

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	149	0	0	0	149
Ethnicity Unknown	0	0	0	0	0
Total	156	0	0	0	156

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	17.00
Certified Aides	23.00
Other Health Staff	11.00
Non-Health Staff	48.00
Totals	112.00

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

NICHOLSON,TOM
11500 E. 250TH STREET
GENESEO , IL 61262

FACILITY OWNERSHIP
COUNTY

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System	16
Alzheimer Disease	15
Mental Illness	1
Developmental Disability	0
Circulatory System	23
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	89

Date Completed
4/2/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	106	106	96	106	89	17	106	180	91	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				89
TOTAL BEDS	106	106	96	106	89	17	106	180		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1708	4.4%	16091	24.5%	15157	32956	85.2%		85.2%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1708	4.4%	16091	24.5%	15157	32956	85.2%		85.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	2	6	0	0	0	0	0	0	2	6	8
75 to 84	4	22	0	0	0	0	0	0	4	22	26
85+	14	37	0	0	0	0	0	0	14	37	51
TOTALS	21	68	0	0	0	0	0	0	21	68	89

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.

HILLCREST HOME

14688 IL HIGHWAY 82
 GENESEO, IL. 61254

Reference Numbers Facility ID 6004402

Health Service Area 010 Planning Service Area 073

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	42	0	0	41	0	89
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	42	0	0	41	0	89

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	95
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	29.00
Other Health Staff	7.00
Non-Health Staff	26.00
Totals	79.00

HILLCREST RETIREMENT VILLAGE LTD

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
 847-546-5300

Registered Agent Information

BISHOP, KARLA; MS.
 1740 NORTH CIRCUIT DRIVE
 ROUND LAKE BEACH, IL 60073

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System	12
Alzheimer Disease	16
Mental Illness	61
Developmental Disability	0
Circulatory System	16
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	129

Date Completed
 4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	142	141	135	141	129	13	0	140	137
Skilled Under 22	0	0	0	0	0	0	0	0	52
Intermediate DD	0	0	0	0	0	0	0	0	60
Sheltered Care	0	0	0	0	0	0	0	0	129
TOTAL BEDS	142	141	135	141	129	13	0	140	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	40322	78.9%	8917	49239	95.0%		95.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	40322	78.9%	8917	49239	95.0%		95.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	2	0	0	0	0	0	0	1	2	3
65 to 74	8	10	0	0	0	0	0	0	8	10	18
75 to 84	15	31	0	0	0	0	0	0	15	31	46
85+	7	50	0	0	0	0	0	0	7	50	57
TOTALS	34	95	0	0	0	0	0	0	34	95	129

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.

HILLCREST RETIREMENT VILLAGE LTD

1740 NORTH CIRCUIT DRIVE
 ROUND LAKE BEACH, IL. 60073

Reference Numbers Facility ID 6004410

Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	105	0	0	24	0	129
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	105	0	0	24	0	129

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	127	0	0	0	127
Race Unknown	0	0	0	0	0
Total	129	0	0	0	129

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	125	0	0	0	125
Ethnicity Unknown	0	0	0	0	0
Total	129	0	0	0	129

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.25
LPN's	5.00
Certified Aides	39.00
Other Health Staff	0.00
Non-Health Staff	30.00
Totals	84.25

HILLSBORO HOSP EXTENDED CARE

1200 EAST TREMONT
 HILLSBORO, IL. 62049
Reference Numbers Facility ID 6004436
 Health Service Area 003 Planning Service Area 135

Administrator
 Rex Brown

Contact Person and Telephone

Geoff Trost
 217-532-6111

Registered Agent Information

Date Completed
 4/11/2007

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	2
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	19

Note: Reported restrictions denoted by '1'

FACILITY OWNERSHIP
 HOSPITAL DISTRICT

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	Total Admissions 2006
Nursing Care	40	40	23	40	19	21	28	6	Total Discharges 2006	69
Skilled Under 22	0	0	0	0	0	0		0	Residents on 12/31/2006	19
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	40	40	23	40	19	21	28	6		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	691	6.8%	2862	130.7%	3079	6632	45.4%	45.4%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	691	6.8%	2862	130.7%	3079	6632	45.4%	45.4%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	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	1	0	0	0	0	0	0	0	1	0	1
75 to 84	1	4	0	0	0	0	0	0	1	4	5
85+	3	8	0	0	0	0	0	0	3	8	11
TOTALS	5	14	0	0	0	0	0	0	5	14	19

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.

HILLSBORO HOSP EXTENDED CARE1200 EAST TREMONT
HILLSBORO, IL. 62049

Reference Numbers Facility ID 6004436

Health Service Area 003 Planning Service Area 135

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	4	6	0	0	9	0	19
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	6	0	0	9	0	19

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	158
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	19	0	0	0	19
Total	19	0	0	0	19

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	13.00
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	25.00

HILLSBORO REHAB & HCC

1300 EAST TREMONT STREET
HILLSBORO, IL. 62049

Reference Numbers Facility ID 6004428
Health Service Area 003 Planning Service Area 135

Administrator

Carl Johnson

Contact Person and Telephone

Carl Johnson
217-532-6191

Registered Agent Information

MAHER,DANIEL
926 SOUTH 7TH
SPRINGFIELD , IL 62703

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	28
Mental Illness	0
Developmental Disability	1
Circulatory System	0
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	44
TOTALS	75

Date Completed
4/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	121	101	83	96	75	46	121	121	82	
Skilled Under 22	0	0	0	0	0	0		0	66	
Intermediate DD	0	0	0	0	0	0		0	73	
Sheltered Care	0	0	0	0	0	0		0	75	
TOTAL BEDS	121	101	83	96	75	46	121	121		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2544	5.8%	20051	45.4%	5852	28447	64.4%		77.2%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2544	5.8%	20051	45.4%	5852	28447	64.4%		77.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	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	4	0	0	0	0	0	0	3	4	7
65 to 74	5	11	0	0	0	0	0	0	5	11	16
75 to 84	8	11	0	0	0	0	0	0	8	11	19
85+	13	15	0	0	0	0	0	0	13	15	28
TOTALS	30	45	0	0	0	0	0	0	30	45	75

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.

HILLSBORO REHAB & HCC

1300 EAST TREMONT STREET
 HILLSBORO, IL. 62049

Reference Numbers Facility ID 6004428

Health Service Area 003 Planning Service Area 135

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	53	0	0	18	0	75
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	53	0	0	18	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	132	90
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	74	0	0	0	74
Race Unknown	0	0	0	0	0
Total	75	0	0	0	75

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	17.00
Totals	67.00

HILLSIDE REHABILITATION & CARE CENTER

1308 GAME FARM ROAD
YORKVILLE, IL. 60560

Reference Numbers Facility ID 6004451
Health Service Area 009 Planning Service Area 093

Administrator
NANCY TETTEMER

Contact Person and Telephone

Nancy Tettemer
630-553-5811

Registered Agent Information

HEDGES, ROBERT G.
1625 S. 6TH STREET
SPRINGFIELD, IL 62703

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	7
Blood Disorders	2
*Nervous System	4
Alzheimer Disease	0
Mental Illness	6
Developmental Disability	0
Circulatory System	27
Respiratory System	6
Digestive System	4
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	66

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	79	69	69	69	13	79	42	Residents on 1/1/2006	67
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	116
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	117
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	66
TOTAL BEDS	79	69	69	69	13	79	42		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	2448	8.5%	11087	72.3%	10309	23844	82.7%	94.7%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	2448	8.5%	11087	72.3%	10309	23844	82.7%	94.7%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	8	0	0	0	0	0	0	2	8	10
75 to 84	4	22	0	0	0	0	0	0	4	22	26
85+	5	25	0	0	0	0	0	0	5	25	30
TOTALS	11	55	0	0	0	0	0	0	11	55	66

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.

HILLSIDE REHABILITATION & CARE CENTER

1308 GAME FARM ROAD
 YORKVILLE, IL. 60560

Reference Numbers Facility ID 6004451

Health Service Area 009 Planning Service Area 093

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	33	0	0	25	0	66
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	33	0	0	25	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	144
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	26.00
Other Health Staff	3.00
Non-Health Staff	11.00
Totals	50.00

HILLTOP CONVALESCENT CENTER

910 WEST POLK STREET
CHARLESTON, IL. 61920

Reference Numbers Facility ID 6004477
Health Service Area 004 Planning Service Area 029

Administrator
Araceli M. Henson

Contact Person and Telephone

Araceli Henson
217-345-7066

Registered Agent Information

JENNINGS,JERRY
2653 WEST LAWRENCE AVE,SUITE B
SPRINGFIELD , IL 62704

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System	6
Alzheimer Disease	8
Mental Illness	3
Developmental Disability	2
Circulatory System	18
Respiratory System	7
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	3
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	70

Date Completed
4/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	108	94	81	94	70	38	25	108	74	76
Skilled Under 22	0	0	0	0	0	0		0		80
Intermediate DD	0	0	0	0	0	0		0		70
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	108	94	81	94	70	38	25	108		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	4675	51.2%	13624	34.6%	7281	25580	64.9%		74.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	4675	51.2%	13624	34.6%	7281	25580	64.9%		74.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	5	3	0	0	0	0	0	0	5	3	8
75 to 84	9	14	0	0	0	0	0	0	9	14	23
85+	2	33	0	0	0	0	0	0	2	33	35
TOTALS	19	51	0	0	0	0	0	0	19	51	70

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.

HILLTOP CONVALESCENT CENTER910 WEST POLK STREET
CHARLESTON, IL. 61920

Reference Numbers Facility ID 6004477

Health Service Area 004 Planning Service Area 029

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	15	34	0	0	21	0	70
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	34	0	0	21	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	120	100
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	68	0	0	0	68
Race Unknown	0	0	0	0	0
Total	70	0	0	0	70

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	28.00
Other Health Staff	0.00
Non-Health Staff	27.00
Totals	71.00

HILLVIEW HEALTHCARE CENTER

512 NORTH 11th STREET
VIENNA, IL. 62995

Reference Numbers Facility ID 6004485
Health Service Area 005 Planning Service Area 087

Administrator
Andrea Cossler

Contact Person and Telephone

ANDREA COSSLER
618-658-2951

Registered Agent Information

C T CORPORATION SYSTEMS
208 SOUTH LASALLE STREET
CHICAGO, IL 60604

FACILITY OWNERSHIP
LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System	2
Alzheimer Disease	9
Mental Illness	13
Developmental Disability	1
Circulatory System	12
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	50

Date Completed
4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	69	69	57	69	19	25	69	Residents on 1/1/2006	57
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	28
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	35
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	50
TOTAL BEDS	69	69	57	69	19	25	69		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1408	15.4%	10984	43.6%	5641	18033	71.6%	71.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	1408	15.4%	10984	43.6%	5641	18033	71.6%	71.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	13	0	0	0	0	0	0	1	13	14
85+	1	29	0	0	0	0	0	0	1	29	30
TOTALS	4	46	0	0	0	0	0	0	4	46	50

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.

HILLVIEW HEALTHCARE CENTER

512 NORTH 11th STREET

VIENNA, IL. 62995

Reference Numbers Facility ID 6004485

Health Service Area 005 Planning Service Area 087

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	3	29	12	0	6	0	50
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	29	12	0	6	0	50

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	89	79
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	17.00
Other Health Staff	0.00
Non-Health Staff	15.00
Totals	40.00

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

Marcia Haslett

Contact Person and Telephone

Marcia Haslett
618-488-2355

Registered Agent Information

HASLETT, MARCIA
201 BELLE STREET, P. O. BOX 79
ALHAMBRA, IL 62001

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System	1
Alzheimer Disease	11
Mental Illness	1
Developmental Disability	0
Circulatory System	21
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	6
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	52

Date Completed
4/6/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	67	67	65	67	52	15	9	67	56	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0		0	55	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0		0	59	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0		0	52	
TOTAL BEDS	67	67	65	67	52	15	9	67		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1188	36.2%	10131	41.4%	9681	21000	85.9%		85.9%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1188	36.2%	10131	41.4%	9681	21000	85.9%		85.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	1	12	0	0	0	0	0	0	1	12	13
85+	3	23	0	0	0	0	0	0	3	23	26
TOTALS	9	43	0	0	0	0	0	0	9	43	52

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	7	21	0	0	23	1	52
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	21	0	0	23	1	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	138	114
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	52	0	0	0	52
Race Unknown	0	0	0	0	0
Total	52	0	0	0	52

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	2.00
Non-Health Staff	20.00
Totals	58.00

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

Registered Agent Information

CONNELLY,ROSEMARY;SR;RSM
2916 WEST 47TH STREET
CHICAGO , IL 60632

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	53
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	2
Intermediate DD	53	53	53	53	53	0	0	53	Total Discharges 2006	2
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	53
TOTAL BEDS	53	53	53	53	53	0	0	53		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			19254	99.5%	0	19254	99.5%	99.5%	99.5%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	19254	99.5%	0	19254	99.5%	99.5%	99.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	12	26	0	0	12	26	38
45 to 59	0	0	0	0	1	13	0	0	1	13	14
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	13	40	0	0	13	40	53

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.

HOLBROOK CENTER

6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6014690

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	195	195
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pac. Isl.	0	0	1	0	1
White	0	0	49	0	49
Race Unknown	0	0	0	0	0
Total	0	0	53	0	53

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.03
LPN's	1.98
Certified Aides	50.55
Other Health Staff	10.17
Non-Health Staff	4.25
Totals	69.98

HOLLAND TERRACE

15175 STATE STREET
 SOUTH HOLLAND, IL. 60473
Reference Numbers Facility ID 6014732
 Health Service Area 007 Planning Service Area 705

Administrator

Sarah Simons

Contact Person and Telephone

Carol Nally
 309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
 115 EAST SOUTH STREET
 GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed

3/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5840	100.0%	0	5840	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	1	0	0	6	1	7
45 to 59	0	0	0	0	0	4	0	0	0	4	4
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	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

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.

HOLLAND TERRACE

15175 STATE STREET

SOUTH HOLLAND, IL. 60473

Reference Numbers Facility ID 6014732

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	16	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	0	16	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	146	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	7	0	7
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	9	0	9
White	0	0	0	0	0
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.34
LPN's	0.00
Certified Aides	7.00
Other Health Staff	0.42
Non-Health Staff	1.83
Totals	9.84

HOLLY HILL

203 WEST LAFAYETTE

ANNA, IL. 62906

Reference Numbers Facility ID 6004527

Health Service Area 005 Planning Service Area 181

Administrator

Denise Pippins

Contact Person and Telephone

Jean Bullock

618-833-3322

Registered Agent Information

MAGER,T.RICHARD

2001 WEST MAIN ST,P.O.BOX 1570

CARBONDALE , IL 62903

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed

3/7/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5840	100.0%	0	5840	100.0%	100.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	3	0	0	3	3	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	1	0	0	1	1	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	9	7	0	0	9	7	16

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.

HOLLY HILL

203 WEST LAFAYETTE

ANNA, IL. 62906

Reference Numbers Facility ID 6004527

Health Service Area 005 Planning Service Area 181

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	111	102
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	11.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	11.00

HOLY FAMILY HEALTH CENTER

2380 DEMPSTER STREET
 DES PLAINES, IL. 60016
Reference Numbers Facility ID 6004543
 Health Service Area 007 Planning Service Area 702

Administrator
 Sr. M. Elizabeth Trembczynski

Contact Person and Telephone
 Sr. M. Elizabeth Trembczynski
 847-296-3335

Registered Agent Information

TOOMEY, JOSEPH F.
 7435 W. TALCOTT AVENUE
 CHICAGO, IL 60631

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System	4
Alzheimer Disease	18
Mental Illness	24
Developmental Disability	0
Circulatory System	37
Respiratory System	16
Digestive System	8
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	12
Other Medical Conditions	2
Non-Medical Conditions	10
TOTALS	152

Date Completed
 4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	251	231	157	231	99	102	337	148	337
Skilled Under 22	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0				152
TOTAL BEDS	251	231	157	231	99	102	337		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	9516	25.6%	33035	26.9%	14167	56718	61.9%		67.3%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	9516	25.6%	33035	26.9%	14167	56718	61.9%		67.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	2	0	0	0	0	0	0	2	2	4
45 to 59	3	0	0	0	0	0	0	0	3	0	3
60 to 64	2	5	0	0	0	0	0	0	2	5	7
65 to 74	7	6	0	0	0	0	0	0	7	6	13
75 to 84	9	31	0	0	0	0	0	0	9	31	40
85+	10	75	0	0	0	0	0	0	10	75	85
TOTALS	33	119	0	0	0	0	0	0	33	119	152

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.

HOLY FAMILY HEALTH CENTER

2380 DEMPSTER STREET
DES PLAINES, IL. 60016

Reference Numbers Facility ID 6004543

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	27	83	0	3	35	4	152
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	27	83	0	3	35	4	152

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	218	186
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	148	0	0	0	148
Race Unknown	0	0	0	0	0
Total	152	0	0	0	152

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	150	0	0	0	150
Total	152	0	0	0	152

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	31.14
LPN's	3.07
Certified Aides	57.59
Other Health Staff	12.18
Non-Health Staff	48.81
Totals	154.79

FACILITY NOTES

Bed Change 4/20/2006 Discontinued 86 nursing care beds, total now 251 nursing care beds.

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
708-257-2291

Registered Agent Information

BOLAND, MICHAEL M; REV.
126 NORTH DESPLAINES STREET
CHICAGO, IL 60661

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System	6
Alzheimer Disease	28
Mental Illness	6
Developmental Disability	0
Circulatory System	29
Respiratory System	0
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	95

Date Completed
5/4/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	94
Nursing Care	99	99	99	99	95	4	0	99	Total Admissions 2006	76
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2006	75
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2006	95
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	99	99	99	99	95	4	0	99		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3432	0.0%	16876	46.7%	14467	34775	96.2%		96.2%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	3432	0.0%	16876	46.7%	14467	34775	96.2%		96.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	3	4	7
75 to 84	12	16	0	0	0	0	0	0	12	16	28
85+	6	54	0	0	0	0	0	0	6	54	60
TOTALS	21	74	0	0	0	0	0	0	21	74	95

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	40	0	0	49	0	95
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	40	0	0	49	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	236	216
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	7.00
Certified Aides	37.00
Other Health Staff	49.00
Non-Health Staff	0.00
Totals	111.00

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 x101

Registered Agent Information

1120 NORTH DIVISION
 CARTERVILLE , IL 62918

FACILITY OWNERSHIP
 GENERAL PARTNERSHIP

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	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
 3/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	Total Admissions 2006
Nursing Care	0	0	0	0	0	0	0	0	Total Discharges 2006	1
Skilled Under 22	0	0	0	0	0	0	0	0	Residents on 12/31/2006	15
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		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5566	95.3%	0	5566	95.3%	95.3%	95.3%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5566	95.3%	0	5566	95.3%	95.3%	95.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	2	0	0	4	2	6
45 to 59	0	0	0	0	4	0	0	0	4	0	4
60 to 64	0	0	0	0	4	1	0	0	4	1	5
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	3	0	0	12	3	15

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.

HOMESTEAD HOUSE

1120 North Division Street
 CARTERVILLE, IL. 62918

Reference Numbers Facility ID 6011647

Health Service Area 005 Planning Service Area 055

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	101
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	2.00
Totals	12.00

HOOPESTON COMMUNITY MEM NH

701 EAST ORANGE STREET
 HOOPESTON, IL. 60942
Reference Numbers Facility ID 6004592
 Health Service Area 004 Planning Service Area 183

Administrator
 Jackie Johnson

Contact Person and Telephone

Jackie Johnson
 217-283-5531

Registered Agent Information

LEIGH,RUSSELL;MR.
 228 E MAIN ST
 HOOPESTON , IL 60942

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	36
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	10
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	73

Date Completed
 4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	75	75	75	75	73	2	75	75	72
Skilled Under 22	0	0	0	0	0	0	0	0	44
Intermediate DD	0	0	0	0	0	0	0	0	43
Sheltered Care	0	0	0	0	0	0	0	0	73
TOTAL BEDS	75	75	75	75	73	2	75	75	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	965	3.5%	13632	49.8%	11885	26482	96.7%	96.7%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	965	3.5%	13632	49.8%	11885	26482	96.7%	96.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	5	0	0	0	0	0	0	1	5	6
75 to 84	10	20	0	0	0	0	0	0	10	20	30
85+	8	28	0	0	0	0	0	0	8	28	36
TOTALS	19	54	0	0	0	0	0	0	19	54	73

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.

HOOPESTON COMMUNITY MEM NH

701 EAST ORANGE STREET
 HOOPESTON, IL. 60942

Reference Numbers Facility ID 6004592

Health Service Area 004 Planning Service Area 183

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	3	41	0	0	29	0	73
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	41	0	0	29	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	134	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	32.00
Other Health Staff	1.00
Non-Health Staff	12.00
Totals	60.00

Hope House

106 East Second South Street
Arcola, IL. 61910

Reference Numbers Facility ID 6011563
Health Service Area 004 Planning Service Area 041

Administrator

Joshua Rieman

Contact Person and Telephone

Josh Rieman
217-268-3732

Registered Agent Information

KRCHAK,DAVID E
30 MAIN STREET, P O BOX 560
CHAMPAIGN , IL 61824

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/29/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	16	0		16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%		0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			5650	96.7%	0	5650	96.7%		96.7%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	5650	96.7%	0	5650	96.7%		96.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	1	0	0	0	1	0	1
60 to 64	0	0	0	0	2	1	0	0	2	1	3
65 to 74	0	0	0	0	1	2	0	0	1	2	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	8	8	0	0	8	8	16

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.

Hope House

106 East Second South Street
Arcola, IL. 61910

Reference Numbers Facility ID 6011563

Health Service Area 004 Planning Service Area 041

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	131	131
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	10.50
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	13.00

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 Noreuil

Contact Person and Telephone

Timothy W. Sondag, R.N. B.S.N.
309-449-4145

Registered Agent Information

ROSSI,ALFRED NELLO;DR
P O BOX 267
HOPEDALE , IL 61747

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System	2
Alzheimer Disease	27
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	46

Date Completed
3/14/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	74	52	52	52	46	28	22	96	42
Skilled Under 22	0	0	0	0	0	0	0	0	56
Intermediate DD	0	0	0	0	0	0	0	0	52
Sheltered Care	0	0	0	0	0	0	0	0	46
TOTAL BEDS	74	52	52	52	46	28	22	96	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	16819	16819	62.3%		88.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	0	0.0%	16819	16819	62.3%		88.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	7	0	0	0	0	0	0	1	7	8
85+	7	28	0	0	0	0	0	0	7	28	35
TOTALS	8	38	0	0	0	0	0	0	8	38	46

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	46	0	46
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	46	0	46

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	12.00
Certified Aides	24.00
Other Health Staff	0.00
Non-Health Staff	5.00
Totals	45.00

HUNT TERRACE

1180 SOUTH 4TH AVENUE
KANKAKEE, IL. 60901

Reference Numbers Facility ID 6012421
Health Service Area 009 Planning Service Area 091

Administrator

Anna Corso

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

Date Completed
3/7/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	14
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	14	16	2		16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0			Residents on 12/31/2006	14
TOTAL BEDS	16	16	14	16	2	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%		0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			3789	64.9%	0	3789	64.9%		64.9%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	3789	64.9%	0	3789	64.9%		64.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	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

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.

HUNT TERRACE

1180 SOUTH 4TH AVENUE
KANKAKEE, IL. 60901

Reference Numbers Facility ID 6012421

Health Service Area 009 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.19
LPN's	0.00
Certified Aides	6.58
Other Health Staff	0.79
Non-Health Staff	1.76
Totals	9.57

FACILITY NOTES

E-174-05 4/1/2006 Change of ownership occurred.
E-174-05 2/9/2006 Change of ownership exemption granted.

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

LEIBY,GAIL M.;MS.
3215 NORTH UNIVERSITY
PEORIA, IL 61604

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/2/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	15	15	15	15	14	1	15	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	14
TOTAL BEDS	15	15	15	15	14	1	15		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5459	99.7%	0	5459	99.7%	99.7%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	5459	99.7%	0	5459	99.7%	99.7%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	1	0	0	5	1	6
45 to 59	0	0	0	0	1	6	0	0	1	6	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	6	8	0	0	6	8	14

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.

HUNTER HOUSE

505 NORTHEAST PERRY STREET
PEORIA, IL. 61603

Reference Numbers Facility ID 6004659

Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	102
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	5	0	5
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	6.00
Non-Health Staff	2.00
Totals	9.00

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
 Martin J. Downs

Contact Person and Telephone

Elaine Schwass
 815-468-6581

Registered Agent Information

DUCKWORTH,TAMMY; DIRECTOR
 833 SOUTH SPRING ST,BOX 19432
 SPRINGFIELD , IL 62794

FACILITY OWNERSHIP
 STATE

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	14
Blood Disorders	0
*Nervous System	26
Alzheimer Disease	91
Mental Illness	44
Developmental Disability	0
Circulatory System	82
Respiratory System	8
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	5
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	289

Date Completed
 3/22/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK	PEAK	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2006	
Nursing Care	340	340	298	340	289	51	0	269	106
Skilled Under 22	0	0	0	0	0	0	0	86	
Intermediate DD	0	0	0	0	0	0	0	289	
Sheltered Care	0	0	0	0	0	0	0		
TOTAL BEDS	340	340	298	340	289	51	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	100510	100510	81.0%	81.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	0	0.0%	0	0.0%	100510	100510	81.0%	81.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	17	0	0	0	0	0	0	0	17	0	17
60 to 64	6	1	0	0	0	0	0	0	6	1	7
65 to 74	20	0	0	0	0	0	0	0	20	0	20
75 to 84	123	6	0	0	0	0	0	0	123	6	129
85+	108	8	0	0	0	0	0	0	108	8	116
TOTALS	274	15	0	0	0	0	0	0	274	15	289

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.

IL VETERANS HOME AT MANTENO

1 VETERANS DRIVE
MANTENO, IL. 60901

Reference Numbers Facility ID 6014948

Health Service Area 009 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	289	0	289
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	289	0	289

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	61	61
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pac. Isl.	0	0	0	0	0
White	277	0	0	0	277
Race Unknown	0	0	0	0	0
Total	289	0	0	0	289

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	289	0	0	0	289
Ethnicity Unknown	0	0	0	0	0
Total	289	0	0	0	289

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	4.00
Director of Nursing	1.00
Registered Nurses	36.00
LPN's	20.00
Certified Aides	111.00
Other Health Staff	17.00
Non-Health Staff	96.00
Totals	286.00

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

John Wingerter

Contact Person and Telephone

Tane Temple
217-222-8641 ext 202

Registered Agent Information

DUCKWORTH,TAMMY; DIRECTOR
833 SOUTH SPRING ST,BOX 19432
SPRINGFIELD , IL 62794

FACILITY OWNERSHIP

STATE

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	11
Endocrine/Metabolic	45
Blood Disorders	0
*Nervous System	26
Alzheimer Disease	67
Mental Illness	84
Developmental Disability	0
Circulatory System	155
Respiratory System	31
Digestive System	4
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	5
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	456

Date Completed
4/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	551	551	413	551	138	0	0	515	
Skilled Under 22	0	0	0	0	0		0	102	
Intermediate DD	0	0	0	0	0		0	161	
Sheltered Care	132	132	43	132	89		0	456	
TOTAL BEDS	683	683	456	683	227	0	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	108247	108247	53.8%		53.8%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					7826	7826	16.2%		16.2%	
TOTALS	0	0.0%	0	0.0%	116073	116073	46.6%		46.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	24	0	0	0	0	0	1	0	25	0	25
60 to 64	30	1	0	0	0	0	5	0	35	1	36
65 to 74	28	3	0	0	0	0	10	0	38	3	41
75 to 84	148	16	0	0	0	0	17	19	165	35	200
85+	121	31	0	0	0	0	0	2	121	33	154
TOTALS	351	51	0	0	0	0	33	21	384	72	456

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	12	401	0	413
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	43	0	43
TOTALS	0	0	0	12	444	0	456

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	187	187
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	106	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	12	0	0	1	13
Hawaiian/Pac. Isl.	0	0	0	0	0
White	401	0	0	42	443
Race Unknown	0	0	0	0	0
Total	413	0	0	43	456

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	413	0	0	43	456
Ethnicity Unknown	0	0	0	0	0
Total	413	0	0	43	456

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	4.00
Director of Nursing	1.00
Registered Nurses	47.00
LPN's	70.00
Certified Aides	146.00
Other Health Staff	11.00
Non-Health Staff	229.00
Totals	509.00

ILLINI RESTORATIVE CARE

1455 HOSPITAL ROAD
 SILVIS, IL. 61282
Reference Numbers Facility ID 6013023
 Health Service Area 010 Planning Service Area 161

Administrator

Roger Brannan

Contact Person and Telephone

Roger Brannan
 309-792-7606

Registered Agent Information

BRUHN, CHARLES E.
 1455 ILLINI DRIVE
 SILVIS, IL 61282

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	2
*Nervous System	10
Alzheimer Disease	13
Mental Illness	20
Developmental Disability	0
Circulatory System	35
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	111

Date Completed
 4/6/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	75	75	74	75	69	6	20	75	109
Skilled Under 22	0	0	0	0	0	0	0	0	490
Intermediate DD	0	0	0	0	0	0	0	0	488
Sheltered Care	45	45	44	45	42	3			111
TOTAL BEDS	120	120	118	120	111	9	20	75	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	6164	84.4%	7534	27.5%	12200	25898	94.6%	94.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					15418	15418	93.9%	93.9%	
TOTALS	6164	84.4%	7534	27.5%	27618	41316	94.3%	94.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	1	2	5	7
75 to 84	4	13	0	0	0	0	4	8	8	21	29
85+	9	38	0	0	0	0	4	24	13	62	75
TOTALS	14	55	0	0	0	0	9	33	23	88	111

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.

ILLINI RESTORATIVE CARE

1455 HOSPITAL ROAD
 SILVIS, IL. 61282

Reference Numbers Facility ID 6013023

Health Service Area 010 Planning Service Area 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance			
Nursing Care	19	22	0	0	28	0	69
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	42	0	42
TOTALS	19	22	0	0	70	0	111

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	207
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	150	130

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	69	0	0	42	111
Race Unknown	0	0	0	0	0
Total	69	0	0	42	111

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	68	0	0	42	110
Ethnicity Unknown	0	0	0	0	0
Total	69	0	0	42	111

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	34.00
Other Health Staff	4.00
Non-Health Staff	9.00
Totals	70.00

FACILITY NOTES

- Name Change 7/11/2006 Name changed from Illini Hospital Nursing Home.
- E-028-06 7/11/2006 Change of ownership occurred.
- E-028-06 6/6/2006 Change of ownership exemption approved.

ILLINOIS CHILDREN'S SCHOOL

1950 WEST ROOSEVELT ROAD
CHICAGO, IL. 60608

Reference Numbers Facility ID 9601001
Health Service Area 006 Planning Service Area 602

Administrator
Therese Manderino

Contact Person and Telephone

Therese Manderino
312-433-3121

Registered Agent Information

Date Completed
4/11/2007

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	41
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	41

FACILITY OWNERSHIP STATE

Note: Reported restrictions denoted by '1'

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	39
Skilled Under 22	48	48	44	48	41	7	0	0	Total Admissions 2006	12
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006	10
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	41
TOTAL BEDS	48	48	44	48	41	7	0	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	#Div/0!	14720	14720	84.0%	84.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	0	0.0%	14720	14720	84.0%	84.0%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	11	10	0	0	0	0	11	10	21
18 to 44	0	0	10	10	0	0	0	0	10	10	20
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	21	20	0	0	0	0	21	20	41

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.

ILLINOIS CHILDREN'S SCHOOL

1950 WEST ROOSEVELT ROAD

CHICAGO, IL. 60608

Reference Numbers Facility ID 9601001

Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	41	0	0	0	41
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	41	0	0	0	41

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	360	360
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	25	0	0	25
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	16	0	0	16
Race Unknown	0	0	0	0	0
Total	0	41	0	0	41

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	7	0	0	7
Non-Hispanic	0	34	0	0	34
Ethnicity Unknown	0	0	0	0	0
Total	0	41	0	0	41

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	10.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	11.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	1.00
Non-Health Staff	44.00
Totals	66.00

ILLINOIS KNIGHTS TEMPLAR HOME

450 FULTON STREET
PAXTON, IL. 60957

Reference Numbers Facility ID 6004675
Health Service Area 004 Planning Service Area 053

Administrator
Kathy Swan

Contact Person and Telephone

Chris Kasper
217-379-2116

Registered Agent Information

NIEMANN,JERRY
140 N. TAFT ST., P.O. BOX 146
PAXTON , IL 60957

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	2
*Nervous System	5
Alzheimer Disease	12
Mental Illness	4
Developmental Disability	0
Circulatory System	8
Respiratory System	5
Digestive System	5
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	7
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	75

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	75	75	75	75	75	0	75	52	74	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				98
TOTAL BEDS	75	75	75	75	75	0	75	52		75

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1631	6.0%	12468	65.7%	12830	26929	98.4%		98.4%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1631	6.0%	12468	65.7%	12830	26929	98.4%		98.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	1	6	0	0	0	0	0	0	1	6	7
75 to 84	7	13	0	0	0	0	0	0	7	13	20
85+	9	36	0	0	0	0	0	0	9	36	45
TOTALS	19	56	0	0	0	0	0	0	19	56	75

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.

ILLINOIS KNIGHTS TEMPLAR HOME

450 FULTON STREET
 PAXTON, IL. 60957

Reference Numbers Facility ID 6004675

Health Service Area 004 Planning Service Area 053

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	35	0	0	34	0	75
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	35	0	0	34	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	4.00
Certified Aides	21.00
Other Health Staff	0.00
Non-Health Staff	35.00
Totals	68.00

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

Registered Agent Information
CHAPIN, CHARLES A; MR
205 SOUTH 5TH STREET, SUITE 700
SPRINGFIELD, IL 62701

FACILITY OWNERSHIP
NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	14
Blood Disorders	1
*Nervous System	3
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	31
Respiratory System	3
Digestive System	4
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	67

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK	PEAK	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2006	
Nursing Care	15	15	8	15	5	10	0	0	40
Skilled Under 22	0	0	0	0	0	0	0	0	48
Intermediate DD	0	0	0	0	0	0	0	0	21
Sheltered Care	73	70	62	70	62	11			67
TOTAL BEDS	88	85	70	85	67	21	0	0	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	1895	1895	34.6%		34.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					18422	18422	69.1%		72.1%	
TOTALS	0	0.0%	0	0.0%	20317	20317	63.3%		65.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	3	12	3	12	15
85+	1	4	0	0	0	0	7	39	8	43	51
TOTALS	1	4	0	0	0	0	10	52	11	56	67

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.

Illinois Presbyterian Home

2005 West Lawrence
Springfield, IL. 62704

Reference Numbers Facility ID 6004709

Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	5	0	5
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	62	0	62
TOTALS	0	0	0	0	67	0	67

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	93	77
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	38	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	5	0	0	62	67
Race Unknown	0	0	0	0	0
Total	5	0	0	62	67

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	5	0	0	62	67
Ethnicity Unknown	0	0	0	0	0
Total	5	0	0	62	67

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.50
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.24
LPN's	4.78
Certified Aides	5.40
Other Health Staff	1.52
Non-Health Staff	13.98
Totals	29.42

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

Trish Simms

Contact Person and Telephone

Trish Simms
 618-833-6302

Registered Agent Information

DUCKWORTH,TAMMY; DIRECTOR
 833 SOUTH SPRING ST,BOX 19432
 SPRINGFIELD , IL 62794

FACILITY OWNERSHIP

STATE

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	9
Alzheimer Disease	22
Mental Illness	10
Developmental Disability	2
Circulatory System	0
Respiratory System	2
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	48

Date Completed
 4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	50	50	50	50	48	2	0	0	50	19
Skilled Under 22	0	0	0	0	0	0	0	0		21
Intermediate DD	0	0	0	0	0	0	0	0		48
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	50	50	50	50	48	2	0	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	17686	17686	96.9%		96.9%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	0	0.0%	17686	17686	96.9%		96.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	0	4	0	4
65 to 74	2	0	0	0	0	0	0	0	2	0	2
75 to 84	21	1	0	0	0	0	0	0	21	1	22
85+	20	0	0	0	0	0	0	0	20	0	20
TOTALS	47	1	0	0	0	0	0	0	47	1	48

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.

ILLINOIS VETERANS HOME AT ANNA

792 NORTH MAIN

ANNA, IL. 62906

Reference Numbers Facility ID 6014120

Health Service Area 005 Planning Service Area 181

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	48	0	48
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	48	0	48

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	31	31
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	47	0	0	0	47
Race Unknown	0	0	0	0	0
Total	48	0	0	0	48

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	47	0	0	0	47
Ethnicity Unknown	0	0	0	0	0
Total	48	0	0	0	48

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	23.00
Other Health Staff	4.00
Non-Health Staff	25.00
Totals	65.00

ILLINOIS VETERANS HOME AT LASALLE

1015 O'CONNOR
 LASALLE, IL. 61301
Reference Numbers Facility ID 6015481
 Health Service Area 002 Planning Service Area 099

Administrator
 James W. Arrington

Contact Person and Telephone

Vickie Trumpinski
 (815) 223-0303, ext 201

Registered Agent Information

DUCKWORTH,TAMMY; DIRECTOR
 833 SOUTH SPRING ST, BOX 19432
 SPRINGFIELD , IL 62794

FACILITY OWNERSHIP
 STATE

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by 'I'

Date Completed
 4/11/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	8
Blood Disorders	3
*Nervous System	11
Alzheimer Disease	31
Mental Illness	8
Developmental Disability	0
Circulatory System	25
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	98

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	120	120	106	120	98	22	0	0	101
Skilled Under 22	0	0	0	0	0	0	0	0	19
Intermediate DD	0	0	0	0	0	0	0	0	22
Sheltered Care	0	0	0	0	0	0	0	0	98
TOTAL BEDS	120	120	106	120	98	22	0	0	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	36608	36608	83.6%		83.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	0	0.0%	36608	36608	83.6%		83.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	0	0	0	0	0	0	0	4	0	4
65 to 74	7	0	0	0	0	0	0	0	7	0	7
75 to 84	44	2	0	0	0	0	0	0	44	2	46
85+	36	2	0	0	0	0	0	0	36	2	38
TOTALS	94	4	0	0	0	0	0	0	94	4	98

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.

ILLINOIS VETERANS HOME AT LASALLE

1015 O'CONOR

LASALLE, IL. 61301

Reference Numbers Facility ID 6015481

Health Service Area 002 Planning Service Area 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	98	0	98
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	98	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	219	219
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	98	0	0	0	98
Race Unknown	0	0	0	0	0
Total	98	0	0	0	98

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	40.00
Other Health Staff	9.00
Non-Health Staff	46.00
Totals	118.00

FACILITY NOTES

P-05-038

1/23/2006 Permit issued to construct an 80 bed nursing care addition.

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

Rhonda Luther

Contact Person and Telephone

Rhonda Luther
 217-422-6464

Registered Agent Information

BRINKOETTER,JOHN M.;MR.
 20 SOUTH SIDE COUNTRY CLUB
 DECATUR , IL 62521

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	11
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	9
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	16
Injuries and Poisonings	5
Other Medical Conditions	0
Non-Medical Conditions	28
TOTALS	84

Date Completed
 4/6/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	95	89	89	87	84	11	95	95	85	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0		0	78	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0		0	79	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0		0	84	
TOTAL BEDS	95	89	89	87	84	11	95	95		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	6081	17.5%	7467	21.5%	17588	31136	89.8%	95.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	6081	17.5%	7467	21.5%	17588	31136	89.8%	95.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	7	22	0	0	0	0	0	0	7	22	29
85+	2	51	0	0	0	0	0	0	2	51	53
TOTALS	10	74	0	0	0	0	0	0	10	74	84

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.

IMBODEN CREEK LIVING CENTER

180 WEST IMBODEN DRIVE
 DECATUR, IL. 62521

Reference Numbers Facility ID 6012579

Health Service Area 004 Planning Service Area 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	18	21	0	0	45	0	84
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	21	0	0	45	0	84

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	172	143
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	38.00
Other Health Staff	0.00
Non-Health Staff	34.00
Totals	91.00

IMPERIAL GROVE PAVILION

1366 WEST FULLERTON AVENUE
CHICAGO, IL. 60614

Reference Numbers Facility ID 6004733
Health Service Area 006 Planning Service Area 602

Administrator

JAN F. KAVAL

Contact Person and Telephone

JAN F. KAVAL
773-248-9300

Registered Agent Information

STERN, ABRAHAM J; MR
30 SOUTH WACKER DRIVE, STE 2900
CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	21
Blood Disorders	1
*Nervous System	25
Alzheimer Disease	59
Mental Illness	1
Developmental Disability	0
Circulatory System	0
Respiratory System	11
Digestive System	6
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	7
Other Medical Conditions	83
Non-Medical Conditions	0
TOTALS	234

Date Completed
4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	248	248	234	248	14	248	248	236	670
Skilled Under 22	0	0	0	0	0	0	0		672
Intermediate DD	0	0	0	0	0	0	0		234
Sheltered Care	0	0	0	0	0	0	0		
TOTAL BEDS	248	248	234	248	14	248	248		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	55	0.1%	146	0.2%	33	234	0.3%	0.3%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	55	0.1%	146	0.2%	33	234	0.3%	0.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	5	12	0	0	0	0	0	0	5	12	17
60 to 64	11	9	0	0	0	0	0	0	11	9	20
65 to 74	12	20	0	0	0	0	0	0	12	20	32
75 to 84	34	60	0	0	0	0	0	0	34	60	94
85+	15	54	0	0	0	0	0	0	15	54	69
TOTALS	79	155	0	0	0	0	0	0	79	155	234

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.

IMPERIAL GROVE PAVILION

1366 WEST FULLERTON AVENUE

CHICAGO, IL. 60614

Reference Numbers Facility ID 6004733

Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	55	146	13	5	15	0	234
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	55	146	13	5	15	0	234

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	62	0	0	0	62
Hawaiian/Pac. Isl.	0	0	0	0	0
White	170	0	0	0	170
Race Unknown	0	0	0	0	0
Total	234	0	0	0	234

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	17	0	0	0	17
Non-Hispanic	217	0	0	0	217
Ethnicity Unknown	0	0	0	0	0
Total	234	0	0	0	234

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	30.00
LPN's	16.00
Certified Aides	68.00
Other Health Staff	57.00
Non-Health Staff	22.00
Totals	195.00

IMPERIAL OF HAZEL CREST

3300 WEST 175TH STREET
 HAZEL CREST, IL. 60429
Reference Numbers Facility ID 6004741
 Health Service Area 007 Planning Service Area 705

Administrator

Marcita Carter

Contact Person and Telephone

Marcita Carter
 708-335-2400

Registered Agent Information

MAGENCE,MEYER
 8320 SKOKIE BOULEVARD
 SKOKIE, IL 60077

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	67
Mental Illness	77
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	15
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	177

Date Completed
 4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	204	204	177	204	177	27	204	204	139	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	204	204	177	204	177	27	204	204		177

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3771	5.1%	50703	68.1%	2390	56864	76.4%		76.4%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	3771	5.1%	50703	68.1%	2390	56864	76.4%		76.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	7	8	0	0	0	0	0	0	7	8	15
45 to 59	36	28	0	0	0	0	0	0	36	28	64
60 to 64	13	10	0	0	0	0	0	0	13	10	23
65 to 74	15	15	0	0	0	0	0	0	15	15	30
75 to 84	15	15	0	0	0	0	0	0	15	15	30
85+	3	12	0	0	0	0	0	0	3	12	15
TOTALS	89	88	0	0	0	0	0	0	89	88	177

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.

IMPERIAL OF HAZEL CREST

3300 WEST 175TH STREET

HAZEL CREST, IL. 60429

Reference Numbers Facility ID 6004741

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	7	170	0	0	0	0	177
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	170	0	0	0	0	177

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	126	119
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	112	0	0	0	112
Hawaiian/Pac. Isl.	0	0	0	0	0
White	58	0	0	0	58
Race Unknown	7	0	0	0	7
Total	177	0	0	0	177

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	170	0	0	0	170
Ethnicity Unknown	0	0	0	0	0
Total	177	0	0	0	177

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	32.00
Certified Aides	40.00
Other Health Staff	0.00
Non-Health Staff	40.00
Totals	119.00

INDEPENDENCE PLACE

1705 SOUTH PARK AVENUE
HERRIN, IL. 62948

Reference Numbers Facility ID 6011357
Health Service Area 005 Planning Service Area 199

Administrator
Gretchin Emrick

Contact Person and Telephone

James T. Dodson
618-327-9846

Registered Agent Information

DODSON,JAMES T.;MR.
15755 NIXON ROAD
NASHVILLE , IL 62263

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/29/2006

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	14
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	14	16	9	7	16	Total Discharges 2006	5
Sheltered Care	0	0	0	0	0	0		Residents on 12/31/2006	9
TOTAL BEDS	16	16	14	16	9	7	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			4106	70.3%	0	4106	70.3%	70.3%	70.3%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	4106	70.3%	0	4106	70.3%	70.3%	70.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	1	0	0	2	1	3
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	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	6	3	0	0	6	3	9

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.

INDEPENDENCE PLACE

1705 SOUTH PARK AVENUE
 HERRIN, IL. 62948

Reference Numbers Facility ID 6011357

Health Service Area 005 Planning Service Area 199

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	115	115
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	8	0	8
Race Unknown	0	0	0	0	0
Total	0	0	9	0	9

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	0.00
Non-Health Staff	0.00
Totals	9.00

INTERNATIONAL VILLAGE

4815 SOUTH WESTERN AVENUE
CHICAGO, IL. 60609

Reference Numbers Facility ID 6014617
Health Service Area 006 Planning Service Area 603

Administrator
Jo Lynn Miller-Johnson

Contact Person and Telephone

Jo Lynn Miller-Johnson
773-927-4200

Registered Agent Information

SALK,ARTHUR P
2201 WEST MAIN STREET
EVANSTON , IL 60602

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	16
Blood Disorders	5
*Nervous System	0
Alzheimer Disease	3
Mental Illness	2
Developmental Disability	0
Circulatory System	48
Respiratory System	22
Digestive System	7
Genitourinary System Disorders	18
Skin Disorders	6
Musculo-skeletal Disorders	7
Injuries and Poisonings	19
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	174

Date Completed
4/12/2006

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	218	218	174	218	44	218	218	154	258
Skilled Under 22	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0		
TOTAL BEDS	218	218	174	218	44	218	218	174	238

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	8611	10.8%	45802	57.6%	5151	59564	74.9%	74.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	8611	10.8%	45802	57.6%	5151	59564	74.9%	74.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	5	2	0	0	0	0	0	0	5	2	7
45 to 59	9	7	0	0	0	0	0	0	9	7	16
60 to 64	8	4	0	0	0	0	0	0	8	4	12
65 to 74	18	21	0	0	0	0	0	0	18	21	39
75 to 84	20	33	0	0	0	0	0	0	20	33	53
85+	10	37	0	0	0	0	0	0	10	37	47
TOTALS	70	104	0	0	0	0	0	0	70	104	174

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.

INTERNATIONAL VILLAGE

4815 SOUTH WESTERN AVENUE

CHICAGO, IL. 60609

Reference Numbers Facility ID 6014617

Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	15	152	1	0	6	0	174
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	152	1	0	6	0	174

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	126	126
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	144	0	0	0	144
Hawaiian/Pac. Isl.	0	0	0	0	0
White	30	0	0	0	30
Race Unknown	0	0	0	0	0
Total	174	0	0	0	174

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	48	0	0	0	48
Non-Hispanic	126	0	0	0	126
Ethnicity Unknown	0	0	0	0	0
Total	174	0	0	0	174

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	29.00
Certified Aides	66.00
Other Health Staff	8.00
Non-Health Staff	64.00
Totals	175.00

IONA GLOS SPECIAL LIVING CTR

50 SOUTH FAIRBANK STREET
ADDISON, IL. 60101

Reference Numbers Facility ID 6004782
Health Service Area 007 Planning Service Area 703

Administrator
Catherine Spalla

Contact Person and Telephone

Alan Blum
630-543-2440

Registered Agent Information

FICKER-TERRILL,CATHY
2801 FINLEY ROAD
DOWNERS GROVE , IL 60515

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

Date Completed
3/2/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	98
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	6
Intermediate DD	100	97	97	97	3		100	Total Discharges 2006	7
Sheltered Care	0	0	0	0	0			Residents on 12/31/2006	97
TOTAL BEDS	100	97	97	97	3	0	100		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			35404	97.0%	0	35404	97.0%	100.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	35404	97.0%	0	35404	97.0%	100.0%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	15	10	0	0	15	10	25
45 to 59	0	0	0	0	33	27	0	0	33	27	60
60 to 64	0	0	0	0	4	2	0	0	4	2	6
65 to 74	0	0	0	0	3	1	0	0	3	1	4
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	57	40	0	0	57	40	97

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.

IONA GLOS SPECIAL LIVING CTR

50 SOUTH FAIRBANK STREET

ADDISON, IL. 60101

Reference Numbers Facility ID 6004782

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	157
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	2	0	2
Amer. Indian	0	0	0	0	0
Black	0	0	10	0	10
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	85	0	85
Race Unknown	0	0	0	0	0
Total	0	0	97	0	97

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	95	0	95
Ethnicity Unknown	0	0	0	0	0
Total	0	0	97	0	97

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	4.00
Certified Aides	64.00
Other Health Staff	18.00
Non-Health Staff	0.00
Totals	97.00

IROQUOIS RESIDENT HOME

200 FAIRMAN AVENUE
WATSEKA, IL. 60970

Reference Numbers Facility ID 6004790
Health Service Area 004 Planning Service Area 075

Administrator

Sharyl Light

Contact Person and Telephone

Sharyl Light
815/432-7970

Registered Agent Information

LEURCK,STEPHEN O.
200 FAIRMAN AVENUE
WATSEKA, IL 60970

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System	1
Alzheimer Disease	2
Mental Illness	3
Developmental Disability	0
Circulatory System	15
Respiratory System	3
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	0
TOTALS	35

Date Completed
3/20/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	44	35	35	35	9	35	0	Residents on 1/1/2006	35
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	75
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	75
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	35
TOTAL BEDS	44	35	35	35	9	35	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1943	15.2%	0	0.0%	10357	12300	76.6%	96.3%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	1943	15.2%	0	0.0%	10357	12300	76.6%	96.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	3	4	0	0	0	0	0	0	3	4	7
85+	3	23	0	0	0	0	0	0	3	23	26
TOTALS	6	29	0	0	0	0	0	0	6	29	35

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.

IROQUOIS RESIDENT HOME200 FAIRMAN AVENUE
WATSEKA, IL. 60970

Reference Numbers Facility ID 6004790

Health Service Area 004 Planning Service Area 075

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	7	0	0	1	27	0	35
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	0	0	1	27	0	35

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	1.00
Non-Health Staff	2.00
Totals	34.00

JACKSON HEIGHTS NURSING HOME

10 BROOKVIEW DRIVE
FARMER CITY, IL. 61842

Reference Numbers Facility ID 6004824
Health Service Area 004 Planning Service Area 039

Administrator

Mary Kay Hirsbrunner

Contact Person and Telephone

Karen Jones
309-928-2118

Registered Agent Information

STERN, ABRAHAM J.
10 S. WACKER DRIVE, 40TH FLOOR
CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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 restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System	1
Alzheimer Disease	9
Mental Illness	1
Developmental Disability	1
Circulatory System	11
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	48

Date Completed
4/16/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	56	56	56	56	48	8	0	51	46	39
Skilled Under 22	0	0	0	0	0	0		0		37
Intermediate DD	0	0	0	0	0	0		0		48
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	56	56	56	56	48	8	0	51		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	10325	55.5%	5966	16291	79.7%		79.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	10325	55.5%	5966	16291	79.7%		79.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	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	4	5	0	0	0	0	0	0	4	5	9
75 to 84	4	10	0	0	0	0	0	0	4	10	14
85+	8	16	0	0	0	0	0	0	8	16	24
TOTALS	17	31	0	0	0	0	0	0	17	31	48

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.

JACKSON HEIGHTS NURSING HOME10 BROOKVIEW DRIVE
FARMER CITY, IL. 61842

Reference Numbers Facility ID 6004824

Health Service Area 004 Planning Service Area 039

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	29	0	0	19	0	48
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	29	0	0	19	0	48

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	149	103
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	4.00
Certified Aides	14.00
Other Health Staff	4.00
Non-Health Staff	14.00
Totals	41.00

JACKSON SQUARE NRG & REHAB CTR

5130 WEST JACKSON BOULEVARD
CHICAGO, IL. 60644

Reference Numbers Facility ID 6004832
Health Service Area 006 Planning Service Area 602

Administrator

Farhat Sharif

Contact Person and Telephone

Connie Ortega
773-921-8000

Registered Agent Information

STERN, ABRAHAM J.
10 S. WACKER DR., 40TH FLOOR
CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	18
Endocrine/Metabolic	21
Blood Disorders	9
*Nervous System	39
Alzheimer Disease	25
Mental Illness	7
Developmental Disability	1
Circulatory System	38
Respiratory System	14
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	12
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	9
TOTALS	209

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	234	234	227	234	209	25	234	234	204
Skilled Under 22	0	0	0	0	0	0	0	0	172
Intermediate DD	0	0	0	0	0	0	0	0	167
Sheltered Care	0	0	0	0	0	0	0	0	209
TOTAL BEDS	234	234	227	234	209	25	234	234	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	7312	8.6%	63384	74.2%	170	70866	83.0%	83.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	7312	8.6%	63384	74.2%	170	70866	83.0%	83.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	5	2	0	0	0	0	0	0	5	2	7
45 to 59	22	18	0	0	0	0	0	0	22	18	40
60 to 64	13	8	0	0	0	0	0	0	13	8	21
65 to 74	27	27	0	0	0	0	0	0	27	27	54
75 to 84	28	28	0	0	0	0	0	0	28	28	56
85+	7	24	0	0	0	0	0	0	7	24	31
TOTALS	102	107	0	0	0	0	0	0	102	107	209

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.

JACKSON SQUARE NRG & REHAB CTR

5130 WEST JACKSON BOULEVARD

CHICAGO, IL. 60644

Reference Numbers Facility ID 6004832

Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	183	0	1	11	0	209
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	183	0	1	11	0	209

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	114	114
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	206	0	0	0	206
Hawaiian/Pac. Isl.	0	0	0	0	0
White	3	0	0	0	3
Race Unknown	0	0	0	0	0
Total	209	0	0	0	209

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	208	0	0	0	208
Ethnicity Unknown	0	0	0	0	0
Total	209	0	0	0	209

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	28.00
Certified Aides	76.00
Other Health Staff	14.00
Non-Health Staff	33.00
Totals	165.00

JACKSONVILLE CONVALESCENT CTR

1517 WEST WALNUT STREET
 JACKSONVILLE, IL. 62650
Reference Numbers Facility ID 6004840
 Health Service Area 003 Planning Service Area 137

Administrator
 Gina R. Graham

Contact Person and Telephone
 Gina R. Graham
 217-243-6451

Registered Agent Information
 JENNINGS,JERRY
 2653 WEST LAWRENCE,SUITE B
 SPRINGFIELD , IL 62704

FACILITY OWNERSHIP
 FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System	5
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	8
Digestive System	9
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	5
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	66

Date Completed
 4/6/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	88	88	88	88	66	22	27	88	Residents on 1/1/2006	69
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	69
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006	72
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	66
TOTAL BEDS	88	88	88	88	66	22	27	88		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	4110	41.7%	15351	47.8%	4950	24411	76.0%		76.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	4110	41.7%	15351	47.8%	4950	24411	76.0%		76.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	6	4	0	0	0	0	0	0	6	4	10
75 to 84	4	16	0	0	0	0	0	0	4	16	20
85+	6	28	0	0	0	0	0	0	6	28	34
TOTALS	16	50	0	0	0	0	0	0	16	50	66

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.

JACKSONVILLE CONVALESCENT CTR

1517 WEST WALNUT STREET

JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6004840

Health Service Area 003 Planning Service Area 137

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	13	33	0	0	20	0	66
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	33	0	0	20	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	0	0	0	0	0
Total	66	0	0	0	66

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	12.00
Certified Aides	35.00
Other Health Staff	14.00
Non-Health Staff	11.00
Totals	76.00

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
217-423-4450

Registered Agent Information

KRECKMAN, ALFRED
908 NORTH MAIN ST, P O BOX 10
PARIS, IL 61944

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/3/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	15	16	2		16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0			Residents on 12/31/2006	14
TOTAL BEDS	16	16	15	16	2	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5389	92.3%	0	5389	92.3%	92.3%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	5389	92.3%	0	5389	92.3%	92.3%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	2	0	0	1	2	3
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	1	0	0	0	1	0	1
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	10	4	0	0	10	4	14

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.

James R. Thompson House

805 East Johns Street

Decatur, IL. 62521

Reference Numbers Facility ID 6004873

Health Service Area 004 Planning Service Area 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	117	117
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.19
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.14
LPN's	0.00
Certified Aides	8.53
Other Health Staff	1.00
Non-Health Staff	0.54
Totals	10.40

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

Registered Agent Information

CHEATHAM,JAMES;MR.
275 SOUTH LASALLE STREET
AURORA , IL 60505

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	5
*Nervous System	4
Alzheimer Disease	9
Mental Illness	2
Developmental Disability	0
Circulatory System	33
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	8
TOTALS	91

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	60	60	51	60	51	9	0	0	81	
Skilled Under 22	0	0	0	0	0	0		0	65	
Intermediate DD	0	0	0	0	0	0		0	55	
Sheltered Care	103	103	42	103	40	63		0	91	
TOTAL BEDS	163	163	93	163	91	72	0	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	16700	16700	76.3%		76.3%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					13827	13827	36.8%		36.8%	
TOTALS	0	0.0%	0	0.0%	30527	30527	51.3%		51.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	2	0	3	1	4
65 to 74	3	2	0	0	0	0	1	2	4	4	8
75 to 84	4	8	0	0	0	0	5	5	9	13	22
85+	5	27	0	0	0	0	5	20	10	47	57
TOTALS	13	38	0	0	0	0	13	27	26	65	91

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.

JENNINGS TERRACE

275 SOUTH LASALLE

AURORA, IL. 60505

Reference Numbers Facility ID 6004899

Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	48	3	51
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	40	0	40
TOTALS	0	0	0	0	88	3	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	139	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	52	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	1	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	51	0	0	39	90
Race Unknown	0	0	0	0	0
Total	51	0	0	40	91

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	51	0	0	40	91
Ethnicity Unknown	0	0	0	0	0
Total	51	0	0	40	91

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	26.00
Other Health Staff	4.00
Non-Health Staff	34.00
Totals	76.00

JERSEYVILLE MANOR

1251 NORTH STATE STREET
JERSEYVILLE, IL. 62052

Reference Numbers Facility ID 6013312
Health Service Area 003 Planning Service Area 083

Administrator

Dana Seymour

Contact Person and Telephone

Dana Seymour
618-498-6441

Registered Agent Information

WILSON, RONALD J
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	41
Mental Illness	4
Developmental Disability	0
Circulatory System	15
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	15
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	87

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	92	92	92	92	87	5	92	92	79	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				88
TOTAL BEDS	92	92	92	92	87	5	92	92		87

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	4206	12.5%	8994	26.8%	12546	25746	76.7%		76.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	4206	12.5%	8994	26.8%	12546	25746	76.7%		76.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	4	0	0	0	0	0	0	3	4	7
75 to 84	10	18	0	0	0	0	0	0	10	18	28
85+	11	40	0	0	0	0	0	0	11	40	51
TOTALS	25	62	0	0	0	0	0	0	25	62	87

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.

JERSEYVILLE MANOR

1251 NORTH STATE STREET
 JERSEYVILLE, IL. 62052

Reference Numbers Facility ID 6013312

Health Service Area 003 Planning Service Area 083

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	13	38	0	0	36	0	87
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	38	0	0	36	0	87

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	0.00
Non-Health Staff	33.00
Totals	82.00

FACILITY NOTES

P-06-066 12/20/2006 Permit issued to construct a 68 nursing care addition to the current facility, total will now be 160 nursing care beds.

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

Terrie Weible

Contact Person and Telephone

Terrie Weible
 618-498-6496

Registered Agent Information

WEIBLE, TERRIE
 1001 SOUTH STATE
 JERSEYVILLE, IL 62052

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System	4
Alzheimer Disease	1
Mental Illness	4
Developmental Disability	0
Circulatory System	25
Respiratory System	8
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	4
Musculo-skeletal Disorders	5
Injuries and Poisonings	14
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	95

Date Completed
 4/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	101	101	101	101	95	6	101	101	89	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		0		
TOTAL BEDS	101	101	101	101	95	6	101	101		95

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	6803	18.5%	17429	47.3%	9334	33566	91.1%		91.1%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	6803	18.5%	17429	47.3%	9334	33566	91.1%		91.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	5	6	0	0	0	0	0	0	5	6	11
75 to 84	9	26	0	0	0	0	0	0	9	26	35
85+	9	35	0	0	0	0	0	0	9	35	44
TOTALS	25	70	0	0	0	0	0	0	25	70	95

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.

JERSEYVILLE NSG & REHAB CENTER

1001 SOUTH STATE STREET
 JERSEYVILLE, IL. 62052

Reference Numbers Facility ID 6004907

Health Service Area 003 Planning Service Area 083

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	24	45	0	0	26	0	95
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	45	0	0	26	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	128	100
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	38.00
Other Health Staff	6.00
Non-Health Staff	41.00
Totals	105.00

JOHN C PROCTOR ENDOWMENT HOME

2724 WEST RESERVOIR
PEORIA, IL. 61615

Reference Numbers Facility ID 6007611
Health Service Area 002 Planning Service Area 143

Administrator

John G. Sahn

Contact Person and Telephone

John G. Sahn
309-685-6580

Registered Agent Information

TRUSTEES OF J C PROCTOR ENDOW
2724 WEST RESERVOIR
PEORIA, IL 61615

FACILITY OWNERSHIP

OTHER NON-PROFIT

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System	5
Alzheimer Disease	10
Mental Illness	4
Developmental Disability	0
Circulatory System	9
Respiratory System	4
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	44

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	59	59	56	59	44	15	59	0	52	82
Skilled Under 22	0	0	0	0	0	0	0	0	90	44
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	59	59	56	59	44	15	59	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	18347	18347	85.2%		85.2%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	0	0.0%	18347	18347	85.2%		85.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	5	0	0	0	0	0	0	3	5	8
85+	9	26	0	0	0	0	0	0	9	26	35
TOTALS	12	32	0	0	0	0	0	0	12	32	44

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.

JOHN C PROCTOR ENDOWMENT HOME

2724 WEST RESERVOIR

PEORIA, IL. 61615

Reference Numbers Facility ID 6007611

Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	44	0	44
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	44	0	44

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.60
LPN's	7.70
Certified Aides	22.20
Other Health Staff	3.50
Non-Health Staff	1.00
Totals	43.00

Joliet Terrace Operator LLC

2230 McDonough
JOLIET, IL. 60436

Reference Numbers Facility ID 6004964
Health Service Area 009 Planning Service Area 197

Administrator

Janet Cantelo

Contact Person and Telephone

Janet Cantelo
815-729-3801

Registered Agent Information

WEINFELD,AVRUM
6865 N. LINCOLN AVE
LINCOLNWOOD , IL 60712

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	15
Blood Disorders	6
*Nervous System	2
Alzheimer Disease	4
Mental Illness	33
Developmental Disability	4
Circulatory System	19
Respiratory System	11
Digestive System	6
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	117

Date Completed
4/7/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	120	120	117	120	117	3	0	120	119	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		0		
TOTAL BEDS	120	120	117	120	117	3	0	120		132
										Residents on 12/31/2006
										117

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	38278	87.4%	894	39172	89.4%		89.4%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	38278	87.4%	894	39172	89.4%		89.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	18	17	0	0	0	0	0	0	18	17	35
45 to 59	23	20	0	0	0	0	0	0	23	20	43
60 to 64	4	6	0	0	0	0	0	0	4	6	10
65 to 74	15	7	0	0	0	0	0	0	15	7	22
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	64	53	0	0	0	0	0	0	64	53	117

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.

Joliet Terrace Operator LLC

2230 McDonough
 JOLIET, IL. 60436

Reference Numbers Facility ID 6004964

Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	115	0	0	2	0	117
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	115	0	0	2	0	117

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	32	0	0	0	32
Hawaiian/Pac. Isl.	0	0	0	0	0
White	82	0	0	0	82
Race Unknown	0	0	0	0	0
Total	117	0	0	0	117

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.50
LPN's	6.00
Certified Aides	25.50
Other Health Staff	4.00
Non-Health Staff	44.00
Totals	84.00

FACILITY NOTES

- E-054-06 10/31/2006 Change of ownership occurred.
- E-054-06 8/26/2006 Change of ownership exemption approved.

JONESBORO REHABILITATION AND HEALTH CAR

ROUTE 127 SOUTH P.O. BOX B
 JONESBORO, IL. 62952
Reference Numbers Facility ID 6005433
 Health Service Area 005 Planning Service Area 181

Administrator

Sandra Adams

Contact Person and Telephone

Marikay Snyder
 309-689-5880

Registered Agent Information

SNYDER,MARIKAY L
 830 WEST TRAILCREEK DRIVE
 PEORIA, IL 61614

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System	9
Alzheimer Disease	11
Mental Illness	0
Developmental Disability	2
Circulatory System	5
Respiratory System	0
Digestive System	7
Genitourinary System Disorders	4
Skin Disorders	4
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	71

Date Completed
 4/6/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	77	77	71	77	6	19	77	56	
Skilled Under 22	0	0	0	0	0	0	0	166	
Intermediate DD	0	0	0	0	0	0	0	151	
Sheltered Care	0	0	0	0	0	0	0	71	
TOTAL BEDS	77	77	71	77	6	19	77		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2790	40.2%	16887	60.1%	4866	24543	87.3%	87.3%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	2790	40.2%	16887	60.1%	4866	24543	87.3%	87.3%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
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	4	8	0	0	0	0	0	0	4	8	12
75 to 84	5	12	0	0	0	0	0	0	5	12	17
85+	6	28	0	0	0	0	0	0	6	28	34
TOTALS	19	52	0	0	0	0	0	0	19	52	71

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.

JONESBORO REHABILITATION AND HEALTH CARE

ROUTE 127 SOUTH P.O. BOX B

JONESBORO, IL. 62952

Reference Numbers Facility ID 6005433

Health Service Area 005 Planning Service Area 181

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	9	52	0	0	10	0	71
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	52	0	0	10	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	105	91
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pac. Isl.	0	0	0	0	0
White	63	0	0	0	63
Race Unknown	0	0	0	0	0
Total	71	0	0	0	71

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	7.00
Certified Aides	21.00
Other Health Staff	0.00
Non-Health Staff	18.00
Totals	52.00

JOSHUA MANOR

120 WEST LOCUST STREET
HOYLETON, IL. 62803

Reference Numbers Facility ID 6012058
Health Service Area 005 Planning Service Area 189

Administrator

Randi Leone

Contact Person and Telephone

Dustie Hodge
618-493-6071

Registered Agent Information

ROBERTSON,LESTER E;;JR
2205 BROADWAY
MOUNT VERNON , IL 62864

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/6/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	3
Intermediate DD	16	16	15	16	15	1		16	Total Discharges 2006	3
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2006	15
TOTAL BEDS	16	16	15	16	15	1	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%		0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			5326	91.2%	0	5326	91.2%		91.2%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	5326	91.2%	0	5326	91.2%		91.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	5	5	0	0	5	5	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	7	8	0	0	7	8	15

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.

JOSHUA MANOR

120 WEST LOCUST STREET
 HOYLETON, IL. 62803

Reference Numbers Facility ID 6012058

Health Service Area 005 Planning Service Area 189

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	236	118
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	10.00
Non-Health Staff	0.00
Totals	10.00

KANKAKEE COURT

260 SOUTH CHICAGO AVENUE
KANAKKEE, IL. 60901

Reference Numbers Facility ID 6013874
Health Service Area 009 Planning Service Area 091

Administrator

Anna Corso

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/7/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	4
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	4	4	4	4	0	4	4	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	4
TOTAL BEDS	4	4	4	4	0	0	4		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			1099	75.3%	0	1099	75.3%	75.3%	75.3%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	1099	75.3%	0	1099	75.3%	75.3%	75.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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

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.

KANKAKEE COURT

260 SOUTH CHICAGO AVENUE
KANAKKEE, IL. 60901

Reference Numbers Facility ID 6013874

Health Service Area 009 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	226	226
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.09
LPN's	0.00
Certified Aides	4.11
Other Health Staff	0.25
Non-Health Staff	0.64
Totals	5.34

KANKAKEE TERRACE

100 BELLE AIRE
BOURBONNAIS, IL. 60914
Reference Numbers Facility ID 6004972
Health Service Area 009 Planning Service Area 091

Administrator

Randy LeBeau

Contact Person and Telephone

Randy LeBeau
(815) 939-0910

Registered Agent Information

WEINFELD,AVRUM
6865 N. LINCOLN AVE.
LINCOLNWOOD , IL 60712

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	146
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	146

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	146	146	146	146	0	146	146	Residents on 1/1/2006	144
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	92
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	90
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	146
TOTAL BEDS	146	146	146	146	0	146	146		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	52195	97.9%	1095	53290	100.0%	100.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	0	0.0%	52195	97.9%	1095	53290	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	29	16	0	0	0	0	0	0	29	16	45
45 to 59	50	20	0	0	0	0	0	0	50	20	70
60 to 64	7	7	0	0	0	0	0	0	7	7	14
65 to 74	5	5	0	0	0	0	0	0	5	5	10
75 to 84	1	5	0	0	0	0	0	0	1	5	6
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	92	54	0	0	0	0	0	0	92	54	146

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.

KANKAKEE TERRACE

100 BELLE AIRE
BOURBONNAIS, IL. 60914

Reference Numbers Facility ID 6004972

Health Service Area 009 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance			
Nursing Care	0	143	2	1	0	0	146
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	143	2	1	0	0	146

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	120	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	1	0	0	0	1
Black	45	0	0	0	45
Hawaiian/Pac. Isl.	0	0	0	0	0
White	98	0	0	0	98
Race Unknown	1	0	0	0	1
Total	146	0	0	0	146

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	144	0	0	0	144
Ethnicity Unknown	0	0	0	0	0
Total	146	0	0	0	146

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	33.00
Other Health Staff	16.00
Non-Health Staff	22.00
Totals	90.00

FACILITY NOTES

- E-063-06 10/31/2006 Change of ownership occurred.
- E-063-06 8/26/2006 Change of ownership exemption approved.

KANTHAK HOUSE

724 SECOND AVENUE
OTTAWA, IL. 61350

Reference Numbers Facility ID 6013270
Health Service Area 002 Planning Service Area 099

Administrator
Susan Miller-White

Contact Person and Telephone

Shawn Hribal
815-434-4443

Registered Agent Information

BLED SOE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/16/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	2
Intermediate DD	16	16	16	16	15	1	15	Total Discharges 2006	2
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	15
TOTAL BEDS	16	16	16	16	15	1	15		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5689	103.9%	0	5689	97.4%	97.4%	97.4%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5689	103.9%	0	5689	97.4%	97.4%	97.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	5	0	0	5	5	10
45 to 59	0	0	0	0	0	2	0	0	0	2	2
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	9	0	0	6	9	15

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.

KANTHAK HOUSE

724 SECOND AVENUE
OTTAWA, IL. 61350

Reference Numbers Facility ID 6013270

Health Service Area 002 Planning Service Area 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	6.29
Other Health Staff	0.74
Non-Health Staff	2.07
Totals	9.35

KATHERINE SHAW BETHEA HOSPITAL

403 EAST FIRST STREET
DIXON, IL. 61021

Reference Numbers Facility ID 6013338
Health Service Area 001 Planning Service Area 103

Administrator
Darryl Vandervort

Contact Person and Telephone

Susan Donnelly
815-285-5649

Registered Agent Information

Date Completed
4/12/2007

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
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	2
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	10

FACILITY OWNERSHIP
OTHER NON-PROFIT

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	15	15	15	15	10	5	15	0	8	
Skilled Under 22	0	0	0	0	0	0	0	0	368	
Intermediate DD	0	0	0	0	0	0	0	0	366	
Sheltered Care	0	0	0	0	0	0	0	0	10	
TOTAL BEDS	15	15	15	15	10	5	15	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2739	50.0%	0	0.0%	364	3103	56.7%	56.7%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	2739	50.0%	0	0.0%	364	3103	56.7%	56.7%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	0	1	0	0	0	0	0	0	0	1	1
75 to 84	0	3	0	0	0	0	0	0	0	3	3
85+	0	4	0	0	0	0	0	0	0	4	4
TOTALS	0	10	0	0	0	0	0	0	0	10	10

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.

KATHERINE SHAW BETHEA HOSPITAL

403 EAST FIRST STREET
 DIXON, IL. 61021

Reference Numbers Facility ID 6013338

Health Service Area 001 Planning Service Area 103

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	0	0	2	0	0	10
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	0	0	2	0	0	10

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	577	577
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	10	0	0	0	10
Race Unknown	0	0	0	0	0
Total	10	0	0	0	10

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	10	0	0	0	10
Ethnicity Unknown	0	0	0	0	0
Total	10	0	0	0	10

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.70
LPN's	2.60
Certified Aides	9.80
Other Health Staff	0.00
Non-Health Staff	1.20
Totals	20.30

KENWOOD HealthCare Center

6125 SOUTH KENWOOD
CHICAGO, IL. 60637

Reference Numbers Facility ID 6005003
Health Service Area 006 Planning Service Area 603

Administrator

Sonia Town

Contact Person and Telephone

Sheldon Wolfe
847-982-2300

Registered Agent Information

WOLFE,SHELDON
7434 NORTH SKOKIE BOULEVARD
SKOKIE , IL 60077

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	21
Blood Disorders	1
*Nervous System	7
Alzheimer Disease	22
Mental Illness	9
Developmental Disability	2
Circulatory System	48
Respiratory System	11
Digestive System	5
Genitourinary System Disorders	0
Skin Disorders	4
Musculo-skeletal Disorders	9
Injuries and Poisonings	19
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	172

Date Completed
3/27/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	318	318	209	318	172	146	64	318	209
Skilled Under 22	0	0	0	0	0	0	0	0	103
Intermediate DD	0	0	0	0	0	0	0	0	140
Sheltered Care	0	0	0	0	0	0	0	0	172
TOTAL BEDS	318	318	209	318	172	146	64	318	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	3354	14.4%	64275	55.4%	887	68516	59.0%	59.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	3354	14.4%	64275	55.4%	887	68516	59.0%	59.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	5	0	0	0	0	0	0	4	5	9
45 to 59	17	17	0	0	0	0	0	0	17	17	34
60 to 64	9	5	0	0	0	0	0	0	9	5	14
65 to 74	20	15	0	0	0	0	0	0	20	15	35
75 to 84	18	28	0	0	0	0	0	0	18	28	46
85+	7	27	0	0	0	0	0	0	7	27	34
TOTALS	75	97	0	0	0	0	0	0	75	97	172

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.

KENWOOD HealthCare Center6125 SOUTH KENWOOD
CHICAGO, IL. 60637

Reference Numbers Facility ID 6005003

Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	18	153	0	0	1	0	172
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	153	0	0	1	0	172

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	8	0	0	0	8
Black	157	0	0	0	157
Hawaiian/Pac. Isl.	0	0	0	0	0
White	5	0	0	0	5
Race Unknown	1	0	0	0	1
Total	172	0	0	0	172

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	172	0	0	0	172
Ethnicity Unknown	0	0	0	0	0
Total	172	0	0	0	172

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.53
LPN's	17.95
Certified Aides	65.51
Other Health Staff	4.44
Non-Health Staff	78.28
Totals	174.71

KEPLEY HOUSE

408 EAST WASHINGTON
PITTSFIELD, IL. 62363

Reference Numbers Facility ID 6010920
Health Service Area 003 Planning Service Area 013

Administrator

Patrick Devine

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLED SOE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/1/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5475	93.8%	365	5840	100.0%	100.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	5475	93.8%	365	5840	100.0%	100.0%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	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	4	12	0	0	4	12	16

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.

KEPLEY HOUSE

408 EAST WASHINGTON
 PITTSFIELD, IL. 62363

Reference Numbers Facility ID 6010920

Health Service Area 003 Planning Service Area 013

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	115	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	7.40
Other Health Staff	0.75
Non-Health Staff	1.80
Totals	10.20

KEWANEE CARE HOME

144 JUNIOR AVENUE
KEWANEE, IL. 61443

Reference Numbers Facility ID 6005011
Health Service Area 010 Planning Service Area 073

Administrator

Brent Morgan

Contact Person and Telephone

Marikay Snyder
309-689-5880

Registered Agent Information

SNYDER, MARIKAY L.
830 WEST TRAILCREEK DRIVE
PEORIA, IL 61614

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	12
Blood Disorders	2
*Nervous System	4
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	15
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	83

Date Completed
4/3/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	84	84	84	83	1	27	84	Residents on 1/1/2006	65
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	310
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	292
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	83
TOTAL BEDS	84	84	84	83	1	27	84		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	4009	40.7%	15730	51.3%	8050	27789	90.6%	90.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	4009	40.7%	15730	51.3%	8050	27789	90.6%	90.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	3	0	0	0	0	0	0	1	3	4
75 to 84	9	11	0	0	0	0	0	0	9	11	20
85+	14	41	0	0	0	0	0	0	14	41	55
TOTALS	25	58	0	0	0	0	0	0	25	58	83

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.

KEWANEE CARE HOME144 JUNIOR AVENUE
KEWANEE, IL. 61443

Reference Numbers Facility ID 6005011

Health Service Area 010 Planning Service Area 073

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	12	46	0	0	25	0	83
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	46	0	0	25	0	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	19.00
Other Health Staff	4.00
Non-Health Staff	24.00
Totals	61.00

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 Kay Foster

Contact Person and Telephone

Connie Foster
815-288-6691 ext. 295

Registered Agent Information

MCCLAIN,ARLAN L.;MR.
500 ANCHOR ROAD, P. O. BOX 366
DIXON , IL 61021

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	9	
Skilled Under 22	0	0	0	0	0	0	0	0	2	
Intermediate DD	10	10	10	10	10	0	10	10	1	
Sheltered Care	0	0	0	0	0	0	0	0	10	
TOTAL BEDS	10	10	10	10	10	0	0	10		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			3395	93.0%	54	3449	94.5%	94.5%	94.5%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	3395	93.0%	54	3449	94.5%	94.5%	94.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	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	4	0	0	6	4	10

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.

Kilker-Pine Acres Group Home

922 Washington Avenue
 DIXON, IL. 61021

Reference Numbers Facility ID 6007405

Health Service Area 001 Planning Service Area 103

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	129	123
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	9	0	9
Race Unknown	0	0	0	0	0
Total	0	0	10	0	10

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.05
LPN's	0.25
Certified Aides	5.10
Other Health Staff	0.00
Non-Health Staff	1.50
Totals	7.15

KING HOME

1555 OAK AVENUE
EVANSTON, IL. 60201

Reference Numbers Facility ID 6004865
Health Service Area 007 Planning Service Area 702

Administrator

David Benni

Contact Person and Telephone

Dave Benni
847-866-2110

Registered Agent Information

MULVEY,PETER S
3200 GRANT STREET
EVANSTON , IL 60201

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	8
Blood Disorders	2
*Nervous System	5
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	16
Respiratory System	4
Digestive System	3
Genitourinary System Disorders	7
Skin Disorders	2
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	60

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	18	16	16	16	14	4	0	58	
Skilled Under 22	0	0	0	0	0	0	0	12	
Intermediate DD	0	0	0	0	0	0	0	10	
Sheltered Care	90	55	49	55	46	44	0	60	
TOTAL BEDS	108	71	65	71	60	48	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	5434	5434	82.7%	93.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					16247	16247	49.5%	80.9%		
TOTALS	0	0.0%	0	0.0%	21681	21681	55.0%	83.7%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	6	0	6	0	6
75 to 84	5	0	0	0	0	0	15	0	20	0	20
85+	9	0	0	0	0	0	25	0	34	0	34
TOTALS	14	0	0	0	0	0	46	0	60	0	60

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.

KING HOME

1555 OAK AVENUE
EVANSTON, IL. 60201

Reference Numbers Facility ID 6004865

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	14	14
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	46	46
TOTALS	0	0	0	0	0	60	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	215	215
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	98	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	1	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	13	0	0	45	58
Race Unknown	0	0	0	0	0
Total	14	0	0	46	60

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	1	1
Non-Hispanic	14	0	0	45	59
Ethnicity Unknown	0	0	0	0	0
Total	14	0	0	46	60

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.60
LPN's	2.00
Certified Aides	9.40
Other Health Staff	1.00
Non-Health Staff	33.00
Totals	52.00

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
630-323-2250

Registered Agent Information

GROSS,(W.B.)MARTIN
2215 YORK ROAD, SUITE 550
OAK BROOK , IL 60523

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System	9
Alzheimer Disease	48
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	20
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	103

Date Completed
4/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	45	45	45	45	0	0	0	99	
Skilled Under 22	0	0	0	0	0	0	0	29	
Intermediate DD	0	0	0	0	0	0	0	25	
Sheltered Care	80	62	62	62	22			103	
TOTAL BEDS	125	107	107	107	22	0	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	16425	16425	100.0%		100.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					19773	19773	67.7%		87.4%	
TOTALS	0	0.0%	0	0.0%	36198	36198	79.3%		92.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	0	0	0	0	0	1	0	2	0	2
75 to 84	6	6	0	0	0	0	1	9	7	15	22
85+	9	23	0	0	0	0	10	37	19	60	79
TOTALS	16	29	0	0	0	0	12	46	28	75	103

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.

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

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	35	10	45
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	48	10	58
TOTALS	0	0	0	0	83	20	103

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	247	217
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	91	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	45	0	0	58	103
Race Unknown	0	0	0	0	0
Total	45	0	0	58	103

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	45	0	0	58	103
Ethnicity Unknown	0	0	0	0	0
Total	45	0	0	58	103

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	3.00
Certified Aides	39.00
Other Health Staff	1.00
Non-Health Staff	45.00
Totals	108.00

FACILITY NOTES

Bed Change 6/27/2006 Discontinued four sheltered care beds and added four nursing care beds, total now 49 nursing care beds and 76 sheltered care beds.

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
773-602-2660

Registered Agent Information

GOLEMBIEWSKI, ADRIENNE
725 SOUTH WELLS, SUITE 1-A
CHICAGO, IL 60607

FACILITY OWNERSHIP

NON-PROF CORPORATION

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	1
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	Total Admissions 2006
Nursing Care	0	0	0	0	0	0	0	0	Total Discharges 2006	0
Skilled Under 22	0	0	0	0	0	0	0	0	Residents on 12/31/2006	15
Intermediate DD	15	15	15	15	15	0	0	15		
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	15	15	15	15	15	0	0	15		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5391	98.5%	0	5391	98.5%	98.5%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	5391	98.5%	0	5391	98.5%	98.5%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	0	0	0	5	0	5
45 to 59	0	0	0	0	6	0	0	0	6	0	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	1	0	0	0	1	0	1
TOTALS	0	0	0	0	15	0	0	0	15	0	15

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.

KNIGHT HOUSE6600 SOUTH STEWART
CHICAGO, IL. 60621

Reference Numbers Facility ID 6005052

Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	119
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	12	0	12
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	2	0	2
Race Unknown	0	0	1	0	1
Total	0	0	15	0	15

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	0.00
Non-Health Staff	2.00
Totals	11.00

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
Marianne Wiesen

Contact Person and Telephone

Marianne Wiesen
309-289-2338

Registered Agent Information

OCCHI,JAN
KNOX COUNTY COURTHOUSE
GALESBURG , IL 61401

FACILITY OWNERSHIP
COUNTY

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System	9
Alzheimer Disease	4
Mental Illness	3
Developmental Disability	0
Circulatory System	33
Respiratory System	14
Digestive System	8
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	11
Injuries and Poisonings	17
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	133

Date Completed
4/4/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	Total Admissions 2006
Nursing Care	204	204	140	204	133	71	204	204	136	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		0		
TOTAL BEDS	204	204	140	204	133	71	204	204	133	79

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2681	3.6%	34348	46.1%	12611	49640	66.7%		66.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2681	3.6%	34348	46.1%	12611	49640	66.7%		66.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	0	0	0	0	0	0	0	3	0	3
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	8	8	0	0	0	0	0	0	8	8	16
75 to 84	7	31	0	0	0	0	0	0	7	31	38
85+	14	55	0	0	0	0	0	0	14	55	69
TOTALS	34	99	0	0	0	0	0	0	34	99	133

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.

KNOX COUNTY NURSING HOME

800 NORTH MARKET STREET
KNOXVILLE, IL. 61448

Reference Numbers Facility ID 6005060

Health Service Area 002 Planning Service Area 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	10	90	0	1	32	0	133
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	90	0	1	32	0	133

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	133	0	0	0	133
Race Unknown	0	0	0	0	0
Total	133	0	0	0	133

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	19.00
Certified Aides	36.00
Other Health Staff	5.00
Non-Health Staff	44.00
Totals	115.00

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
815-672-7611

Registered Agent Information

DEAN,JEFFREY M.
305 NORTH STERLING
STREATOR , IL 61364

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/4/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5639	96.6%	0	5639	96.6%	96.6%	96.6%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5639	96.6%	0	5639	96.6%	96.6%	96.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	2	0	0	2	2	4
45 to 59	0	0	0	0	5	6	0	0	5	6	11
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

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.

KNOX ESTATES

P.O. BOX 706 ENGLE DRIVE
STREATOR, IL. 61364

Reference Numbers Facility ID 6005078

Health Service Area 002 Planning Service Area 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	9.00
Non-Health Staff	2.00
Totals	13.00

KRYPTON		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
502 WEST 8TH STREET P.O. 709		Aggressive/Anti-Social	0	DIAGNOSIS		
METROPOLIS, IL. 62960		Chronic Alcoholism	0	Neoplasms	0	
Reference Numbers	Facility ID 6005110	Developmentally Disabled	0	Endocrine/Metabolic	0	
Health Service Area 005	Planning Service Area 087	Drug Addiction	0	Blood Disorders	0	
Administrator		Medicaid Recipient	0	*Nervous System	0	
Shel Tapp		Medicare Recipient	0	Alzheimer Disease	0	
		Mental Illness	0	Mental Illness	0	
Contact Person and Telephone		Non-Ambulatory	1	Developmental Disability	15	
James A. Keller		Non-Mobile	1	Circulatory System	0	
618-833-5070	Date Completed	Public Aid Recipient	0	Respiratory System	0	
	4/10/2007	Under 65 Years Old	0	Digestive System	0	
Registered Agent Information		Unable to Self-Medicare	0	Genitourinary System Disorders	0	
MAGER, T. RICHARD		Ventilator Dependent	1	Skin Disorders	0	
2001 W.MAIN ST., P.O. BOX 1570		Infectious Disease w/ Isolation	1	Musculo-skeletal Disorders	0	
CARBONDALE, IL 62903		Other Restrictions	0	Injuries and Poisonings	0	
		No Restrictions	0	Other Medical Conditions	0	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by 'I'</i>			Non-Medical Conditions	0
FOR-PROF CORPORATION				TOTALS	15	

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	0	0	0	0	0	0	0	0	Total Admissions 2006	5
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2006	5
Intermediate DD	16	16	16	16	15	1		16	Residents on 12/31/2006	15
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	16	16	16	16	15	1	0	16		

FACILITY UTILIZATION - 2006									
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE									
LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			5271	90.3%	0	5271	90.3%	90.3%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	0	0.0%	5271	90.3%	0	5271	90.3%	90.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006											
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	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	1	0	0	0	1	1
TOTALS	0	0	0	0	8	7	0	0	8	7	15

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.

KRYPTON

502 WEST 8TH STREET P.O. 709
 METROPOLIS, IL. 62960

Reference Numbers Facility ID 6005110

Health Service Area 005 Planning Service Area 087

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	103
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	9.00
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	11.00

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

Carol Nally
 309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
 115 EAST SOUTH STREET
 GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
 3/6/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	6
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	6	6	6	6	0	6	6	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	6
TOTAL BEDS	6	6	6	6	0	0	6		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			2190	100.0%	0	2190	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	2190	100.0%	0	2190	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	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	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	2	0	0	4	2	6

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.

LAFAYETTE TERRACE

826 WEST LAFAYETTE

JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6013767

Health Service Area 003 Planning Service Area 137

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	175	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	6.30
Other Health Staff	0.25
Non-Health Staff	1.00
Totals	7.80

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
Scott Bowles

Contact Person and Telephone

Marikay Snyder
309-691-8113

Registered Agent Information

HOWD,JEFFERY G
101 NORTH B" STREET

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	5
Mental Illness	1
Developmental Disability	0
Circulatory System	5
Respiratory System	0
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	27

Date Completed
4/24/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	45	45	27	45	27	18	0	47	30
Skilled Under 22	0	0	0	0	0	0	0	0	19
Intermediate DD	0	0	0	0	0	0	0	0	22
Sheltered Care	0	0	0	0	0	0	0	0	27
TOTAL BEDS	45	45	27	45	27	18	0	47	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	7019	40.9%	4116	11135	67.8%	67.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	0	0.0%	7019	40.9%	4116	11135	67.8%	67.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	4	0	0	0	0	0	0	0	4	4
75 to 84	2	6	0	0	0	0	0	0	2	6	8
85+	3	11	0	0	0	0	0	0	3	11	14
TOTALS	5	22	0	0	0	0	0	0	5	22	27

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	20	0	0	7	0	27
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	20	0	0	7	0	27

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	12.00
Other Health Staff	1.00
Non-Health Staff	14.00
Totals	36.00

LAKE COOK TERRACE NURSING CTR

263 SKOKIE BOULEVARD
 NORTHBROOK, IL. 60062
Reference Numbers Facility ID 6003412
 Health Service Area 007 Planning Service Area 702

Administrator
 shelley martinez

Contact Person and Telephone

Shelley martinez
 847-564-0505

Registered Agent Information

WEINTRAUB,GARY A.
 465 CENTRAL AVENUE, SUITE 100
 NORTHFIELD , IL 60093

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

Date Completed
 3/22/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	5
*Nervous System	18
Alzheimer Disease	5
Mental Illness	9
Developmental Disability	2
Circulatory System	23
Respiratory System	29
Digestive System	18
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	127

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	134	134	134	134	7	35	134	113	475
Skilled Under 22	0	0	0	0	0		0		461
Intermediate DD	0	0	0	0	0		0		127
Sheltered Care	0	0	0	0	0				
TOTAL BEDS	134	134	134	134	7	35	134		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	2529	19.8%	39128	80.0%	3183	44840	91.7%	91.7%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	2529	19.8%	39128	80.0%	3183	44840	91.7%	91.7%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	5	3	0	0	0	0	0	0	5	3	8
45 to 59	27	22	0	0	0	0	0	0	27	22	49
60 to 64	6	5	0	0	0	0	0	0	6	5	11
65 to 74	10	10	0	0	0	0	0	0	10	10	20
75 to 84	15	13	0	0	0	0	0	0	15	13	28
85+	3	8	0	0	0	0	0	0	3	8	11
TOTALS	66	61	0	0	0	0	0	0	66	61	127

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.

LAKE COOK TERRACE NURSING CTR263 SKOKIE BOULEVARD
NORTHBROOK, IL. 60062

Reference Numbers Facility ID 6003412

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	115	1	0	5	0	127
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	115	1	0	5	0	127

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	148
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pac. Isl.	0	0	0	0	0
White	117	0	0	0	117
Race Unknown	0	0	0	0	0
Total	127	0	0	0	127

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	116	0	0	0	116
Ethnicity Unknown	0	0	0	0	0
Total	127	0	0	0	127

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	46.00
Other Health Staff	16.00
Non-Health Staff	36.00
Totals	118.00

LAKE FOREST HOSP-WESTMORELAND

660 NORTH WESTMORELAND ROAD
LAKE FOREST, IL. 60045

Reference Numbers Facility ID 6005151
Health Service Area 008 Planning Service Area 097

Administrator
none

Contact Person and Telephone

Karen Forchette
847-535-6746

Registered Agent Information

Date Completed
4/12/2007

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	8
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	2
Other Medical Conditions	9
Non-Medical Conditions	2
TOTALS	53

FACILITY OWNERSHIP
OTHER NON-PROFIT

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	98	88	72	88	53	45	12	0	60
Skilled Under 22	0	0	0	0	0	0		0	555
Intermediate DD	0	0	0	0	0	0		0	562
Sheltered Care	0	0	0	0	0	0		0	53
TOTAL BEDS	98	88	72	88	53	45	12	0	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3931	89.7%	0	0.0%	18608	22539	63.0%		70.2%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	3931	89.7%	0	0.0%	18608	22539	63.0%		70.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	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	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	7	10	0	0	0	0	0	0	7	10	17
85+	12	20	0	0	0	0	0	0	12	20	32
TOTALS	20	33	0	0	0	0	0	0	20	33	53

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.

LAKE FOREST HOSP-WESTMORELAND

660 NORTH WESTMORELAND ROAD

LAKE FOREST, IL. 60045

Reference Numbers Facility ID 6005151

Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	4	0	0	2	47	0	53
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	0	0	2	47	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	267	207
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.90
LPN's	1.40
Certified Aides	29.90
Other Health Staff	7.50
Non-Health Staff	1.35
Totals	56.05

LAKE FOREST PLACE

1100 PEMBRIDGE DRIVE
LAKE FOREST, IL. 60045

Reference Numbers Facility ID 6015457
Health Service Area 008 Planning Service Area 097

Administrator

Kathleen T. Young

Contact Person and Telephone

Kathleen T. Young
847-604-6701

Registered Agent Information

MULVEY,PETER S
3200 GRANT STREET
EVANSTON , IL 60201

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	6
Alzheimer Disease	17
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	16
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	54

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	63	63	63	63	54	9	63	63	50	619
Skilled Under 22	0	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	63	63	63	63	54	9	63	63		615
									Residents on 12/31/2006	54

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	4007	17.4%	0	0.0%	15594	19601	85.2%	85.2%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	4007	17.4%	0	0.0%	15594	19601	85.2%	85.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	0	1	2	3
75 to 84	1	11	0	0	0	0	0	0	1	11	12
85+	12	26	0	0	0	0	0	0	12	26	38
TOTALS	14	40	0	0	0	0	0	0	14	40	54

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.

LAKE FOREST PLACE

1100 PEMBRIDGE DRIVE
LAKE FOREST, IL. 60045

Reference Numbers Facility ID 6015457

Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	0	0	0	38	0	54
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	0	0	0	38	0	54

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	322	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	54	0	0	0	54
Race Unknown	0	0	0	0	0
Total	54	0	0	0	54

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.40
Director of Nursing	1.00
Registered Nurses	16.20
LPN's	2.00
Certified Aides	30.80
Other Health Staff	4.00
Non-Health Staff	6.00
Totals	61.40

LAKE PARK CENTER

919 WASHINGTON PARK
WAUKEGAN, IL. 60085

Reference Numbers Facility ID 6009807
Health Service Area 008 Planning Service Area 097

Administrator
Robert B. Livings

Contact Person and Telephone

Lynda Bogdala
847-623-9100

Registered Agent Information

ESFORMES,MORRIS;MR.
6865 N. LINCOLN AVE.
LINCOLNWOOD , IL 60712

FACILITY OWNERSHIP
LIMITED PARTNERSHIP

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	206
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	208

Date Completed
4/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	210	210	210	210	208	2	0	210	210
Skilled Under 22	0	0	0	0	0	0	0	0	130
Intermediate DD	0	0	0	0	0	0	0	0	132
Sheltered Care	0	0	0	0	0	0	0	0	208
TOTAL BEDS	210	210	210	210	208	2	0	210	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	74700	97.5%	1027	75727	98.8%	98.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	0	0.0%	74700	97.5%	1027	75727	98.8%	98.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	52	16	0	0	0	0	0	0	52	16	68
45 to 59	68	31	0	0	0	0	0	0	68	31	99
60 to 64	12	8	0	0	0	0	0	0	12	8	20
65 to 74	14	2	0	0	0	0	0	0	14	2	16
75 to 84	2	3	0	0	0	0	0	0	2	3	5
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	148	60	0	0	0	0	0	0	148	60	208

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.

LAKE PARK CENTER919 WASHINGTON PARK
WAUKEGAN, IL. 60085

Reference Numbers Facility ID 6009807

Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	204	3	0	1	0	208
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	204	3	0	1	0	208

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	11	0	0	0	11
Amer. Indian	0	0	0	0	0
Black	28	0	0	0	28
Hawaiian/Pac. Isl.	1	0	0	0	1
White	168	0	0	0	168
Race Unknown	0	0	0	0	0
Total	208	0	0	0	208

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	16	0	0	0	16
Non-Hispanic	192	0	0	0	192
Ethnicity Unknown	0	0	0	0	0
Total	208	0	0	0	208

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	43.00
Other Health Staff	17.00
Non-Health Staff	36.00
Totals	115.00

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

James Farlee

Contact Person and Telephone

Joanne Ventrella
773-973-7200

Registered Agent Information

ZUNG,LAURENCE
3520 WEST THORNDALE
CHICAGO, IL 60659

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	13
Endocrine/Metabolic	53
Blood Disorders	27
*Nervous System	12
Alzheimer Disease	23
Mental Illness	34
Developmental Disability	4
Circulatory System	5
Respiratory System	18
Digestive System	7
Genitourinary System Disorders	2
Skin Disorders	3
Musculo-skeletal Disorders	15
Injuries and Poisonings	6
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	223

Date Completed
4/13/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	313	306	223	306	223	90	313	313	214
Skilled Under 22	0	0	0	0	0	0	0	0	259
Intermediate DD	0	0	0	0	0	0	0	0	250
Sheltered Care	0	0	0	0	0	0	0	0	223
TOTAL BEDS	313	306	223	306	223	90	313	313	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	9632	8.4%	63369	55.5%	7507	80508	70.5%	72.1%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	9632	8.4%	63369	55.5%	7507	80508	70.5%	72.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	2	0	0	0	0	0	0	2	2	4
45 to 59	16	13	0	0	0	0	0	0	16	13	29
60 to 64	21	25	0	0	0	0	0	0	21	25	46
65 to 74	18	34	0	0	0	0	0	0	18	34	52
75 to 84	22	30	0	0	0	0	0	0	22	30	52
85+	21	19	0	0	0	0	0	0	21	19	40
TOTALS	100	123	0	0	0	0	0	0	100	123	223

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	37	143	33	5	5	0	223
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	37	143	33	5	5	0	223

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	185
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	38	0	0	0	38
Amer. Indian	0	0	0	0	0
Black	88	0	0	0	88
Hawaiian/Pac. Isl.	0	0	0	0	0
White	97	0	0	0	97
Race Unknown	0	0	0	0	0
Total	223	0	0	0	223

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	213	0	0	0	213
Ethnicity Unknown	0	0	0	0	0
Total	223	0	0	0	223

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	36.00
LPN's	9.00
Certified Aides	86.00
Other Health Staff	0.00
Non-Health Staff	74.00
Totals	210.00

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

Registered Agent Information

MAINZER,JAMES M
20 SOUTH CLARK STREET,STE 2301
CHICAGO , IL 60603

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	8
Alzheimer Disease	0
Mental Illness	57
Developmental Disability	0
Circulatory System	9
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	88

Date Completed
5/3/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	99	99	88	99	88	11	99	99	54	85
Skilled Under 22	0	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	99	99	88	99	88	11	99	99	51	88

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1849	5.1%	17232	47.7%	1554	20635	57.1%		57.1%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1849	5.1%	17232	47.7%	1554	20635	57.1%		57.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	9	4	0	0	0	0	0	0	9	4	13
45 to 59	15	10	0	0	0	0	0	0	15	10	25
60 to 64	7	4	0	0	0	0	0	0	7	4	11
65 to 74	3	9	0	0	0	0	0	0	3	9	12
75 to 84	8	5	0	0	0	0	0	0	8	5	13
85+	6	8	0	0	0	0	0	0	6	8	14
TOTALS	48	40	0	0	0	0	0	0	48	40	88

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.

LAKEFRONT NURSING & REHAB CENTER

7618 NORTH SHERIDAN ROAD

CHICAGO, IL. 60626

Reference Numbers Facility ID 6005169

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	9	75	3	0	1	0	88
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	75	3	0	1	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	120	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	25	0	0	0	25
Hawaiian/Pac. Isl.	0	0	0	0	0
White	63	0	0	0	63
Race Unknown	0	0	0	0	0
Total	88	0	0	0	88

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	87	0	0	0	87
Ethnicity Unknown	0	0	0	0	0
Total	88	0	0	0	88

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	21.00
Other Health Staff	7.00
Non-Health Staff	13.00
Totals	55.00

FACILITY NOTES

E-005-06 3/31/2006 Change of ownership occurred.
E-005-06 2/11/2006 Change of ownership exemption granted.

LAKELAND REHAB & HCC

800 WEST TEMPLE STREET
EFFINGHAM, IL. 62401

Reference Numbers Facility ID 6005185
Health Service Area 005 Planning Service Area 049

Administrator
Stephen Hopkins

Contact Person and Telephone

Susan Watson
217-342-2171

Registered Agent Information

MAHER,DANIEL
926 SOUTH SEVENTH
SPRINGFIELD , IL 62703

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	18
Blood Disorders	1
*Nervous System	11
Alzheimer Disease	23
Mental Illness	1
Developmental Disability	0
Circulatory System	27
Respiratory System	8
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	9
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	111

Date Completed
4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	141	125	118	125	111	30	141	141	103	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				111
TOTAL BEDS	141	125	118	125	111	30	141	141		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	7178	13.9%	20064	39.0%	13078	40320	78.3%		88.4%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	7178	13.9%	20064	39.0%	13078	40320	78.3%		88.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	2	0	0	0	0	0	0	2	2	4
65 to 74	7	5	0	0	0	0	0	0	7	5	12
75 to 84	9	28	0	0	0	0	0	0	9	28	37
85+	7	46	0	0	0	0	0	0	7	46	53
TOTALS	27	84	0	0	0	0	0	0	27	84	111

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.

LAKELAND REHAB & HCC

800 WEST TEMPLE STREET
EFFINGHAM, IL. 62401

Reference Numbers Facility ID 6005185

Health Service Area 005 Planning Service Area 049

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	19	56	0	1	35	0	111
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	56	0	1	35	0	111

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	129	109
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	111	0	0	0	111
Race Unknown	0	0	0	0	0
Total	111	0	0	0	111

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	111	0	0	0	111
Total	111	0	0	0	111

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	31.00
Other Health Staff	25.00
Non-Health Staff	0.00
Totals	74.00

LAKEVIEW LIVING CENTER

7270 SOUTH SHORE DRIVE
CHICAGO, IL. 60649

Reference Numbers Facility ID 6009021
Health Service Area 006 Planning Service Area 603

Administrator

John Mirecki

Contact Person and Telephone

John Mirecki
773-721-7700

Registered Agent Information

EVERSON,VINCENT M
2020 W WAR MEMORIAL DR,STE 103
PEORIA , IL 61614

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/2/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	124
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	145	145	124	145	92	53		145	Total Discharges 2006	32
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2006	92
TOTAL BEDS	145	145	124	145	92	53	0	145		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%		0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			37433	70.7%	365	37798	71.4%		71.4%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	37433	70.7%	365	37798	71.4%		71.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	38	12	0	0	38	12	50
45 to 59	0	0	0	0	25	5	0	0	25	5	30
60 to 64	0	0	0	0	4	1	0	0	4	1	5
65 to 74	0	0	0	0	6	1	0	0	6	1	7
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	73	19	0	0	73	19	92

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.

LAKEVIEW LIVING CENTER

7270 SOUTH SHORE DRIVE
CHICAGO, IL. 60649

Reference Numbers Facility ID 6009021

Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		91	0	0	1	0	92
Sheltered Care			0	0	0	0	0
TOTALS	0	91	0	0	1	0	92

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	135	133
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	66	0	66
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	16	0	16
Race Unknown	0	0	10	0	10
Total	0	0	92	0	92

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	10	0	10
Non-Hispanic	0	0	82	0	82
Ethnicity Unknown	0	0	0	0	0
Total	0	0	92	0	92

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	12.00
Certified Aides	84.00
Other Health Staff	12.00
Non-Health Staff	24.00
Totals	134.00

FACILITY NOTES

E-141-05 3/9/2006 Change of ownership occurred.

Lakeview Nursing & Rehab Ctr

735 West Diversey
Chicago, IL 60614

Reference Numbers Facility ID 6005227
Health Service Area 006 Planning Service Area 602

Administrator

Michael Elkes

Contact Person and Telephone

Michael Elkes
773-348-4055

Registered Agent Information

BOREK,SAM
3545 LAKE AVENUE
WILMETTE, IL 60091

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	16
Blood Disorders	2
*Nervous System	5
Alzheimer Disease	2
Mental Illness	2
Developmental Disability	3
Circulatory System	103
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	9
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	1
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	163

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	178	178	178	163	15	178	178	162	847
Skilled Under 22	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0		
TOTAL BEDS	178	178	178	163	15	178	178	163	846

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	11208	17.3%	40158	61.8%	7584	58950	90.7%	90.7%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	11208	17.3%	40158	61.8%	7584	58950	90.7%	90.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	6	1	0	0	0	0	0	0	6	1	7
60 to 64	9	5	0	0	0	0	0	0	9	5	14
65 to 74	23	19	0	0	0	0	0	0	23	19	42
75 to 84	21	39	0	0	0	0	0	0	21	39	60
85+	9	30	0	0	0	0	0	0	9	30	39
TOTALS	69	94	0	0	0	0	0	0	69	94	163

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.

Lakeview Nursing & Rehab Ctr735 West Diversey
Chicago, IL. 60614**Reference Numbers** Facility ID 6005227

Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	30	112	0	3	18	0	163
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	30	112	0	3	18	0	163

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	53	0	0	0	53
Hawaiian/Pac. Isl.	0	0	0	0	0
White	96	0	0	0	96
Race Unknown	12	0	0	0	12
Total	163	0	0	0	163

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	12	0	0	0	12
Non-Hispanic	151	0	0	0	151
Ethnicity Unknown	0	0	0	0	0
Total	163	0	0	0	163

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	11.00
Certified Aides	57.00
Other Health Staff	9.00
Non-Health Staff	69.00
Totals	166.00

FACILITY NOTES

Bed Change 6/21/2006 Discontinued two nursing care beds, total now 178 nursing care beds.

LAKWOOD NRSG & REHAB CENTER

14718 S. NORTH EASTERN AVENUE
PLAINFIELD, IL. 60544

Reference Numbers Facility ID 6005235
Health Service Area 009 Planning Service Area 197

Administrator

Scott McBride

Contact Person and Telephone

Scott McBride
815-436-3400

Registered Agent Information

ARONIN,DAVID
2201 MAIN STREET
EVANSTON , IL 60202

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System	8
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	0
Circulatory System	26
Respiratory System	6
Digestive System	4
Genitourinary System Disorders	1
Skin Disorders	3
Musculo-skeletal Disorders	7
Injuries and Poisonings	7
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	98

Date Completed
4/17/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	125	117	117	109	98	27	103	103	90
Skilled Under 22	0	0	0	0	0	0	0	0	189
Intermediate DD	0	0	0	0	0	0	0	0	181
Sheltered Care	0	0	0	0	0	0	0	0	98
TOTAL BEDS	125	117	117	109	98	27	103	103	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	6328	16.8%	14927	39.7%	15315	36570	80.2%	85.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	6328	16.8%	14927	39.7%	15315	36570	80.2%	85.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	5	0	0	0	0	0	0	1	5	6
75 to 84	2	26	0	0	0	0	0	0	2	26	28
85+	7	54	0	0	0	0	0	0	7	54	61
TOTALS	11	87	0	0	0	0	0	0	11	87	98

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.

LAKEWOOD NRSG & REHAB CENTER

14718 S. NORTH EASTERN AVENUE

PLAINFIELD, IL. 60544

Reference Numbers Facility ID 6005235

Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	16	44	0	1	37	0	98
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	44	0	1	37	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	213	152
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	96	0	0	0	96
Ethnicity Unknown	0	0	0	0	0
Total	98	0	0	0	98

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	29.00
Other Health Staff	8.00
Non-Health Staff	26.00
Totals	82.00

FACILITY NOTES

P-06-031	10/23/2006	Licensed 22 permit beds, permit still has six beds to license.
P-06-031	9/14/2006	Permit issued to add 28 nursing care beds, total now 131 nursing care beds.

LAKWOOD SENIOR LIVING-MATTOON

2121 SOUTH 9TH STREET
 MATTOON, IL. 61938
Reference Numbers Facility ID 6005888
 Health Service Area 004 Planning Service Area 029

Administrator

Alma C. Boyer

Contact Person and Telephone

Carol Boyer
 217-235-7138

Registered Agent Information

C.T. CORPORATION SYSTEM
 208 SOUTH LASALLE ST. STE 814
 CHICAGO, IL 60604

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

Date Completed
 3/7/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System	5
Alzheimer Disease	2
Mental Illness	3
Developmental Disability	0
Circulatory System	14
Respiratory System	9
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	14
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	59

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	148	107	62	107	59	89	148	148	54	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				59
TOTAL BEDS	148	107	62	107	59	89	148	148		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	5247	9.7%	10412	19.3%	3740	19399	35.9%		49.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	5247	9.7%	10412	19.3%	3740	19399	35.9%		49.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	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	1	1	0	0	0	0	0	0	1	1	2
65 to 74	5	2	0	0	0	0	0	0	5	2	7
75 to 84	3	15	0	0	0	0	0	0	3	15	18
85+	5	23	0	0	0	0	0	0	5	23	28
TOTALS	17	42	0	0	0	0	0	0	17	42	59

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.

LAKWOOD SENIOR LIVING-MATTOON

2121 SOUTH 9TH STREET
 MATTOON, IL. 61938

Reference Numbers Facility ID 6005888

Health Service Area 004 Planning Service Area 029

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	14	31	0	0	14	0	59
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	31	0	0	14	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	138	114
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	28.00
Other Health Staff	1.00
Non-Health Staff	23.00
Totals	65.00

FACILITY NOTES

- Name Change 5/31/2006 Name changed from Mattoon Health Care Center.
- E-022-06 5/31/2006 Change of ownership occurred.
- E-022-06 5/1/2006 Change of ownership exemption approved.

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
 Adrienne Erickson

Contact Person and Telephone

Adrienne Erickson
 815-433-0476

Registered Agent Information

DOUGHERTY, GLEN
 707 ETNA ROAD
 OTTAWA, IL 61350

FACILITY OWNERSHIP
 COUNTY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	10
Blood Disorders	2
*Nervous System	3
Alzheimer Disease	19
Mental Illness	3
Developmental Disability	0
Circulatory System	28
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	74

Date Completed
 4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	104	104	90	104	74	30	0	104	86	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0		0	34	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0		0	46	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0		0	74	
TOTAL BEDS	104	104	90	104	74	30	0	104		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	15862	41.8%	14333	30195	79.5%		79.5%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	15862	41.8%	14333	30195	79.5%		79.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	3	5	0	0	0	0	0	0	3	5	8
75 to 84	6	16	0	0	0	0	0	0	6	16	22
85+	4	39	0	0	0	0	0	0	4	39	43
TOTALS	14	60	0	0	0	0	0	0	14	60	74

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.

LASALLE COUNTY NURSING HOME1380 NORTH 27TH ROAD
OTTAWA, IL. 61350

Reference Numbers Facility ID 6005250

Health Service Area 002 Planning Service Area 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	44	0	0	30	0	74
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	44	0	0	30	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	119	119
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	73	0	0	0	73
Race Unknown	0	0	0	0	0
Total	74	0	0	0	74

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	29.00
Other Health Staff	2.00
Non-Health Staff	28.00
Totals	70.00

LASALLE HEALTH CARE CENTER

1445 CHARTRES STREET
 LASALLE, IL. 61301
Reference Numbers Facility ID 6001440
 Health Service Area 002 Planning Service Area 099

Administrator
 Angela Mehlbrech

Contact Person and Telephone

Angela Mehlbrech
 815-223-4700

Registered Agent Information

C T CORPORATION SYSTEM
 208 SOUTH LASALLE STREET
 CHICAGO, IL 60604

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System	5
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	6
Digestive System	5
Genitourinary System Disorders	5
Skin Disorders	6
Musculo-skeletal Disorders	21
Injuries and Poisonings	4
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	92

Date Completed
 4/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	101	101	94	101	92	9	50	101	89	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0		0	88	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0		0	85	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0		0	92	
TOTAL BEDS	101	101	94	101	92	9	50	101		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	4992	27.4%	22022	59.7%	4039	31053	84.2%	84.2%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	4992	27.4%	22022	59.7%	4039	31053	84.2%	84.2%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	8	2	0	0	0	0	0	0	8	2	10
75 to 84	7	19	0	0	0	0	0	0	7	19	26
85+	10	42	0	0	0	0	0	0	10	42	52
TOTALS	27	65	0	0	0	0	0	0	27	65	92

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.

LASALLE HEALTH CARE CENTER

1445 CHARTRES STREET

LASALLE, IL. 61301

Reference Numbers Facility ID 6001440

Health Service Area 002 Planning Service Area 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	21	58	0	0	13	0	92
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	58	0	0	13	0	92

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	182
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	1	0	0	0	1
White	91	0	0	0	91
Race Unknown	0	0	0	0	0
Total	92	0	0	0	92

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	25.00
Other Health Staff	2.00
Non-Health Staff	31.00
Totals	68.00

LAWRENCE COMMUNITY HEALTHCARE CENTER

900 EAST CORPORATION
BRIDGEPORT, IL. 62417
Reference Numbers Facility ID 6001150
Health Service Area 005 Planning Service Area 101

Administrator

Rob Gillis

Contact Person and Telephone

Rob Gillis
618-945-2091

Registered Agent Information

STOUT,JAMES
324 NORTH MAIN STREET
BRIDGEPORT , IL 62417

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System	3
Alzheimer Disease	10
Mental Illness	13
Developmental Disability	0
Circulatory System	23
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	6
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	76

Date Completed
4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	99	82	82	82	76	23	56	99	79	122
Skilled Under 22	0	0	0	0	0	0	0	0		125
Intermediate DD	0	0	0	0	0	0	0	0		76
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	99	82	82	82	76	23	56	99		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3525	17.2%	14997	41.5%	10021	28543	79.0%		95.4%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	3525	17.2%	14997	41.5%	10021	28543	79.0%		95.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	7	0	0	0	0	0	0	5	7	12
75 to 84	7	13	0	0	0	0	0	0	7	13	20
85+	12	29	0	0	0	0	0	0	12	29	41
TOTALS	27	49	0	0	0	0	0	0	27	49	76

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.

LAWRENCE COMMUNITY HEALTHCARE CENTER

900 EAST CORPORATION
BRIDGEPORT, IL. 62417

Reference Numbers Facility ID 6001150

Health Service Area 005 Planning Service Area 101

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	14	39	0	0	23	0	76
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	39	0	0	23	0	76

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	105
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.25
LPN's	5.50
Certified Aides	37.25
Other Health Staff	0.00
Non-Health Staff	29.25
Totals	81.25

LAWRENCE PLACE

715 SOUTH WASHINGTON STREET
LINCOLN, IL. 62656

Reference Numbers Facility ID 6011654
Health Service Area 003 Planning Service Area 107

Administrator

Danette Bezik

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	16	0	0	16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5834	99.9%	0	5834	99.9%	99.9%	99.9%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5834	99.9%	0	5834	99.9%	99.9%	99.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	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	8	8	0	0	8	8	16

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.

LAWRENCE PLACE

715 SOUTH WASHINGTON STREET
LINCOLN, IL. 62656

Reference Numbers Facility ID 6011654

Health Service Area 003 Planning Service Area 107

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	112	112
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	7.40
Other Health Staff	0.60
Non-Health Staff	2.00
Totals	10.25

Lebanon Terrace

221 East Third Street
LEBANON, IL. 62254

Reference Numbers Facility ID 6005268
Health Service Area 011 Planning Service Area 163

Administrator

Cathy Brookshire

Contact Person and Telephone

Donna Jones
618-537-4133

Registered Agent Information

C T CORPORATION SYSTEM
208 SOUTH LASALLE ST,SUITE#814
CHICAGO , IL 60604

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/24/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5840	100.0%	0	5840	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	7	4	0	0	7	4	11
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	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

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.

Lebanon Terrace

221 East Third Street
LEBANON, IL. 62254

Reference Numbers Facility ID 6005268

Health Service Area 011 Planning Service Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	106
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	2	0	2
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	9.00
Other Health Staff	2.00
Non-Health Staff	0.00
Totals	15.00

LEE COUNTY NURSING & REHAB CTR

800 DIVISION STREET
DIXON, IL. 61021

Reference Numbers Facility ID 6005276
Health Service Area 001 Planning Service Area 103

Administrator
Sherry Gillihan

Contact Person and Telephone

Sherry Gillihan
815-284-3393

Registered Agent Information

MAHER,DANIEL
926 SOUTH SEVENTH
SPRINGFIELD , IL 62703

FACILITY OWNERSHIP
LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	12
Blood Disorders	1
*Nervous System	7
Alzheimer Disease	15
Mental Illness	9
Developmental Disability	0
Circulatory System	15
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	71

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2006	
Nursing Care	97	91	78	91	26	97	97	Residents on 1/1/2006	75
Skilled Under 22	0	0	0	0	0		0	Total Admissions 2006	66
Intermediate DD	0	0	0	0	0		0	Total Discharges 2006	70
Sheltered Care	0	0	0	0	0		0	Residents on 12/31/2006	71
TOTAL BEDS	97	91	78	91	26	97	97		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	2151	6.1%	16869	47.6%	6511	25531	72.1%	76.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2151	6.1%	16869	47.6%	6511	25531	72.1%	76.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	2	0	0	0	0	0	0	3	2	5
65 to 74	1	7	0	0	0	0	0	0	1	7	8
75 to 84	7	17	0	0	0	0	0	0	7	17	24
85+	9	24	0	0	0	0	0	0	9	24	33
TOTALS	20	51	0	0	0	0	0	0	20	51	71

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.

LEE COUNTY NURSING & REHAB CTR

800 DIVISION STREET
 DIXON, IL. 61021

Reference Numbers Facility ID 6005276

Health Service Area 001 Planning Service Area 103

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	46	0	0	17	0	71
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	46	0	0	17	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	70	0	0	0	70
Ethnicity Unknown	0	0	0	0	0
Total	71	0	0	0	71

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	17.00
Other Health Staff	3.00
Non-Health Staff	13.00
Totals	44.00

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

Tim Adams
847-635-4000

Registered Agent Information

LORCH, KENNETH F
225 WEST WACKER DRIVE, STE 2800
CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	10
Endocrine/Metabolic	13
Blood Disorders	2
*Nervous System	19
Alzheimer Disease	68
Mental Illness	15
Developmental Disability	0
Circulatory System	33
Respiratory System	22
Digestive System	0
Genitourinary System Disorders	25
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	5
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	217

Date Completed
4/3/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	262	260	226	260	217	45	262	262	184
Skilled Under 22	0	0	0	0	0	0	0	0	413
Intermediate DD	0	0	0	0	0	0	0	0	380
Sheltered Care	0	0	0	0	0	0	0	0	217
TOTAL BEDS	262	260	226	260	217	45	262	262	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	7577	7.9%	48724	51.0%	20153	76454	79.9%	80.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	7577	7.9%	48724	51.0%	20153	76454	79.9%	80.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	0	0	0	0	0	0	0	3	0	3
45 to 59	11	8	0	0	0	0	0	0	11	8	19
60 to 64	3	10	0	0	0	0	0	0	3	10	13
65 to 74	6	13	0	0	0	0	0	0	6	13	19
75 to 84	19	49	0	0	0	0	0	0	19	49	68
85+	18	77	0	0	0	0	0	0	18	77	95
TOTALS	60	157	0	0	0	0	0	0	60	157	217

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.

LEE MANOR1301 LEE STREET
DES PLAINES, IL. 60018

Reference Numbers Facility ID 6005284

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	23	139	5	0	50	0	217
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	23	139	5	0	50	0	217

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	183	165
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	1	0	0	0	1
Black	6	0	0	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	207	0	0	0	207
Race Unknown	0	0	0	0	0
Total	217	0	0	0	217

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	207	0	0	0	207
Ethnicity Unknown	0	0	0	0	0
Total	217	0	0	0	217

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	28.02
LPN's	10.60
Certified Aides	66.24
Other Health Staff	5.07
Non-Health Staff	70.36
Totals	182.29

LEMONT NRSG & REHAB CENTER

12450 WALKER ROAD
 LEMONT, IL. 60439
Reference Numbers Facility ID 6014492
 Health Service Area 007 Planning Service Area 705

Administrator
 Mary Ellen White

Contact Person and Telephone

Mary Ellen White
 630/243-0400

Registered Agent Information

ARONIN, DAVID
 2201 MAIN STREET
 EVANSTON, IL 60202

FACILITY OWNERSHIP
 LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	2
Blood Disorders	8
*Nervous System	3
Alzheimer Disease	38
Mental Illness	0
Developmental Disability	0
Circulatory System	40
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	12
Other Medical Conditions	0
Non-Medical Conditions	8
TOTALS	138

Date Completed
 4/16/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	158	158	158	158	20	158	230	Residents on 1/1/2006	137
Skilled Under 22	0	0	0	0	0		0	Total Admissions 2006	274
Intermediate DD	0	0	0	0	0		0	Total Discharges 2006	273
Sheltered Care	0	0	0	0	0		0	Residents on 12/31/2006	138
TOTAL BEDS	158	158	158	158	20	158	230		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	12346	21.4%	21571	25.7%	17738	51655	89.6%	89.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	12346	21.4%	21571	25.7%	17738	51655	89.6%	89.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	17	47	0	0	0	0	0	0	17	47	64
85+	14	57	0	0	0	0	0	0	14	57	71
TOTALS	33	105	0	0	0	0	0	0	33	105	138

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.

LEMONT NRSG & REHAB CENTER

12450 WALKER ROAD
 LEMONT, IL. 60439

Reference Numbers Facility ID 6014492

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	31	66	0	0	41	0	138
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	31	66	0	0	41	0	138

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	221	185
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	138	0	0	0	138
Race Unknown	0	0	0	0	0
Total	138	0	0	0	138

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	138	0	0	0	138
Ethnicity Unknown	0	0	0	0	0
Total	138	0	0	0	138

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	39.00
Other Health Staff	0.00
Non-Health Staff	22.00
Totals	81.00

LENA LIVING CENTER, LLC

1010 S. LOGAN STREET
LENA, IL. 61048

Reference Numbers Facility ID 6005292
Health Service Area 001 Planning Service Area 177

Administrator
Charles Keigley

Contact Person and Telephone

Barak Baver
773-202-0000

Registered Agent Information

GILMAN,PAUL A
ONE IBM PLAZA, SUITE 3000
CHICAGO , IL 60611

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	10
Blood Disorders	1
*Nervous System	8
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	2
Digestive System	12
Genitourinary System Disorders	7
Skin Disorders	3
Musculo-skeletal Disorders	12
Injuries and Poisonings	4
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	65

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	92	92	65	92	65	27	0	92	78	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0		0		Total Discharges 2006
Intermediate DD	0	0	0	0	0	0		0		Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	92	92	65	92	65	27	0	92		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	6205	18.5%	17520	23725	70.7%		70.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	6205	18.5%	17520	23725	70.7%		70.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	9	0	0	0	0	0	0	4	9	13
85+	9	41	0	0	0	0	0	0	9	41	50
TOTALS	13	52	0	0	0	0	0	0	13	52	65

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.

LENA LIVING CENTER, LLC

1010 S. LOGAN STREET
LENA, IL. 61048

Reference Numbers Facility ID 6005292

Health Service Area 001 Planning Service Area 177

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	17	0	0	48	0	65
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	17	0	0	48	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	128	117
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	65	0	0	0	65
Ethnicity Unknown	0	0	0	0	0
Total	65	0	0	0	65

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	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	0.00
Non-Health Staff	16.00
Totals	53.00

FACILITY NOTES

Name Change 2/27/2006 Name changed from Lena Nursing Home.
E-103-05 2/27/2006 Change of ownership occurred.

LEROY MANOR

509 BUCK ROAD P.O. BOX 149
LEROY, IL. 61752

Reference Numbers Facility ID 6012157
Health Service Area 004 Planning Service Area 113

Administrator

June George

Contact Person and Telephone

June George
309-962-5000

Registered Agent Information

WILSON, RONALD J
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	2
*Nervous System	5
Alzheimer Disease	16
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	4
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	13
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	80

Date Completed
4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	96	96	92	96	80	16	96	96	90	88
Skilled Under 22	0	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	96	96	92	96	80	16	96	96	98	80

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2468	7.0%	17095	48.8%	11001	30564	87.2%		87.2%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2468	7.0%	17095	48.8%	11001	30564	87.2%		87.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	3	5	0	0	0	0	0	0	3	5	8
75 to 84	8	18	0	0	0	0	0	0	8	18	26
85+	12	30	0	0	0	0	0	0	12	30	42
TOTALS	25	55	0	0	0	0	0	0	25	55	80

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.

LEROY MANOR

509 BUCK ROAD P.O. BOX 149

LEROY, IL. 61752

Reference Numbers Facility ID 6012157

Health Service Area 004 Planning Service Area 113

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	4	41	0	2	33	0	80
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	41	0	2	33	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	79	0	0	0	79
Race Unknown	0	0	0	0	0
Total	80	0	0	0	80

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	46.00
Other Health Staff	2.00
Non-Health Staff	30.00
Totals	92.00

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

Diane Tebbe

Contact Person and Telephone

Diane Tebbe
 618-465-0044

Registered Agent Information

MOEHN, J. THOMAS
 4 EMMIE L. KAUS LANE
 ALTON, IL 62002

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
 4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	13
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	3
Intermediate DD	16	16	15	16	2		16	Total Discharges 2006	2
Sheltered Care	0	0	0	0	0			Residents on 12/31/2006	14
TOTAL BEDS	16	16	15	16	2	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			4815	82.4%	0	4815	82.4%	82.4%	82.4%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	4815	82.4%	0	4815	82.4%	82.4%	82.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	1	0	0	2	1	3
45 to 59	0	0	0	0	6	3	0	0	6	3	9
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	10	4	0	0	10	4	14

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	118
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.20
Registered Nurses	1.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	10.00
Non-Health Staff	0.50
Totals	12.70

LEWIS MEMORIAL CHRISTIAN VILLAGE

3400 WEST WASHINGTON
 SPRINGFIELD, IL 62711
Reference Numbers Facility ID 6005300
 Health Service Area 003 Planning Service Area 167

Administrator
 Doug Maris

Contact Person and Telephone
 Doug Maris
 217-787-9600

Registered Agent Information

PHILLIPPE,TIMOTHY F;DR
 200 NORTH POSTVILLE DRIVE
 LINCOLN , IL 62656

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	37
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	31
Respiratory System	35
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	12
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	134

Date Completed
 4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	155	155	155	134	21	155	149	Residents on 1/1/2006	140
Skilled Under 22	0	0	0	0	0		0	Total Admissions 2006	436
Intermediate DD	0	0	0	0	0		0	Total Discharges 2006	442
Sheltered Care	0	0	0	0	0		0	Residents on 12/31/2006	134
TOTAL BEDS	155	155	155	134	21	155	149		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	15279	27.0%	18137	33.3%	19794	53210	94.1%	94.1%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	15279	27.0%	18137	33.3%	19794	53210	94.1%	94.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	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	2	0	0	0	0	0	0	0	2	2
65 to 74	6	7	0	0	0	0	0	0	6	7	13
75 to 84	10	33	0	0	0	0	0	0	10	33	43
85+	12	62	0	0	0	0	0	0	12	62	74
TOTALS	29	105	0	0	0	0	0	0	29	105	134

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.

LEWIS MEMORIAL CHRISTIAN VILLAGE

3400 WEST WASHINGTON
 SPRINGFIELD, IL. 62711

Reference Numbers Facility ID 6005300

Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	33	51	0	2	48	0	134
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	33	51	0	2	48	0	134

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	217	167
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pac. Isl.	0	0	0	0	0
White	125	0	0	0	125
Race Unknown	0	0	0	0	0
Total	134	0	0	0	134

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	134	0	0	0	134
Ethnicity Unknown	0	0	0	0	0
Total	134	0	0	0	134

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	25.00
Certified Aides	65.00
Other Health Staff	0.00
Non-Health Staff	56.00
Totals	154.00

LEWIS TERRACE

1916 16TH STREET
NORTH CHICAGO, IL. 60064

Reference Numbers Facility ID 6014211
Health Service Area 008 Planning Service Area 097

Administrator

Marianne Hickey-Scaccia

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSON, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/6/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	4
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	4	4	4	4	0	4	4	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	4
TOTAL BEDS	4	4	4	4	0	0	4		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			1460	100.0%	0	1460	100.0%	100.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	1460	100.0%	0	1460	100.0%	100.0%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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

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.

LEWIS TERRACE

1916 16TH STREET
 NORTH CHICAGO, IL. 60064

Reference Numbers Facility ID 6014211

Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	250	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	1.55
Other Health Staff	0.08
Non-Health Staff	0.34
Totals	2.22

LEXINGTON HEALTH CARE CENTER

420 WEST BUTTERFIELD ROAD
ELMHURST, IL. 60126

Reference Numbers Facility ID 6013098
Health Service Area 007 Planning Service Area 703

Administrator
JENNIFER CONNIFF

Contact Person and Telephone

ZENY A. ENGRACIA
630-458-4700

Registered Agent Information

SAMATAS,JAMES;MR
665 WEST NORTH AVENUE
LOMBARD , IL 60148

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System	7
Alzheimer Disease	7
Mental Illness	11
Developmental Disability	0
Circulatory System	16
Respiratory System	6
Digestive System	7
Genitourinary System Disorders	7
Skin Disorders	2
Musculo-skeletal Disorders	9
Injuries and Poisonings	23
Other Medical Conditions	36
Non-Medical Conditions	0
TOTALS	138

Date Completed
4/13/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	150	150	146	150	12	150	150	Residents on 1/1/2006	134
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	347
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	343
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	138
TOTAL BEDS	150	150	146	150	12	150	150		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	8007	14.6%	26080	47.6%	16595	50682	92.6%	92.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	8007	14.6%	26080	47.6%	16595	50682	92.6%	92.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	8	0	0	0	0	0	0	1	8	9
75 to 84	6	38	0	0	0	0	0	0	6	38	44
85+	11	71	0	0	0	0	0	0	11	71	82
TOTALS	18	120	0	0	0	0	0	0	18	120	138

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.

LEXINGTON HEALTH CARE CENTER420 WEST BUTTERFIELD ROAD
ELMHURST, IL. 60126

Reference Numbers Facility ID 6013098

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	17	76	0	45	0	0	138
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	76	0	45	0	0	138

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	235	163
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	130	0	0	0	130
Race Unknown	0	0	0	0	0
Total	138	0	0	0	138

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	136	0	0	0	136
Ethnicity Unknown	0	0	0	0	0
Total	138	0	0	0	138

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	32.00
Other Health Staff	0.00
Non-Health Staff	46.00
Totals	103.00

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
PATRICK SCALES

Contact Person and Telephone

ZENY A. ENGRACIA
630-458-4700

Registered Agent Information

SAMATAS, JAMES
665 WEST NORTH AVENUE
LOMBARD, IL 60148

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	13
Blood Disorders	5
*Nervous System	15
Alzheimer Disease	11
Mental Illness	27
Developmental Disability	0
Circulatory System	61
Respiratory System	14
Digestive System	10
Genitourinary System Disorders	7
Skin Disorders	4
Musculo-skeletal Disorders	9
Injuries and Poisonings	15
Other Medical Conditions	41
Non-Medical Conditions	0
TOTALS	235

Date Completed
4/19/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	Total Admissions 2006
Nursing Care	270	270	258	270	235	35	278	278	227	737
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	270	270	258	270	235	35	278	278	227	737

Residents on 12/31/2006 235

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	10877	10.7%	70498	69.5%	5846	87221	88.5%	88.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	10877	10.7%	70498	69.5%	5846	87221	88.5%	88.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	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	6	8	0	0	0	0	0	0	6	8	14
60 to 64	4	2	0	0	0	0	0	0	4	2	6
65 to 74	11	32	0	0	0	0	0	0	11	32	43
75 to 84	17	75	0	0	0	0	0	0	17	75	92
85+	11	67	0	0	0	0	0	0	11	67	78
TOTALS	50	185	0	0	0	0	0	0	50	185	235

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	19	200	0	16	0	0	235
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	200	0	16	0	0	235

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	179	139
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	1	0	0	0	1
Black	20	0	0	0	20
Hawaiian/Pac. Isl.	0	0	0	0	0
White	212	0	0	0	212
Race Unknown	0	0	0	0	0
Total	235	0	0	0	235

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	233	0	0	0	233
Ethnicity Unknown	0	0	0	0	0
Total	235	0	0	0	235

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	24.00
Certified Aides	70.00
Other Health Staff	0.00
Non-Health Staff	56.00
Totals	169.00

LEXINGTON HEALTH CARE CENTER

165 SOUTH BLOOMINGDALE ROAD
BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID 6011993
Health Service Area 007 Planning Service Area 703

Administrator

JEFF BAKER

Contact Person and Telephone

Zenny Engracia
630-458-4700

Registered Agent Information

SAMATAS, JAMES
665 WEST NORTH AVENUE
LOMBARD, IL 60148

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	4
*Nervous System	5
Alzheimer Disease	11
Mental Illness	7
Developmental Disability	1
Circulatory System	28
Respiratory System	1
Digestive System	5
Genitourinary System Disorders	3
Skin Disorders	5
Musculo-skeletal Disorders	11
Injuries and Poisonings	4
Other Medical Conditions	48
Non-Medical Conditions	0
TOTALS	141

Date Completed
4/19/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	Total Admissions 2006
Nursing Care	172	172	162	172	141	31	172	227	160	393
Skilled Under 22	0	0	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	162	172	141	31	172	227	Residents on 12/31/2006	141

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	8698	13.9%	40553	48.9%	6044	55295	88.1%		88.1%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	8698	13.9%	40553	48.9%	6044	55295	88.1%		88.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	3	0	0	0	0	0	0	2	3	5
65 to 74	5	16	0	0	0	0	0	0	5	16	21
75 to 84	12	42	0	0	0	0	0	0	12	42	54
85+	7	46	0	0	0	0	0	0	7	46	53
TOTALS	31	110	0	0	0	0	0	0	31	110	141

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.

LEXINGTON HEALTH CARE CENTER165 SOUTH BLOOMINGDALE ROAD
BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID 6011993

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	16	106	0	19	0	0	141
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	106	0	19	0	0	141

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	245	148
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	3	0	0	0	3
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	132	0	0	0	132
Race Unknown	0	0	0	0	0
Total	141	0	0	0	141

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	136	0	0	0	136
Ethnicity Unknown	0	0	0	0	0
Total	141	0	0	0	141

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	23.00
LPN's	0.00
Certified Aides	34.00
Other Health Staff	0.00
Non-Health Staff	56.00
Totals	115.00

LEXINGTON HEALTH CARE CENTER

2100 SOUTH FINLEY ROAD
LOMBARD, IL. 60148

Reference Numbers Facility ID 6005318
Health Service Area 007 Planning Service Area 703

Administrator
NANCY McDONALD

Contact Person and Telephone

ZENY A. ENGRACIA
630-458-4635

Registered Agent Information

SAMATAS, JAMES, MR.
1300 SOUTH MAIN STREET
LOMBARD, IL 60148

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	7
Blood Disorders	1
*Nervous System	2
Alzheimer Disease	8
Mental Illness	5
Developmental Disability	0
Circulatory System	39
Respiratory System	27
Digestive System	14
Genitourinary System Disorders	12
Skin Disorders	3
Musculo-skeletal Disorders	13
Injuries and Poisonings	16
Other Medical Conditions	45
Non-Medical Conditions	0
TOTALS	195

Date Completed
4/19/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	Total Admissions 2006
Nursing Care	224	224	212	224	195	29	224	224	200	534
Skilled Under 22	0	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	224	224	212	224	195	29	224	224	195	539

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	9379	11.5%	44512	54.4%	19332	73223	89.6%	89.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	9379	11.5%	44512	54.4%	19332	73223	89.6%	89.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	5	8	0	0	0	0	0	0	5	8	13
75 to 84	15	55	0	0	0	0	0	0	15	55	70
85+	30	77	0	0	0	0	0	0	30	77	107
TOTALS	52	143	0	0	0	0	0	0	52	143	195

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.

LEXINGTON HEALTH CARE CENTER

2100 SOUTH FINLEY ROAD
LOMBARD, IL. 60148

Reference Numbers Facility ID 6005318

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	31	116	0	48	0	0	195
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	31	116	0	48	0	0	195

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	172	160
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	184	0	0	0	184
Race Unknown	0	0	0	0	0
Total	195	0	0	0	195

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	191	0	0	0	191
Ethnicity Unknown	0	0	0	0	0
Total	195	0	0	0	195

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	23.00
LPN's	9.00
Certified Aides	50.00
Other Health Staff	0.00
Non-Health Staff	61.00
Totals	145.00

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
BRIAN CELERIO

Contact Person and Telephone

ZENY A. ENGRACIA
630-458-4700

Registered Agent Information

SAMATAS,JAMES
1300 SOUTH MAIN STREET
LOMBARD , IL 60148

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System	13
Alzheimer Disease	14
Mental Illness	44
Developmental Disability	1
Circulatory System	40
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	5
Injuries and Poisonings	1
Other Medical Conditions	20
Non-Medical Conditions	0
TOTALS	160

Date Completed
4/19/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	221	221	175	221	61	223	223	Residents on 1/1/2006	166
Skilled Under 22	0	0	0	0	0		0	Total Admissions 2006	388
Intermediate DD	0	0	0	0	0		0	Total Discharges 2006	394
Sheltered Care	0	0	0	0	0		0	Residents on 12/31/2006	160
TOTAL BEDS	221	221	175	221	61	223	223		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	6644	8.2%	44880	55.1%	8226	59750	74.1%	74.1%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	6644	8.2%	44880	55.1%	8226	59750	74.1%	74.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	4	3	0	0	0	0	0	0	4	3	7
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	10	8	0	0	0	0	0	0	10	8	18
75 to 84	22	29	0	0	0	0	0	0	22	29	51
85+	11	70	0	0	0	0	0	0	11	70	81
TOTALS	47	113	0	0	0	0	0	0	47	113	160

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.

LEXINGTON HEALTH CARE-WHEELING730 WEST HINTZ ROAD
WHEELING, IL. 60090

Reference Numbers Facility ID 6014369

Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	14	118	0	28	0	0	160
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	118	0	28	0	0	160

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	141
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	5	0	0	0	5
Amer. Indian	2	0	0	0	2
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	150	0	0	0	150
Race Unknown	0	0	0	0	0
Total	160	0	0	0	160

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	158	0	0	0	158
Ethnicity Unknown	0	0	0	0	0
Total	160	0	0	0	160

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	26.00
LPN's	3.00
Certified Aides	57.00
Other Health Staff	0.00
Non-Health Staff	70.00
Totals	158.00

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
 MARICHU BUENO

Contact Person and Telephone

ZENY A. ENGRACIA
 630-458-4700

Registered Agent Information

SAMATAS, JAMES
 665 WEST NORTH AVENUE
 LOMBARD, IL 60148

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	19
Blood Disorders	6
*Nervous System	6
Alzheimer Disease	13
Mental Illness	5
Developmental Disability	1
Circulatory System	69
Respiratory System	5
Digestive System	7
Genitourinary System Disorders	3
Skin Disorders	6
Musculo-skeletal Disorders	7
Injuries and Poisonings	13
Other Medical Conditions	42
Non-Medical Conditions	0
TOTALS	204

Date Completed
 4/19/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	216
Nursing Care	224	224	219	224	204	20	224	224	Total Admissions 2006	490
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2006	502
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2006	204
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	224	224	219	224	204	20	224	224		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	9371	11.5%	59301	72.5%	7466	76138	93.1%		93.1%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	9371	11.5%	59301	72.5%	7466	76138	93.1%		93.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	8	0	0	0	0	0	0	5	8	13
65 to 74	15	20	0	0	0	0	0	0	15	20	35
75 to 84	14	75	0	0	0	0	0	0	14	75	89
85+	7	55	0	0	0	0	0	0	7	55	62
TOTALS	44	160	0	0	0	0	0	0	44	160	204

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.

LEXINGTON OF CHICAGO RIDGE

10300 SOUTHWEST HIGHWAY

CHICAGO RIDGE, IL. 60415

Reference Numbers Facility ID 6012967

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	23	166	0	15	0	0	204
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	23	166	0	15	0	0	204

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	227	142
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	1	0	0	0	1
Black	31	0	0	0	31
Hawaiian/Pac. Isl.	0	0	0	0	0
White	172	0	0	0	172
Race Unknown	0	0	0	0	0
Total	204	0	0	0	204

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	202	0	0	0	202
Ethnicity Unknown	0	0	0	0	0
Total	204	0	0	0	204

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	31.00
LPN's	3.00
Certified Aides	53.00
Other Health Staff	0.00
Non-Health Staff	60.00
Totals	149.00

LEXINGTON OF LAGRANGE

4735 WILLOW SPRINGS ROAD
LAGRANGE, IL. 60525

Reference Numbers Facility ID 6013361
Health Service Area 007 Planning Service Area 705

Administrator
KATHRYN DYHOUSE

Contact Person and Telephone

ZENY A. ENGRACIA
630-458-4700

Registered Agent Information

SAMATAS,JAMES;MR
665 WEST NORTH AVENUE
LOMBARD , IL 60148

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System	2
Alzheimer Disease	4
Mental Illness	2
Developmental Disability	0
Circulatory System	18
Respiratory System	7
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	4
Musculo-skeletal Disorders	9
Injuries and Poisonings	14
Other Medical Conditions	20
Non-Medical Conditions	0
TOTALS	90

Date Completed
4/19/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	119	119	114	119	90	29	119	119	93
Skilled Under 22	0	0	0	0	0	0	0	0	557
Intermediate DD	0	0	0	0	0	0	0	0	560
Sheltered Care	0	0	0	0	0	0	0	0	90
TOTAL BEDS	119	119	114	119	90	29	119	119	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	17075	39.3%	13547	31.2%	9645	40267	92.7%	92.7%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	17075	39.3%	13547	31.2%	9645	40267	92.7%	92.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	4	0	0	0	0	0	0	1	4	5
75 to 84	11	25	0	0	0	0	0	0	11	25	36
85+	10	37	0	0	0	0	0	0	10	37	47
TOTALS	24	66	0	0	0	0	0	0	24	66	90

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.

LEXINGTON OF LAGRANGE

4735 WILLOW SPRINGS ROAD

LAGRANGE, IL. 60525

Reference Numbers Facility ID 6013361

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	32	40	0	18	0	0	90
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	32	40	0	18	0	0	90

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	231	196
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	12.00
Certified Aides	47.00
Other Health Staff	0.00
Non-Health Staff	53.00
Totals	133.00

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
GINA McCARTHY

Contact Person and Telephone

ZENY A. ENGRACIA
630-458-4700

Registered Agent Information

SAMATAS, JAMES
665 WEST NORTH AVENUE
LOMBARD, IL 60148

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	0
Blood Disorders	3
*Nervous System	13
Alzheimer Disease	29
Mental Illness	0
Developmental Disability	0
Circulatory System	57
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	2
Other Medical Conditions	44
Non-Medical Conditions	0
TOTALS	179

Date Completed
4/19/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	213	213	205	213	34	214	214	183	671
Skilled Under 22	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0				675
TOTAL BEDS	213	213	205	213	34	214	214	179	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	9137	11.7%	51057	65.4%	7244	67438	86.7%	86.7%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	9137	11.7%	51057	65.4%	7244	67438	86.7%	86.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	3	0	0	0	0	0	0	1	3	4
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	7	12	0	0	0	0	0	0	7	12	19
75 to 84	11	39	0	0	0	0	0	0	11	39	50
85+	15	87	0	0	0	0	0	0	15	87	102
TOTALS	35	144	0	0	0	0	0	0	35	144	179

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	30	131	0	18	0	0	179
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	30	131	0	18	0	0	179

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	146
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	178	0	0	0	178
Race Unknown	0	0	0	0	0
Total	179	0	0	0	179

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	170	0	0	0	170
Ethnicity Unknown	0	0	0	0	0
Total	179	0	0	0	179

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	27.00
LPN's	8.00
Certified Aides	62.00
Other Health Staff	0.00
Non-Health Staff	71.00
Totals	170.00

LEXINGTON OF SCHAUMBURG

675 SOUTH ROSELLE ROAD
SCHAUMBURG, IL. 60193

Reference Numbers Facility ID 6012553
Health Service Area 007 Planning Service Area 701

Administrator
LYNN RYAN

Contact Person and Telephone

ZENY A. ENGRACIA
630-458-4700

Registered Agent Information

SAMATAS,JAMES;MR.
665 WEST NORTH AVENUE
LOMBARD , IL 60148

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	3
Blood Disorders	4
*Nervous System	16
Alzheimer Disease	9
Mental Illness	9
Developmental Disability	0
Circulatory System	39
Respiratory System	13
Digestive System	4
Genitourinary System Disorders	6
Skin Disorders	5
Musculo-skeletal Disorders	12
Injuries and Poisonings	34
Other Medical Conditions	40
Non-Medical Conditions	0
TOTALS	199

Date Completed
4/19/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	224	224	210	224	199	25	224	224	194
Skilled Under 22	0	0	0	0	0	0	0	0	617
Intermediate DD	0	0	0	0	0	0	0	0	612
Sheltered Care	0	0	0	0	0	0	0	0	199
TOTAL BEDS	224	224	210	224	199	25	224	224	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	8146	10.0%	57961	70.9%	6760	72867	89.1%	89.1%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	8146	10.0%	57961	70.9%	6760	72867	89.1%	89.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	2	0	0	0	0	0	0	2	2	4
45 to 59	6	8	0	0	0	0	0	0	6	8	14
60 to 64	0	5	0	0	0	0	0	0	0	5	5
65 to 74	6	16	0	0	0	0	0	0	6	16	22
75 to 84	28	49	0	0	0	0	0	0	28	49	77
85+	10	67	0	0	0	0	0	0	10	67	77
TOTALS	52	147	0	0	0	0	0	0	52	147	199

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.

LEXINGTON OF SCHAUMBURG

675 SOUTH ROSELLE ROAD
 SCHAUMBURG, IL. 60193

Reference Numbers Facility ID 6012553

Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	22	150	0	27	0	0	199
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	22	150	0	27	0	0	199

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	178	149
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	8	0	0	0	8
Amer. Indian	3	0	0	0	3
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	186	0	0	0	186
Race Unknown	0	0	0	0	0
Total	199	0	0	0	199

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	195	0	0	0	195
Ethnicity Unknown	0	0	0	0	0
Total	199	0	0	0	199

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	33.00
LPN's	4.00
Certified Aides	68.00
Other Health Staff	0.00
Non-Health Staff	71.00
Totals	178.00

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
 TED O'BRIEN

Contact Person and Telephone

ZENY A. ENGRACIA
 630-458-4700

Registered Agent Information

SAMATAS, JAMES
 665 WEST NORTH AVENUE
 LOMBARD, IL 60148

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System	9
Alzheimer Disease	5
Mental Illness	18
Developmental Disability	0
Circulatory System	35
Respiratory System	13
Digestive System	6
Genitourinary System Disorders	14
Skin Disorders	2
Musculo-skeletal Disorders	9
Injuries and Poisonings	30
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	166

Date Completed
 4/19/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	224	224	191	224	166	58	224	224	184
Skilled Under 22	0	0	0	0	0	0	0	0	565
Intermediate DD	0	0	0	0	0	0	0	0	583
Sheltered Care	0	0	0	0	0	0	0	0	166
TOTAL BEDS	224	224	191	224	166	58	224	224	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	9345	11.4%	48755	59.6%	6025	64125	78.4%		78.4%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	9345	11.4%	48755	59.6%	6025	64125	78.4%		78.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	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	1	6	0	0	0	0	0	0	1	6	7
65 to 74	6	14	0	0	0	0	0	0	6	14	20
75 to 84	15	56	0	0	0	0	0	0	15	56	71
85+	10	47	0	0	0	0	0	0	10	47	57
TOTALS	37	129	0	0	0	0	0	0	37	129	166

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.

LEXINGTON OF STREAMWOOD

815 EAST IRVING PARK ROAD
 STREAMWOOD, IL. 60107

Reference Numbers Facility ID 6012975

Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	125	0	17	0	0	166
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	125	0	17	0	0	166

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	233	144
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	161	0	0	0	161
Race Unknown	0	0	0	0	0
Total	166	0	0	0	166

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	157	0	0	0	157
Ethnicity Unknown	0	0	0	0	0
Total	166	0	0	0	166

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	31.00
LPN's	8.00
Certified Aides	67.00
Other Health Staff	75.00
Non-Health Staff	0.00
Totals	183.00

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
618-997-9336

Registered Agent Information

RENDELMAN,JOHN S.
2001 W MAIN STR,STE 101 PO1570
CARBONDALE , IL 62906

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/27/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	15	1		16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2006	15
TOTAL BEDS	16	16	16	16	15	1	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5675	97.2%	0	5675	97.2%	97.2%	97.2%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5675	97.2%	0	5675	97.2%	97.2%	97.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	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	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	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	7	0	0	8	7	15

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.

LIBERTY HOUSE

1304 WEST MACK AVENUE

MARION, IL. 62959

Reference Numbers Facility ID 6005342

Health Service Area 005 Planning Service Area 199

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	110
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	1.00
Totals	10.50

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
847-367-6100

Registered Agent Information

FADDEN,JOHN P.
30 SOUTH WACKER DR., STE. 2600
CHICAGO , IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	25
Blood Disorders	0
*Nervous System	10
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	9
Respiratory System	8
Digestive System	10
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	73

Date Completed
4/12/2006

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	174	174	80	174	73	101	31	0	73	345
Skilled Under 22	0	0	0	0	0	0		0		345
Intermediate DD	0	0	0	0	0	0		0		73
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	174	174	80	174	73	101	31	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	6728	59.5%	0	0.0%	19870	26598	41.9%		41.9%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	6728	59.5%	0	0.0%	19870	26598	41.9%		41.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	5	0	0	0	0	0	0	5	5	10
75 to 84	7	18	0	0	0	0	0	0	7	18	25
85+	11	26	0	0	0	0	0	0	11	26	37
TOTALS	24	49	0	0	0	0	0	0	24	49	73

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	19	0	0	0	54	0	73
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	0	0	0	54	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	245	192
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	4.00
Non-Health Staff	27.00
Totals	71.00

LIEBERMAN GERIATRIC HLTH. CTR.

9700 GROSS POINT ROAD
 SKOKIE, IL. 60076
Reference Numbers Facility ID 6005375
 Health Service Area 007 Planning Service Area 702

Administrator
 BARBARA WEXLER

Contact Person and Telephone
 BARBARA WEXLER
 847-674-7210

Registered Agent Information

ATKIN, JOSEPH
 3003 WEST TOUHY AVENUE
 CHICAGO, IL 60645

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	6
Blood Disorders	3
*Nervous System	16
Alzheimer Disease	78
Mental Illness	7
Developmental Disability	0
Circulatory System	47
Respiratory System	9
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	56
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	234

Date Completed
 4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	240	240	239	240	6	240	216	235	411
Skilled Under 22	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0		
TOTAL BEDS	240	240	239	240	6	240	216	234	412

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	9496	10.8%	48596	61.6%	26602	84694	96.7%	96.7%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	9496	10.8%	48596	61.6%	26602	84694	96.7%	96.7%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	12	0	0	0	0	0	0	3	12	15
75 to 84	11	39	0	0	0	0	0	0	11	39	50
85+	26	142	0	0	0	0	0	0	26	142	168
TOTALS	41	193	0	0	0	0	0	0	41	193	234

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.

LIEBERMAN GERIATRIC HLTH. CTR.

9700 GROSS POINT ROAD

SKOKIE, IL. 60076

Reference Numbers Facility ID 6005375

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	29	126	0	0	79	0	234
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	29	126	0	0	79	0	234

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	254	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	233	0	0	0	233
Race Unknown	0	0	0	0	0
Total	234	0	0	0	234

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	234	0	0	0	234
Ethnicity Unknown	0	0	0	0	0
Total	234	0	0	0	234

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.80
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	36.30
LPN's	9.10
Certified Aides	108.90
Other Health Staff	5.80
Non-Health Staff	85.50
Totals	249.40

Lincoln House

510 South Kickapoo
Lincoln, IL. 62656

Reference Numbers Facility ID 6005482
Health Service Area 003 Planning Service Area 107

Administrator

Pamela S. Rosencranz

Contact Person and Telephone

Pamela S. Rosencranz
217-732-1131

Registered Agent Information

KRECKMAN,ALFRED
908 NORTH MAIN ST,P O BOX 10
PARIS, IL 61944

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/2/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	15	15	15	15	0		15	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0			Residents on 12/31/2006	15
TOTAL BEDS	15	15	15	15	0	0	15		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5462	99.8%	0	5462	99.8%	99.8%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	5462	99.8%	0	5462	99.8%	99.8%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	4	0	0	2	4	6
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	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

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.

Lincoln House

510 South Kickapoo

Lincoln, IL. 62656

Reference Numbers Facility ID 6005482

Health Service Area 003 Planning Service Area 107

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	111	111
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.18
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.14
LPN's	0.00
Certified Aides	8.50
Other Health Staff	1.00
Non-Health Staff	0.54
Totals	10.36

LINCOLN MANOR -INC

2650 NORTH MONROE STREET
 DECATUR, IL. 62526

Reference Numbers Facility ID 6005508
 Health Service Area 004 Planning Service Area 115

Administrator
 Sheila McClung

Contact Person and Telephone

SHEILA MCCLUNG
 217-875-1973

Registered Agent Information

POSTLEWAIT,R.SAMUEL;MR
 225 NORTH WATER,STE 200,BX1760
 DECATUR , IL 62525

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	9
Blood Disorders	3
*Nervous System	4
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	68
Respiratory System	7
Digestive System	2
Genitourinary System Disorders	7
Skin Disorders	2
Musculo-skeletal Disorders	11
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	123

Date Completed
 4/23/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK	PEAK	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2006	
Nursing Care	140	137	135	137	123	17	0	140	121
Skilled Under 22	0	0	0	0	0	0	0	0	113
Intermediate DD	0	0	0	0	0	0	0	0	111
Sheltered Care	0	0	0	0	0	0	0	0	123
TOTAL BEDS	140	137	135	137	123	17	0	140	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	4184	0.0%	27535	53.9%	12031	43750	85.6%	87.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	4184	0.0%	27535	53.9%	12031	43750	85.6%	87.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	5	5	0	0	0	0	0	0	5	5	10
75 to 84	12	32	0	0	0	0	0	0	12	32	44
85+	10	56	0	0	0	0	0	0	10	56	66
TOTALS	29	94	0	0	0	0	0	0	29	94	123

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.

LINCOLN MANOR -INC

2650 NORTH MONROE STREET
 DECATUR, IL. 62526

Reference Numbers Facility ID 6005508

Health Service Area 004 Planning Service Area 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	14	80	0	0	29	0	123
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	80	0	0	29	0	123

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	112
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pac. Isl.	0	0	0	0	0
White	114	0	0	0	114
Race Unknown	0	0	0	0	0
Total	123	0	0	0	123

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	31.00
Other Health Staff	6.00
Non-Health Staff	41.00
Totals	97.00

Lincoln Park Terrace

2732 North Hampden Court
CHICAGO, IL. 60614

Reference Numbers Facility ID 6005516
Health Service Area 006 Planning Service Area 602

Administrator
DOV SOLOMON

Contact Person and Telephone
DOV SOLOMON
773-248-6000

Registered Agent Information
ROSENTHAL, NORBERT N.; MR.
400 E. RANDOLPH DRIVE, #700
CHICAGO, IL 60601

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	25
Blood Disorders	11
*Nervous System	3
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	22
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	20
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	97

Date Completed
1/6/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	109	109	109	109	97	12	36	109	Residents on 1/1/2006	93
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	75
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006	71
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	97
TOTAL BEDS	109	109	109	109	97	12	36	109		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	4174	31.8%	30196	75.9%	1398	35768	89.9%		89.9%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	4174	31.8%	30196	75.9%	1398	35768	89.9%		89.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	6	6	0	0	0	0	0	0	6	6	12
60 to 64	5	4	0	0	0	0	0	0	5	4	9
65 to 74	10	10	0	0	0	0	0	0	10	10	20
75 to 84	14	23	0	0	0	0	0	0	14	23	37
85+	5	12	0	0	0	0	0	0	5	12	17
TOTALS	42	55	0	0	0	0	0	0	42	55	97

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.

Lincoln Park Terrace

2732 North Hampden Court
CHICAGO, IL. 60614

Reference Numbers Facility ID 6005516

Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	7	86	0	0	4	0	97
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	86	0	0	4	0	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	5	0	0	0	5
Amer. Indian	0	0	0	0	0
Black	23	0	0	0	23
Hawaiian/Pac. Isl.	0	0	0	0	0
White	69	0	0	0	69
Race Unknown	0	0	0	0	0
Total	97	0	0	0	97

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	0.00
Certified Aides	33.00
Other Health Staff	1.00
Non-Health Staff	25.00
Totals	76.00

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

Pansy K. Crisel
618-833-9573

Registered Agent Information

RENDELMAN,JOHN S
2001 WEST MAIN ST,P.O.BOX 1570
CARBONDALE , IL 62903

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	15	15	15	15	0	0	15	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	15
TOTAL BEDS	15	15	15	15	0	0	15		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5475	100.0%	0	5475	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5475	100.0%	0	5475	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	1	0	0	3	1	4
45 to 59	0	0	0	0	5	2	0	0	5	2	7
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	11	4	0	0	11	4	15

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.

LINCOLN SQUARE202 SOUTH MAIN STREET
JONESBORO, IL. 62952

Reference Numbers Facility ID 6004170

Health Service Area 005 Planning Service Area 181

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	106
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	9.00
Non-Health Staff	0.00
Totals	9.00

LINCOLN TERRACE

2324 NORTH KICKAPOO STREET
LINCOLN, IL. 62656

Reference Numbers Facility ID 6012041
Health Service Area 003 Planning Service Area 107

Administrator

Danette Bezik

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOHTY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	15	1	16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	15
TOTAL BEDS	16	16	16	16	15	1	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5615	96.1%	0	5615	96.1%	96.1%	96.1%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5615	96.1%	0	5615	96.1%	96.1%	96.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	3	0	0	3	3	6
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	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	9	6	0	0	9	6	15

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.

LINCOLN TERRACE

2324 NORTH KICKAPOO STREET

LINCOLN, IL. 62656

Reference Numbers Facility ID 6012041

Health Service Area 003 Planning Service Area 107

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	108	108
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	7.75
Other Health Staff	0.66
Non-Health Staff	1.50
Totals	10.16

Lincolnwood Place

7000 N McCormick Blvd
Lincolnwood, IL. 60712

Reference Numbers Facility ID 6013213
Health Service Area 007 Planning Service Area 702

Administrator

Michael Perl

Contact Person and Telephone

Michael Perl
847-673-7166

Registered Agent Information

HEUBERGER,JOHN H
203 N. LASALLE ST. STE. 1800
CHICAGO , IL 60601

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	2
*Nervous System	0
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	0
Digestive System	6
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	3
TOTALS	52

Date Completed
4/27/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	40	40	40	40	35	5	40	0	52	77
Skilled Under 22	0	0	0	0	0	0	0	0	77	77
Intermediate DD	0	0	0	0	0	0	0	0	52	52
Sheltered Care	25	25	25	25	17	8				
TOTAL BEDS	65	65	65	65	52	13	40	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3791	26.0%	0	0.0%	8899	12690	86.9%	86.9%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					7290	7290	79.9%	79.9%		
TOTALS	3791	26.0%	0	0.0%	16189	19980	84.2%	84.2%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	4	5	9	14
85+	5	20	0	0	0	0	1	11	6	31	37
TOTALS	9	26	0	0	0	0	2	15	11	41	52

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.

Lincolnwood Place

7000 N McCormick Blvd
Lincolnwood, IL. 60712

Reference Numbers Facility ID 6013213

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance			
Nursing Care	10	0	0	0	25	0	35
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	17	0	17
TOTALS	10	0	0	0	42	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	215	195
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	130	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	34	0	0	17	51
Race Unknown	0	0	0	0	0
Total	35	0	0	17	52

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	35	0	0	17	52
Ethnicity Unknown	0	0	0	0	0
Total	35	0	0	17	52

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.60
LPN's	6.00
Certified Aides	18.50
Other Health Staff	0.00
Non-Health Staff	13.30
Totals	45.40

LINDEN ESTATE

1000 LINDEN STREET
MORTON, IL. 61550

Reference Numbers Facility ID 6014054
Health Service Area 002 Planning Service Area 179

Administrator
Matthew D. Steffen

Contact Person and Telephone

Matthew D. Steffen
309-266-9781

Registered Agent Information

MESSNER, RON
2125 VETERANS ROAD
MORTON, IL 61550

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5818	99.6%	0	5818	99.6%	99.6%	99.6%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5818	99.6%	0	5818	99.6%	99.6%	99.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	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	4	2	0	0	4	2	6
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	8	8	0	0	8	8	16

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.

LINDEN ESTATE

1000 LINDEN STREET
MORTON, IL. 61550

Reference Numbers Facility ID 6014054

Health Service Area 002 Planning Service Area 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	110	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.33
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.26
LPN's	0.52
Certified Aides	9.76
Other Health Staff	1.00
Non-Health Staff	1.03
Totals	12.90

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

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/2/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	4
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	4	4	4	4	0	4	4	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	4
TOTAL BEDS	4	4	4	4	0	0	4		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			1460	100.0%	0	1460	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	1460	100.0%	0	1460	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	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

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.

LINTON TERRACE330 LINTON AVENUE
WOOD RIVER, IL. 62095

Reference Numbers Facility ID 6013957

Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	206	206
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	5.25
Other Health Staff	0.10
Non-Health Staff	0.50
Totals	6.10

LITCHFIELD HEALTH CARE CENTER

1285 EAST UNION AVENUE
LITCHFIELD, IL. 62056

Reference Numbers Facility ID 6001432
Health Service Area 003 Planning Service Area 135

Administrator
Mary Buffington

Contact Person and Telephone

Mary Buffington
217-324-3996

Registered Agent Information

C T CORPORATION SYSTEM
208 SOUTH LASALLE STREET
CHICAGO , IL 60604

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	5
Mental Illness	2
Developmental Disability	0
Circulatory System	33
Respiratory System	9
Digestive System	5
Genitourinary System Disorders	8
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	7
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	75

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	123	84	84	75	75	48	26	123	67	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				189
TOTAL BEDS	123	84	84	75	75	48	26	123		75

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	5130	54.1%	19455	43.3%	4283	28868	64.3%		94.2%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	5130	54.1%	19455	43.3%	4283	28868	64.3%		94.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	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	8	21	0	0	0	0	0	0	8	21	29
85+	6	22	0	0	0	0	0	0	6	22	28
TOTALS	24	51	0	0	0	0	0	0	24	51	75

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.

LITCHFIELD HEALTH CARE CENTER

1285 EAST UNION AVENUE

LITCHFIELD, IL. 62056

Reference Numbers Facility ID 6001432

Health Service Area 003 Planning Service Area 135

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	12	53	0	0	10	0	75
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	53	0	0	10	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	114
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.45
LPN's	14.36
Certified Aides	36.21
Other Health Staff	11.26
Non-Health Staff	30.40
Totals	96.68

LITCHFIELD TERRACE. LTD.

1024 EAST TYLER
LITCHFIELD, IL. 62056
Reference Numbers Facility ID 6000095
Health Service Area 003 Planning Service Area 135

Administrator

Barbara Lowry

Contact Person and Telephone

Barbara Lowry
217-324-3842

Registered Agent Information

WEINTRAUB,GARY A.;MR.
465 CENTRAL AVENUE, SUITE 100
NORTHFIELD , IL 60093

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	18
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	0
Mental Illness	32
Developmental Disability	0
Circulatory System	4
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	63

Date Completed
4/12/2006

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	65	65	65	65	63	2	0	65	56	42
Skilled Under 22	0	0	0	0	0	0		0		35
Intermediate DD	0	0	0	0	0	0		0		63
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	65	65	65	65	63	2	0	65		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	20731	87.4%	509	21240	89.5%	89.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	0	0.0%	20731	87.4%	509	21240	89.5%	89.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	8	4	0	0	0	0	0	0	8	4	12
45 to 59	14	9	0	0	0	0	0	0	14	9	23
60 to 64	5	5	0	0	0	0	0	0	5	5	10
65 to 74	7	7	0	0	0	0	0	0	7	7	14
75 to 84	2	1	0	0	0	0	0	0	2	1	3
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	36	27	0	0	0	0	0	0	36	27	63

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.

LITCHFIELD TERRACE. LTD.1024 EAST TYLER
LITCHFIELD, IL. 62056

Reference Numbers Facility ID 6000095

Health Service Area 003 Planning Service Area 135

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	63	0	0	0	0	63
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	63	0	0	0	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	97	90
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	13.00
Other Health Staff	3.00
Non-Health Staff	16.00
Totals	39.00

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

LYNN, NICHOLAS J.
227 WEST MONROE STREET, #3400
CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/19/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	56
Skilled Under 22	57	57	57	57	56	1		55	Total Admissions 2006	5
Intermediate DD	0	0	0	0	0	0		0	Total Discharges 2006	5
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2006	56
TOTAL BEDS	57	57	57	57	56	1	0	55		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			19777	98.5%	366	20143	96.8%	96.8%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	19777	98.5%	366	20143	96.8%	96.8%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	9	9	0	0	0	0	9	9	18
18 to 44	0	0	21	16	0	0	0	0	21	16	37
45 to 59	0	0	1	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	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	31	25	0	0	0	0	31	25	56

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.

LITTLE ANGELS

1435 SUMMIT STREET

ELGIN, IL. 60120

Reference Numbers Facility ID 6005524

Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	55	0	0	1	0	56
ICF/DD		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	250	250
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	1	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	13	0	0	13
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	42	0	0	42
Race Unknown	0	0	0	0	0
Total	0	56	0	0	56

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	11	0	0	11
Non-Hispanic	0	45	0	0	45
Ethnicity Unknown	0	0	0	0	0
Total	0	56	0	0	56

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.20
LPN's	7.50
Certified Aides	56.50
Other Health Staff	8.14
Non-Health Staff	13.93
Totals	98.27

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
Sister Maureen Courtney

Contact Person and Telephone

Sister Margaret Lennon
773-935-9600

Registered Agent Information

COYNE,DANIEL W.
30 NORTH LASALLE, SUITE 4100
CHICAGO , IL 60602

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System	1
Alzheimer Disease	2
Mental Illness	24
Developmental Disability	0
Circulatory System	16
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	17
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	71

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	76	76	74	76	71	5	0	76	71	8
Skilled Under 22	0	0	0	0	0	0	0	0		8
Intermediate DD	0	0	0	0	0	0	0	0		71
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	76	76	74	76	71	5	0	76		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	24723	89.1%	847	25570	92.2%		92.2%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	24723	89.1%	847	25570	92.2%		92.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	4	14	0	0	0	0	0	0	4	14	18
85+	3	50	0	0	0	0	0	0	3	50	53
TOTALS	7	64	0	0	0	0	0	0	7	64	71

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	67	0	0	4	0	71
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	67	0	0	4	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	120	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	1	0	0	0	1
White	67	0	0	0	67
Race Unknown	0	0	0	0	0
Total	71	0	0	0	71

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	9.70
LPN's	2.20
Certified Aides	31.40
Other Health Staff	0.00
Non-Health Staff	45.70
Totals	89.00

LIVINGSTON MANOR (CO NH)

14335 U.S. HIGHWAY 66
 PONTIAC, IL. 61764
Reference Numbers Facility ID 6005573
 Health Service Area 004 Planning Service Area 105

Administrator

LeAnn Thomas

Contact Person and Telephone

Sandra Harmon
 815-844-5121

Registered Agent Information

RAPP,JEANNE
 LIVINGSTON COUNTY COURT HOUSE
 PONTIAC, IL 61764

FACILITY OWNERSHIP
 COUNTY

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System	12
Alzheimer Disease	4
Mental Illness	4
Developmental Disability	0
Circulatory System	23
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	8
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	77

Date Completed
 4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	122	121	85	121	77	45	28	122	80	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	122	121	85	121	77	45	28	122	80	77

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1535	15.0%	19071	42.8%	7326	27932	62.7%		63.2%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1535	15.0%	19071	42.8%	7326	27932	62.7%		63.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	3	0	0	0	0	0	0	0	3	3
60 to 64	4	5	0	0	0	0	0	0	4	5	9
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	7	13	0	0	0	0	0	0	7	13	20
85+	9	31	0	0	0	0	0	0	9	31	40
TOTALS	22	55	0	0	0	0	0	0	22	55	77

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.

LIVINGSTON MANOR (CO NH)

14335 U.S. HIGHWAY 66
 PONTIAC, IL. 61764

Reference Numbers Facility ID 6005573

Health Service Area 004 Planning Service Area 105

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	53	0	2	18	0	77
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	53	0	2	18	0	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	137	126
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	29.00
Other Health Staff	1.00
Non-Health Staff	35.75
Totals	80.75

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

Registered Agent Information

SOLTWEDEL,NORBERT
702 W. CUMBERLAND ROAD
ALTAMONT , IL 62411

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

Date Completed
4/11/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	3
*Nervous System	4
Alzheimer Disease	7
Mental Illness	3
Developmental Disability	0
Circulatory System	15
Respiratory System	4
Digestive System	8
Genitourinary System Disorders	7
Skin Disorders	2
Musculo-skeletal Disorders	7
Injuries and Poisonings	7
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	69

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	96	96	82	96	69	27	96	96	76	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				91
TOTAL BEDS	96	96	82	96	69	27	96	96		69

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2662	7.6%	10974	31.3%	13766	27402	78.2%		78.2%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2662	7.6%	10974	31.3%	13766	27402	78.2%		78.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	5	23	0	0	0	0	0	0	5	23	28
85+	5	33	0	0	0	0	0	0	5	33	38
TOTALS	10	59	0	0	0	0	0	0	10	59	69

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.

LUTHERAN CARE CENTER

702 WEST CUMBERLAND ROAD
 ALTAMONT, IL. 62411

Reference Numbers Facility ID 6005599

Health Service Area 005 Planning Service Area 049

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	26	0	0	35	0	69
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	26	0	0	35	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	111
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	69	0	0	0	69
Total	69	0	0	0	69

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	11.00
Certified Aides	31.00
Other Health Staff	11.00
Non-Health Staff	42.00
Totals	99.00

LUTHERAN HOME

6901 NORTH GALENA ROAD
PEORIA, IL. 61614

Reference Numbers Facility ID 6005615
Health Service Area 002 Planning Service Area 143

Administrator

Janelle Clark

Contact Person and Telephone

Susan Sullivan
309-689-7507

Registered Agent Information

CT CORPORATION SYSTEM
208 LASALLE, SUITE 814
CHICAGO, IL 60604

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	7
Mental Illness	2
Developmental Disability	0
Circulatory System	22
Respiratory System	10
Digestive System	5
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	10
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	78

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	85	85	85	85	78	7	85	20	83	
Skilled Under 22	0	0	0	0	0	0		0	135	
Intermediate DD	0	0	0	0	0	0		0	140	
Sheltered Care	0	0	0	0	0	0		0	78	
TOTAL BEDS	85	85	85	85	78	7	85	20		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3219	10.4%	3141	43.0%	23524	29884	96.3%	96.3%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	3219	10.4%	3141	43.0%	23524	29884	96.3%	96.3%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	5	10	0	0	0	0	0	0	5	10	15
85+	13	47	0	0	0	0	0	0	13	47	60
TOTALS	20	58	0	0	0	0	0	0	20	58	78

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.

LUTHERAN HOME

6901 NORTH GALENA ROAD
PEORIA, IL. 61614

Reference Numbers Facility ID 6005615

Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	11	7	2	1	57	0	78
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	7	2	1	57	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	363	193
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	74	0	0	0	74
Race Unknown	4	0	0	0	4
Total	78	0	0	0	78

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	74	0	0	0	74
Ethnicity Unknown	4	0	0	0	4
Total	78	0	0	0	78

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.50
LPN's	12.00
Certified Aides	33.00
Other Health Staff	0.00
Non-Health Staff	12.50
Totals	67.00

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

Phillip Hemmer

Contact Person and Telephone

James Holbrook
847-253-3710

Registered Agent Information

PAULSBERG,ROGER;MR.
800 W OAKTON ST
ARLINGTON HEIGHTS, IL 60004

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	12
Blood Disorders	5
*Nervous System	4
Alzheimer Disease	84
Mental Illness	1
Developmental Disability	1
Circulatory System	65
Respiratory System	22
Digestive System	29
Genitourinary System Disorders	29
Skin Disorders	9
Musculo-skeletal Disorders	17
Injuries and Poisonings	0
Other Medical Conditions	86
Non-Medical Conditions	0
TOTALS	368

Date Completed
5/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2006	
Nursing Care	322	322	306	322	16	252	273	382	
Skilled Under 22	0	0	0	0	0		0	644	
Intermediate DD	0	0	0	0	0		0		658
Sheltered Care	70	70	62	70	8				368
TOTAL BEDS	392	392	368	392	24	252	273		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	12766	13.9%	28986	29.1%	69938	111690	95.0%	95.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					22630	22630	88.6%	88.6%		
TOTALS	12766	13.9%	28986	29.1%	92568	134320	93.9%	93.9%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	8	0	0	0	0	0	2	3	10	13
75 to 84	21	54	0	0	0	0	5	12	26	66	92
85+	38	181	0	0	0	0	7	36	45	217	262
TOTALS	63	243	0	0	0	0	12	50	75	293	368

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	34	83	0	1	181	7	306
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	55	7	62
TOTALS	34	83	0	1	236	14	368

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	259	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	234	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	303	0	0	62	365
Race Unknown	0	0	0	0	0
Total	306	0	0	62	368

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	305	0	0	62	367
Ethnicity Unknown	0	0	0	0	0
Total	306	0	0	62	368

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	37.00
LPN's	13.00
Certified Aides	190.00
Other Health Staff	26.00
Non-Health Staff	157.00
Totals	425.00

LYDIA HEALTHCARE

13901 SOUTH LYDIA
ROBBINS, IL. 60472

Reference Numbers Facility ID 6005623
Health Service Area 007 Planning Service Area 705

Administrator

Alice Apara

Contact Person and Telephone

Margaret Toupal
630-455-9696

Registered Agent Information

CRAMAROSSO, MICHAEL
444 N MICHIGAN AVENUE, STE 2500
CHICAGO, IL 60611

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	403
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	403

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK	PEAK	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2006	
Nursing Care	412	412	412	403	9	0	412	393	
Skilled Under 22	0	0	0	0	0		0	194	
Intermediate DD	0	0	0	0	0		0	184	
Sheltered Care	0	0	0	0	0		0	403	
TOTAL BEDS	412	412	412	403	9	0	412		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	144802	96.3%	3514	148316	98.6%	98.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	0	0.0%	144802	96.3%	3514	148316	98.6%	98.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	98	37	0	0	0	0	0	0	98	37	135
45 to 59	164	62	0	0	0	0	0	0	164	62	226
60 to 64	18	8	0	0	0	0	0	0	18	8	26
65 to 74	8	5	0	0	0	0	0	0	8	5	13
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	290	113	0	0	0	0	0	0	290	113	403

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.

LYDIA HEALTHCARE

13901 SOUTH LYDIA
ROBBINS, IL. 60472

Reference Numbers Facility ID 6005623

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	390	9	0	4	0	403
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	390	9	0	4	0	403

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	310	0	0	0	310
Hawaiian/Pac. Isl.	0	0	0	0	0
White	91	0	0	0	91
Race Unknown	0	0	0	0	0
Total	403	0	0	0	403

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	392	0	0	0	392
Ethnicity Unknown	0	0	0	0	0
Total	403	0	0	0	403

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	19.00
Certified Aides	60.00
Other Health Staff	0.00
Non-Health Staff	110.00
Totals	195.00

LYNHAVEN

1108 ENGINEER ROAD
 PONTOON BEACH, IL. 62040
Reference Numbers Facility ID 6012546
 Health Service Area 011 Planning Service Area 119

Administrator

Diane Tebbe

Contact Person and Telephone

Diane Tebbe
 618-465-0044

Registered Agent Information

MOEHN, J. THOMAS
 4 EMMIE L. KAUS LANE
 ALTON, IL 62002

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
 4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	1		16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0			Residents on 12/31/2006	15
TOTAL BEDS	16	16	16	16	1	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			4747	81.3%	0	4747	81.3%	81.3%	81.3%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	4747	81.3%	0	4747	81.3%	81.3%	81.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	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	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	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

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.

LYNHAVEN

1108 ENGINEER ROAD
 PONTOON BEACH, IL. 62040

Reference Numbers Facility ID 6012546

Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	0.50
Totals	12.50

LYNWOD ESTATES

301 RODDY ROAD
SALEM, IL. 62881

Reference Numbers Facility ID 6012520
Health Service Area 005 Planning Service Area 121

Administrator
MISTY WERNSMAN

Contact Person and Telephone

Angie Blair
618-548-0353

Registered Agent Information

CRAIN, WILLIAM P.; MR,
623 EAST BROADWAY
CENTRALIA, IL 62801

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	14
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	2
Intermediate DD	16	16	15	16	15	1		16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2006	15
TOTAL BEDS	16	16	15	16	15	1	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			4974	85.2%	0	4974	85.2%	85.2%	85.2%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	4974	85.2%	0	4974	85.2%	85.2%	85.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	2	0	0	2	2	4
60 to 64	0	0	0	0	2	2	0	0	2	2	4
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	0	0	0	0	0	0
TOTALS	0	0	0	0	7	8	0	0	7	8	15

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.

LYNWOOD ESTATES

301 RODDY ROAD
SALEM, IL. 62881

Reference Numbers Facility ID 6012520

Health Service Area 005 Planning Service Area 121

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	16.00
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	17.00

LYNWOOD TERRACE

2317 EAST 207TH STREET
LYNWOOD, IL. 60411

Reference Numbers Facility ID 6013809
Health Service Area 007 Planning Service Area 705

Administrator
Whitney Oberlink

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	5
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	6	6	6	6	5	1	6	6	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	5
TOTAL BEDS	6	6	6	6	5	1	0	6		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			1979	90.4%	0	1979	90.4%	90.4%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	1979	90.4%	0	1979	90.4%	90.4%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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

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.

LYNWOOD TERRACE

2317 EAST 207TH STREET

LYNWOOD, IL. 60411

Reference Numbers Facility ID 6013809

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	5	0	0	0	5
Sheltered Care			0	0	0	0	0
TOTALS	0	0	5	0	0	0	5

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	199	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	4	0	4
Race Unknown	0	0	0	0	0
Total	0	0	5	0	5

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.11
LPN's	0.00
Certified Aides	5.41
Other Health Staff	0.22
Non-Health Staff	0.68
Totals	6.67

LYONS COURT

4405 WEST LYONS COURT
PEORIA, IL. 61615

Reference Numbers Facility ID 6013411
Health Service Area 002 Planning Service Area 143

Administrator

Edith B. Morris

Contact Person and Telephone

Edith Morris
309-691-3123

Registered Agent Information

RICKETTS,ROY
1913 WEST TOWNLINE RD,BOX 3418
PEORIA, IL 61612

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	4
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	4	4	4	4	0	4	4	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	4
TOTAL BEDS	4	4	4	4	0	0	4		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			1424	97.5%	0	1424	97.5%	97.5%	97.5%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	1424	97.5%	0	1424	97.5%	97.5%	97.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	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	4	0	0	0	4	4

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.

LYONS COURT

4405 WEST LYONS COURT
 PEORIA, IL. 61615

Reference Numbers Facility ID 6013411

Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	163	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	1.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	3.75
Totals	6.75

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

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/2/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	4
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	4	4	4	4	4	0	4	4	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	4
TOTAL BEDS	4	4	4	4	4	0	0	4		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			1412	96.7%	0	1412	96.7%	96.7%	96.7%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	1412	96.7%	0	1412	96.7%	96.7%	96.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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

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.

MADISON TERRACE

95 NORTH MAIN
WOOD RIVER, IL. 62095

Reference Numbers Facility ID 6013940

Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	206	206
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	5.25
Other Health Staff	0.10
Non-Health Staff	0.50
Totals	6.10

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

Registered Agent Information

CONNELLY,ROSEMARY;SR.;RSM
2916 WEST 47TH STREET
CHICAGO , IL 60632

FACILITY OWNERSHIP

NON-PROF CORPORATION

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	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	12
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	12	12	12	12	0		12	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0			Residents on 12/31/2006	12
TOTAL BEDS	12	12	12	12	0	0	12		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			4380	100.0%	0	4380	100.0%	100.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	4380	100.0%	0	4380	100.0%	100.0%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	11	0	0	0	11	11
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	0	12	0	0	0	12	12

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.

MAHONEY HOUSE

6300 NORTH RIDGE AVENUE
 CHICAGO, IL. 60660

Reference Numbers Facility ID 6010318

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	195	195
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.15
LPN's	0.00
Certified Aides	7.67
Other Health Staff	1.80
Non-Health Staff	0.15
Totals	10.02

MANOR CARE - ARLINGTON HEIGHTS

715 WEST CENTRAL ROAD
 ARLINGTON HEIGHTS, IL. 60005
Reference Numbers Facility ID 6000228
 Health Service Area 007 Planning Service Area 701

Administrator
 Theresa Smelser

Contact Person and Telephone

Theresa Smelser
 847-392-2020

Registered Agent Information

C T CORPORATION SYSTEM
 208 SOUTH LASALLE STREET
 CHICAGO , IL 60604

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	4
Blood Disorders	4
*Nervous System	4
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	3
Circulatory System	22
Respiratory System	17
Digestive System	6
Genitourinary System Disorders	12
Skin Disorders	5
Musculo-skeletal Disorders	6
Injuries and Poisonings	19
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	127

Date Completed
 5/3/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	151	147	147	146	127	24	151	36	Residents on 1/1/2006 147
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006 1109
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006 1129
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006 127
TOTAL BEDS	151	147	147	146	127	24	151	36	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	24815	45.0%	12113	92.2%	10883	47811	86.7%		89.1%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	24815	45.0%	12113	92.2%	10883	47811	86.7%		89.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	3	0	0	0	0	0	0	0	3	0	3
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	11	11	0	0	0	0	0	0	11	11	22
75 to 84	23	19	0	0	0	0	0	0	23	19	42
85+	10	44	0	0	0	0	0	0	10	44	54
TOTALS	49	78	0	0	0	0	0	0	49	78	127

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.

MANOR CARE - ARLINGTON HEIGHTS

715 WEST CENTRAL ROAD
 ARLINGTON HEIGHTS, IL. 60005

Reference Numbers Facility ID 6000228

Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	56	31	4	12	24	0	127
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	56	31	4	12	24	0	127

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	229	188
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	124	0	0	0	124
Race Unknown	0	0	0	0	0
Total	127	0	0	0	127

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	26.00
LPN's	9.00
Certified Aides	46.00
Other Health Staff	29.00
Non-Health Staff	42.00
Totals	154.00

MANOR CARE - CHAMPAIGN

309 EAST SPRINGFIELD
 CHAMPAIGN, IL. 61820
Reference Numbers Facility ID 6000301
 Health Service Area 004 Planning Service Area 019

Administrator

Pamella Britt

Contact Person and Telephone

Pamella Britt
 217-352-5135

Registered Agent Information

C T CORPORATION SYSTEM
 208 SOUTH LASALLE STREET
 CHICAGO , IL 60604

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System	2
Alzheimer Disease	6
Mental Illness	4
Developmental Disability	0
Circulatory System	23
Respiratory System	11
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	7
Injuries and Poisonings	8
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	93

Date Completed
 4/19/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	102	97	97	97	93	9	102	14	97
Skilled Under 22	0	0	0	0	0	0	0	0	502
Intermediate DD	0	0	0	0	0	0	0	0	506
Sheltered Care	0	0	0	0	0	0	0	0	93
TOTAL BEDS	102	97	97	97	93	9	102	14	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	10939	29.4%	5396	105.6%	18574	34909	93.8%	98.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	10939	29.4%	5396	105.6%	18574	34909	93.8%	98.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	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	4	1	0	0	0	0	0	0	4	1	5
65 to 74	5	3	0	0	0	0	0	0	5	3	8
75 to 84	8	23	0	0	0	0	0	0	8	23	31
85+	4	37	0	0	0	0	0	0	4	37	41
TOTALS	26	67	0	0	0	0	0	0	26	67	93

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.

MANOR CARE - CHAMPAIGN

309 EAST SPRINGFIELD
 CHAMPAIGN, IL. 61820

Reference Numbers Facility ID 6000301

Health Service Area 004 Planning Service Area 019

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	30	11	0	10	42	0	93
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	30	11	0	10	42	0	93

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	169	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pac. Isl.	1	0	0	0	1
White	85	0	0	0	85
Race Unknown	0	0	0	0	0
Total	93	0	0	0	93

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	34.00
Other Health Staff	16.00
Non-Health Staff	33.00
Totals	107.00

MANOR CARE - DECATUR

444 WEST HARRISON STREET
DECATUR, IL. 62526

Reference Numbers Facility ID 6000285
Health Service Area 004 Planning Service Area 115

Administrator
William L. Wade

Contact Person and Telephone

William L. Wade
217-877-7333

Registered Agent Information

C T CORPORATION SYSTEM
208 SOUTH LASALLE STREET
CHICAGO , IL 60604

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	6
Blood Disorders	5
*Nervous System	6
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	11
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	28
Injuries and Poisonings	0
Other Medical Conditions	32
Non-Medical Conditions	0
TOTALS	110

Date Completed
4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	112	112	112	112	2	112	32	108	
Skilled Under 22	0	0	0	0	0	0	0	339	
Intermediate DD	0	0	0	0	0	0	0	337	
Sheltered Care	0	0	0	0	0	0	0	110	
TOTAL BEDS	112	112	112	112	2	112	32		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	13455	32.9%	6953	59.5%	19893	40301	98.6%	98.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	13455	32.9%	6953	59.5%	19893	40301	98.6%	98.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	2	13	0	0	0	0	0	0	2	13	15
75 to 84	11	26	0	0	0	0	0	0	11	26	37
85+	10	45	0	0	0	0	0	0	10	45	55
TOTALS	24	86	0	0	0	0	0	0	24	86	110

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.

MANOR CARE - DECATUR

444 WEST HARRISON STREET
 DECATUR, IL. 62526

Reference Numbers Facility ID 6000285

Health Service Area 004 Planning Service Area 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	20	17	0	32	41	0	110
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	17	0	32	41	0	110

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	174	136
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	33.00
Other Health Staff	10.00
Non-Health Staff	32.00
Totals	99.00

MANOR CARE - 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

Pam Crenshaw
847-742-3310

Registered Agent Information

C T CORPORATION SYSTEM
208 SOUTH LASALLE STREET
CHICAGO, IL 60604

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

Date Completed
4/12/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	35
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	12
Digestive System	2
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	80

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	88	85	83	82	80	8	88	57	78	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				80
TOTAL BEDS	88	85	83	82	80	8	88	57		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	5461	17.0%	13484	64.8%	8809	27754	86.4%		89.5%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	5461	17.0%	13484	64.8%	8809	27754	86.4%		89.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	4	2	0	0	0	0	0	0	4	2	6
75 to 84	10	22	0	0	0	0	0	0	10	22	32
85+	2	36	0	0	0	0	0	0	2	36	38
TOTALS	18	62	0	0	0	0	0	0	18	62	80

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.

MANOR CARE - ELGIN

180 SOUTH STATE STREET
 ELGIN, IL. 60123

Reference Numbers Facility ID 6000277

Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	21	41	0	4	14	0	80
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	41	0	4	14	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	183
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	75	0	0	0	75
Race Unknown	0	0	0	0	0
Total	80	0	0	0	80

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	76	0	0	0	76
Ethnicity Unknown	0	0	0	0	0
Total	80	0	0	0	80

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	29.00
Other Health Staff	24.00
Non-Health Staff	7.00
Totals	81.00

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

Brian Gross
 847-301-0550

Registered Agent Information

C T CORPORATION SYSTEM
 208 SOUTH LASALLE STREET
 CHICAGO , IL 60604

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	14
*Nervous System	10
Alzheimer Disease	4
Mental Illness	4
Developmental Disability	0
Circulatory System	24
Respiratory System	12
Digestive System	4
Genitourinary System Disorders	7
Skin Disorders	4
Musculo-skeletal Disorders	7
Injuries and Poisonings	16
Other Medical Conditions	71
Non-Medical Conditions	0
TOTALS	180

Date Completed
 4/20/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	190	190	180	190	10	190	90	172	811
Skilled Under 22	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0		803
TOTAL BEDS	190	190	180	190	10	190	90	180	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	24031	34.7%	16719	50.9%	24874	65624	94.6%	94.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	24031	34.7%	16719	50.9%	24874	65624	94.6%	94.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	5	3	0	0	0	0	0	0	5	3	8
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	8	13	0	0	0	0	0	0	8	13	21
75 to 84	18	36	0	0	0	0	0	0	18	36	54
85+	12	84	0	0	0	0	0	0	12	84	96
TOTALS	43	137	0	0	0	0	0	0	43	137	180

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	67	54	0	6	53	0	180
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	67	54	0	6	53	0	180

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	243	212
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	178	0	0	0	178
Race Unknown	0	0	0	0	0
Total	180	0	0	0	180

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	180	0	0	0	180
Ethnicity Unknown	0	0	0	0	0
Total	180	0	0	0	180

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	29.00
LPN's	10.00
Certified Aides	69.00
Other Health Staff	1.00
Non-Health Staff	57.00
Totals	168.00

MANOR CARE - HINSDALE

600 WEST OGDEN AVENUE
HINSDALE, IL. 60521

Reference Numbers Facility ID 6006332
Health Service Area 007 Planning Service Area 703

Administrator

John Vrba

Contact Person and Telephone

Anthony Schreiber
630-325-9630

Registered Agent Information

C T CORPORATION SYSTEM
208 SOUTH LASALLE STREET
CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	5
Blood Disorders	3
*Nervous System	2
Alzheimer Disease	32
Mental Illness	0
Developmental Disability	0
Circulatory System	23
Respiratory System	28
Digestive System	10
Genitourinary System Disorders	2
Skin Disorders	4
Musculo-skeletal Disorders	3
Injuries and Poisonings	52
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	185

Date Completed
4/2/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	200	200	200	200	185	15	200	14	177	1140
Skilled Under 22	0	0	0	0	0	0	0	0		1132
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0		185
TOTAL BEDS	200	200	200	200	185	15	200	14		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	30620	41.9%	6526	127.7%	30379	67525	92.5%		92.5%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	30620	41.9%	6526	127.7%	30379	67525	92.5%		92.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	29	0	0	0	0	0	0	6	29	35
65 to 74	28	60	0	0	0	0	0	0	28	60	88
75 to 84	15	12	0	0	0	0	0	0	15	12	27
85+	16	18	0	0	0	0	0	0	16	18	34
TOTALS	65	120	0	0	0	0	0	0	65	120	185

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.

MANOR CARE - HINSDALE600 WEST OGDEN AVENUE
HINSDALE, IL. 60521

Reference Numbers Facility ID 6006332

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	84	23	0	13	65	0	185
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	84	23	0	13	65	0	185

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	231	188
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	175	0	0	0	175
Race Unknown	5	0	0	0	5
Total	185	0	0	0	185

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	175	0	0	0	175
Ethnicity Unknown	5	0	0	0	5
Total	185	0	0	0	185

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	25.00
LPN's	17.00
Certified Aides	85.00
Other Health Staff	40.00
Non-Health Staff	71.00
Totals	240.00

FACILITY NOTES

Bed Change 8/24/2006 Added eight nursing care beds, total now 200 nursing care beds.

MANOR CARE - KANKAKEE

900 WEST RIVER PLACE
 KANKAKEE, IL. 60901
Reference Numbers Facility ID 6000269
 Health Service Area 009 Planning Service Area 091

Administrator

Susan Lucas

Contact Person and Telephone

Susan Lucas
 815-933-1711

Registered Agent Information

C T CORPORATION SYSTEM
 208 SOUTH LASALLE STREET
 CHICAGO, IL 60604

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	9
Blood Disorders	1
*Nervous System	6
Alzheimer Disease	31
Mental Illness	0
Developmental Disability	2
Circulatory System	23
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	86

Date Completed
 4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	107	106	106	106	86	21	107	82	Residents on 1/1/2006 96
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006 263
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006 273
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006 86
TOTAL BEDS	107	106	106	106	86	21	107	82	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	8017	20.5%	19974	66.7%	6690	34681	88.8%	89.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	8017	20.5%	19974	66.7%	6690	34681	88.8%	89.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	8	0	0	0	0	0	0	2	8	10
75 to 84	4	27	0	0	0	0	0	0	4	27	31
85+	7	30	0	0	0	0	0	0	7	30	37
TOTALS	16	70	0	0	0	0	0	0	16	70	86

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.

MANOR CARE - KANKAKEE

900 WEST RIVER PLACE
KANKAKEE, IL. 60901

Reference Numbers Facility ID 6000269

Health Service Area 009 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	20	49	0	0	17	0	86
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	49	0	0	17	0	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	156	136
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	80	0	0	0	80
Race Unknown	0	0	0	0	0
Total	86	0	0	0	86

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	38.00
Other Health Staff	12.00
Non-Health Staff	20.00
Totals	94.00

MANOR CARE - LIBERTYVILLE

1500 SOUTH MILWAUKEE AVENUE
LIBERTYVILLE, IL. 60048

Reference Numbers Facility ID 6010482
Health Service Area 008 Planning Service Area 097

Administrator

Pamela R. Lamb

Contact Person and Telephone

Pamela Lamb
847-816-3200

Registered Agent Information

C T CORPORATION SYSTEM
208 SOUTH LASALLE STREET
CHICAGO, IL 60604

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	12
Digestive System	15
Genitourinary System Disorders	4
Skin Disorders	4
Musculo-skeletal Disorders	34
Injuries and Poisonings	9
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	112

Date Completed
4/30/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	150	144	130	144	38	150	82	114	636
Skilled Under 22	0	0	0	0	0		0		638
Intermediate DD	0	0	0	0	0		0		112
Sheltered Care	0	0	0	0	0				
TOTAL BEDS	150	144	130	144	38	150	82		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	15612	28.5%	20269	67.7%	6367	42248	77.2%		80.4%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	15612	28.5%	20269	67.7%	6367	42248	77.2%		80.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	5	5	0	0	0	0	0	0	5	5	10
60 to 64	3	2	0	0	0	0	0	0	3	2	5
65 to 74	10	13	0	0	0	0	0	0	10	13	23
75 to 84	10	27	0	0	0	0	0	0	10	27	37
85+	5	30	0	0	0	0	0	0	5	30	35
TOTALS	34	78	0	0	0	0	0	0	34	78	112

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.

MANOR CARE - LIBERTYVILLE

1500 SOUTH MILWAUKEE AVENUE
LIBERTYVILLE, IL. 60048

Reference Numbers Facility ID 6010482

Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	44	56	0	3	9	0	112
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	44	56	0	3	9	0	112

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	208
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	36.00
LPN's	9.00
Certified Aides	49.00
Other Health Staff	29.00
Non-Health Staff	40.00
Totals	165.00

MANOR CARE - NAPERVILLE

200 WEST MARTIN AVENUE
NAPERVILLE, IL. 60540

Reference Numbers Facility ID 6000251
Health Service Area 007 Planning Service Area 703

Administrator

Diane D. Lube

Contact Person and Telephone

Diane D. Lube
630-355-4111

Registered Agent Information

C T CORPORATION SYSTEM
208 SOUTH LASALLE STREET
CHICAGO, IL 60604

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	10
Endocrine/Metabolic	10
Blood Disorders	1
*Nervous System	5
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	19
Respiratory System	18
Digestive System	10
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	10
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	108

Date Completed
5/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	118	113	108	113	108	10	118	52	106
Skilled Under 22	0	0	0	0	0	0	0	0	692
Intermediate DD	0	0	0	0	0	0	0	0	690
Sheltered Care	0	0	0	0	0	0	0	0	108
TOTAL BEDS	118	113	108	113	108	10	118	52	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	16156	37.5%	12706	66.9%	8947	37809	87.8%	91.7%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	16156	37.5%	12706	66.9%	8947	37809	87.8%	91.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	3	6	0	0	0	0	0	0	3	6	9
60 to 64	2	6	0	0	0	0	0	0	2	6	8
65 to 74	7	7	0	0	0	0	0	0	7	7	14
75 to 84	10	20	0	0	0	0	0	0	10	20	30
85+	10	36	0	0	0	0	0	0	10	36	46
TOTALS	32	76	0	0	0	0	0	0	32	76	108

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.

MANOR CARE - NAPERVILLE

200 WEST MARTIN AVENUE
 NAPERVILLE, IL. 60540

Reference Numbers Facility ID 6000251

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	50	30	0	9	19	0	108
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	50	30	0	9	19	0	108

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	229	211
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	104	0	0	0	104
Race Unknown	0	0	0	0	0
Total	108	0	0	0	108

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	104	0	0	0	104
Ethnicity Unknown	2	0	0	0	2
Total	108	0	0	0	108

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	37.00
Other Health Staff	16.00
Non-Health Staff	33.00
Totals	117.00

MANOR CARE - NORMAL

510 BROADWAY
 NORMAL, IL. 61761
Reference Numbers Facility ID 6000244
 Health Service Area 004 Planning Service Area 113

Administrator
 Melissa Pate

Contact Person and Telephone

Melissa Pate
 309-452-4406

Registered Agent Information

C T CORPORATION SYSTEM
 208 SOUTH LASALLE STREET
 CHICAGO, IL 60604

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	2
Alzheimer Disease	21
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	13
Digestive System	4
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	50
Non-Medical Conditions	0
TOTALS	98

Date Completed
 5/21/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	116	112	106	112	98	18	116	26	103
Skilled Under 22	0	0	0	0	0	0	0	0	470
Intermediate DD	0	0	0	0	0	0	0	0	475
Sheltered Care	0	0	0	0	0	0	0	0	98
TOTAL BEDS	116	112	106	112	98	18	116	26	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	11041	26.1%	6806	71.7%	16366	34213	80.8%	83.7%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	11041	26.1%	6806	71.7%	16366	34213	80.8%	83.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	6	11	0	0	0	0	0	0	6	11	17
75 to 84	5	33	0	0	0	0	0	0	5	33	38
85+	9	27	0	0	0	0	0	0	9	27	36
TOTALS	23	75	0	0	0	0	0	0	23	75	98

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.

MANOR CARE - NORMAL

510 BROADWAY
 NORMAL, IL. 61761

Reference Numbers Facility ID 6000244

Health Service Area 004 Planning Service Area 113

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	42	17	0	8	31	0	98
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	42	17	0	8	31	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	165
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	16.00
Certified Aides	48.00
Other Health Staff	0.00
Non-Health Staff	65.00
Totals	141.00

MANOR CARE - OAK LAWN/95TH

6300 WEST 95TH STREET
 OAK LAWN, IL. 60453
Reference Numbers Facility ID 6000343
 Health Service Area 007 Planning Service Area 705

Administrator
 Denise Clements

Contact Person and Telephone
 Denise Clements
 708-599-8800

Registered Agent Information

C T CORPORATION SYSTEM
 208 SOUTH LASALLE STREET
 CHICAGO , IL 60604

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System	6
Alzheimer Disease	24
Mental Illness	1
Developmental Disability	2
Circulatory System	22
Respiratory System	29
Digestive System	0
Genitourinary System Disorders	9
Skin Disorders	3
Musculo-skeletal Disorders	7
Injuries and Poisonings	25
Other Medical Conditions	11
Non-Medical Conditions	2
TOTALS	149

Date Completed
 4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	192	189	189	149	43	192	64	Residents on 1/1/2006	167
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1552
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	1570
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	149
TOTAL BEDS	192	189	189	149	43	192	64		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	24948	35.6%	16378	70.1%	19509	60835	86.8%	88.2%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	24948	35.6%	16378	70.1%	19509	60835	86.8%	88.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	1	4	0	0	0	0	0	0	1	4	5
60 to 64	1	8	0	0	0	0	0	0	1	8	9
65 to 74	10	15	0	0	0	0	0	0	10	15	25
75 to 84	14	32	0	0	0	0	0	0	14	32	46
85+	17	46	0	0	0	0	0	0	17	46	63
TOTALS	44	105	0	0	0	0	0	0	44	105	149

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.

MANOR CARE - OAK LAWN/95TH

6300 WEST 95TH STREET

OAK LAWN, IL. 60453

Reference Numbers Facility ID 6000343

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	60	37	0	5	47	0	149
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	60	37	0	5	47	0	149

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	184	171
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	33	0	0	0	33
Hawaiian/Pac. Isl.	0	0	0	0	0
White	101	0	0	0	101
Race Unknown	15	0	0	0	15
Total	149	0	0	0	149

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	21.00
Certified Aides	58.00
Other Health Staff	42.00
Non-Health Staff	26.00
Totals	169.00

MANOR CARE - OAK LAWN/KOSTNER

9401 SOUTH KOSTNER AVENUE
 OAK LAWN, IL. 60453
Reference Numbers Facility ID 6000236
 Health Service Area 007 Planning Service Area 705

Administrator
 Karen Petyko

Contact Person and Telephone

Karen Petyko
 708-423-7882

Registered Agent Information

C T CORPORATION SYSTEM
 208 SOUTH LASALLE STREET
 CHICAGO , IL 60604

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

Date Completed
 4/12/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System	4
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	3
Digestive System	5
Genitourinary System Disorders	3
Skin Disorders	4
Musculo-skeletal Disorders	4
Injuries and Poisonings	19
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	92

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	144	138	122	138	92	52	144	39	106
Skilled Under 22	0	0	0	0	0	0	0	0	892
Intermediate DD	0	0	0	0	0	0	0	0	906
Sheltered Care	0	0	0	0	0	0	0	0	92
TOTAL BEDS	144	138	122	138	92	52	144	39	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	18242	34.7%	8034	56.4%	11868	38144	72.6%		75.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	18242	34.7%	8034	56.4%	11868	38144	72.6%		75.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	5	4	0	0	0	0	0	0	5	4	9
60 to 64	0	5	0	0	0	0	0	0	0	5	5
65 to 74	10	5	0	0	0	0	0	0	10	5	15
75 to 84	8	18	0	0	0	0	0	0	8	18	26
85+	8	28	0	0	0	0	0	0	8	28	36
TOTALS	32	60	0	0	0	0	0	0	32	60	92

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.

MANOR CARE - OAK LAWN/KOSTNER

9401 SOUTH KOSTNER AVENUE
 OAK LAWN, IL. 60453

Reference Numbers Facility ID 6000236

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	42	25	0	6	19	0	92
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	42	25	0	6	19	0	92

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	201	174
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	32	0	0	0	32
Hawaiian/Pac. Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	0	0	0	0	0
Total	92	0	0	0	92

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	88	0	0	0	88
Ethnicity Unknown	0	0	0	0	0
Total	92	0	0	0	92

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	51.00
Other Health Staff	4.00
Non-Health Staff	47.00
Totals	143.00

MANOR CARE - PALOS HEIGHTS

7850 WEST COLLEGE DRIVE
 PALOS HEIGHTS, IL. 60463
Reference Numbers Facility ID 6010912
 Health Service Area 007 Planning Service Area 705

Administrator
 Lenette Clark

Contact Person and Telephone

Robin Koch
 708-361-6990

Registered Agent Information

C T CORPORATION SYSTEM
 208 SOUTH LASALLE STREET
 CHICAGO , IL 60604

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	10
Blood Disorders	2
*Nervous System	8
Alzheimer Disease	4
Mental Illness	7
Developmental Disability	0
Circulatory System	45
Respiratory System	11
Digestive System	4
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	24
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	147

Date Completed
 4/4/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	174	174	174	174	27	174	90	Residents on 1/1/2006	162
Skilled Under 22	0	0	0	0	0		0	Total Admissions 2006	600
Intermediate DD	0	0	0	0	0		0	Total Discharges 2006	615
Sheltered Care	0	0	0	0	0		0	Residents on 12/31/2006	147
TOTAL BEDS	174	174	174	174	27	174	90		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	25168	39.6%	15572	47.4%	16592	57332	90.3%	90.3%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	25168	39.6%	15572	47.4%	16592	57332	90.3%	90.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	3	12	0	0	0	0	0	0	3	12	15
75 to 84	8	42	0	0	0	0	0	0	8	42	50
85+	13	66	0	0	0	0	0	0	13	66	79
TOTALS	25	122	0	0	0	0	0	0	25	122	147

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.

MANOR CARE - PALOS HEIGHTS

7850 WEST COLLEGE DRIVE
 PALOS HEIGHTS, IL. 60463

Reference Numbers Facility ID 6010912

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	65	50	0	3	29	0	147
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	65	50	0	3	29	0	147

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	252	204
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	143	0	0	0	143
Race Unknown	0	0	0	0	0
Total	147	0	0	0	147

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	146	0	0	0	146
Ethnicity Unknown	0	0	0	0	0
Total	147	0	0	0	147

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	18.00
Certified Aides	56.00
Other Health Staff	18.00
Non-Health Staff	48.00
Totals	160.00

MANOR CARE - PALOS HGTS WEST

11860 SOUTHWEST HIGHWAY
 PALOS HEIGHTS, IL. 60463
Reference Numbers Facility ID 6014534
 Health Service Area 007 Planning Service Area 705

Administrator
 Kimberly Saggese

Contact Person and Telephone

Kimberly Saggese
 708/361/4555

Registered Agent Information

C T CORPORATION SYSTEM
 208 SOUTH LASALLE STREET
 CHICAGO , IL 60604

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	8
Alzheimer Disease	6
Mental Illness	16
Developmental Disability	0
Circulatory System	29
Respiratory System	5
Digestive System	6
Genitourinary System Disorders	2
Skin Disorders	10
Musculo-skeletal Disorders	6
Injuries and Poisonings	1
Other Medical Conditions	6
Non-Medical Conditions	2
TOTALS	103

Date Completed
 4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	130	130	130	130	103	27	130	52	113	744
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	130	130	130	130	103	27	130	52	754	103

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	17880	37.7%	15740	82.9%	7704	41324	87.1%	87.1%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	17880	37.7%	15740	82.9%	7704	41324	87.1%	87.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	0	0	0	0	0	0	3	2	5
65 to 74	8	6	0	0	0	0	0	0	8	6	14
75 to 84	10	28	0	0	0	0	0	0	10	28	38
85+	8	35	0	0	0	0	0	0	8	35	43
TOTALS	31	72	0	0	0	0	0	0	31	72	103

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.

MANOR CARE - PALOS HGTS WEST

11860 SOUTHWEST HIGHWAY
 PALOS HEIGHTS, IL. 60463

Reference Numbers Facility ID 6014534

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	39	38	0	3	23	0	103
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	39	38	0	3	23	0	103

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	244	206
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	97	0	0	0	97
Race Unknown	1	0	0	0	1
Total	103	0	0	0	103

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	102	0	0	0	102
Ethnicity Unknown	0	0	0	0	0
Total	103	0	0	0	103

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	21.00
LPN's	18.00
Certified Aides	50.00
Other Health Staff	18.00
Non-Health Staff	35.00
Totals	146.00

MANOR CARE - 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

C T CORPORATION SYSTEM
208 SOUTH LASALLE STREET
CHICAGO, IL 60604

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System	4
Alzheimer Disease	20
Mental Illness	10
Developmental Disability	0
Circulatory System	17
Respiratory System	6
Digestive System	5
Genitourinary System Disorders	6
Skin Disorders	6
Musculo-skeletal Disorders	2
Injuries and Poisonings	24
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	122

Date Completed
4/6/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	144	143	143	143	22	144	32	129	512
Skilled Under 22	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0		0		
TOTAL BEDS	144	143	143	143	22	144	32	122	519

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	14981	28.5%	7767	66.5%	26154	48902	93.0%	93.7%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	14981	28.5%	7767	66.5%	26154	48902	93.0%	93.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	0	0	0	0	0	0	3	1	4
65 to 74	7	6	0	0	0	0	0	0	7	6	13
75 to 84	21	24	0	0	0	0	0	0	21	24	45
85+	11	44	0	0	0	0	0	0	11	44	55
TOTALS	44	78	0	0	0	0	0	0	44	78	122

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.

MANOR CARE - PEORIA

5600 GLEN ELM DRIVE
 PEORIA, IL. 61614

Reference Numbers Facility ID 6000293

Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	42	19	0	20	41	0	122
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	42	19	0	20	41	0	122

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	183	164
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pac. Isl.	0	0	0	0	0
White	112	0	0	0	112
Race Unknown	0	0	0	0	0
Total	122	0	0	0	122

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	122	0	0	0	122
Ethnicity Unknown	0	0	0	0	0
Total	122	0	0	0	122

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	21.00
Certified Aides	53.00
Other Health Staff	28.00
Non-Health Staff	43.00
Totals	157.00

MANOR CARE - ROLLING MEADOWS

4225 KIRCHOFF ROAD
 ROLLING MEADOWS, IL. 60008
Reference Numbers Facility ID 6000327
 Health Service Area 007 Planning Service Area 701

Administrator
 Lynette M Rugg

Contact Person and Telephone

Lynette Rugg
 847-397-2400

Registered Agent Information

C T CORPORATION SYSTEM
 208 SOUTH LASALLE STREET
 CHICAGO , IL 60604

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	4
*Nervous System	0
Alzheimer Disease	36
Mental Illness	0
Developmental Disability	0
Circulatory System	16
Respiratory System	17
Digestive System	12
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	26
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	118

Date Completed
 4/6/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	155	145	135	145	118	37	155	98	127
Skilled Under 22	0	0	0	0	0	0	0	0	296
Intermediate DD	0	0	0	0	0	0	0	0	305
Sheltered Care	0	0	0	0	0	0	0	0	118
TOTAL BEDS	155	145	135	145	118	37	155	98	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	9102	16.1%	23424	65.5%	11630	44156	78.0%		83.4%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	9102	16.1%	23424	65.5%	11630	44156	78.0%		83.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	3	0	0	0	0	0	0	0	3	3
65 to 74	4	23	0	0	0	0	0	0	4	23	27
75 to 84	16	26	0	0	0	0	0	0	16	26	42
85+	10	32	0	0	0	0	0	0	10	32	42
TOTALS	31	87	0	0	0	0	0	0	31	87	118

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.

MANOR CARE - ROLLING MEADOWS

4225 KIRCHOFF ROAD
 ROLLING MEADOWS, IL. 60008

Reference Numbers Facility ID 6000327

Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	32	48	0	8	30	0	118
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	32	48	0	8	30	0	118

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	181
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	116	0	0	0	116
Race Unknown	0	0	0	0	0
Total	118	0	0	0	118

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	15.00
LPN's	10.00
Certified Aides	52.00
Other Health Staff	15.00
Non-Health Staff	15.00
Totals	111.00

MANOR CARE - SKOKIE

4660 OLD ORCHARD ROAD
SKOKIE, IL. 60076

Reference Numbers Facility ID 6006886
Health Service Area 007 Planning Service Area 702

Administrator

Danielle Wilson-Kramer

Contact Person and Telephone

Danielle Wilson-Kramer
847-676-4800

Registered Agent Information

C T CORPORATION SYSTEM
208 SOUTH LASALLE STREET
CHICAGO, IL 60604

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	3
*Nervous System	4
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	22

Date Completed
4/1/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	56	56	40	56	22	34	56	14	28	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		0		
TOTAL BEDS	56	56	40	56	22	34	56	14		217
										Residents on 12/31/2006 22

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	4046	19.8%	4847	94.9%	1766	10659	52.1%		52.1%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	4046	19.8%	4847	94.9%	1766	10659	52.1%		52.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	5	2	0	0	0	0	0	0	5	2	7
85+	3	10	0	0	0	0	0	0	3	10	13
TOTALS	9	13	0	0	0	0	0	0	9	13	22

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.

MANOR CARE - SKOKIE

4660 OLD ORCHARD ROAD
SKOKIE, IL. 60076

Reference Numbers Facility ID 6006886

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	11	0	2	3	0	22
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	11	0	2	3	0	22

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	188
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	22	0	0	0	22
Race Unknown	0	0	0	0	0
Total	22	0	0	0	22

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	21	0	0	0	21
Ethnicity Unknown	1	0	0	0	1
Total	22	0	0	0	22

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	13.00
Other Health Staff	1.00
Non-Health Staff	17.00
Totals	39.00

FACILITY NOTES

P-01-052 4/26/2006 Project abandoned to discontinue the 56 bed nursing care facility.

MANOR CARE - SOUTH HOLLAND

2145 EAST 170TH STREET
 SOUTH HOLLAND, IL. 60473
Reference Numbers Facility ID 6011589
 Health Service Area 007 Planning Service Area 705

Administrator
 Katie Slench

Contact Person and Telephone

Katie Slench
 708-895-3255

Registered Agent Information

C T CORPORATION SYSTEM
 208 SOUTH LASALLE STREET
 CHICAGO , IL 60604

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	5
Blood Disorders	2
*Nervous System	11
Alzheimer Disease	13
Mental Illness	5
Developmental Disability	0
Circulatory System	41
Respiratory System	5
Digestive System	8
Genitourinary System Disorders	10
Skin Disorders	5
Musculo-skeletal Disorders	11
Injuries and Poisonings	15
Other Medical Conditions	23
Non-Medical Conditions	0
TOTALS	158

Date Completed
 4/2/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	Total Admissions 2006
Nursing Care	200	200	200	200	158	42	200	30	Total Discharges 2006	1342
Skilled Under 22	0	0	0	0	0	0		0	Residents on 12/31/2006	158
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	200	200	200	200	158	42	200	30		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	33230	45.5%	14632	133.6%	15139	63001	86.3%		86.3%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	33230	45.5%	14632	133.6%	15139	63001	86.3%		86.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	4	5	0	0	0	0	0	0	4	5	9
60 to 64	1	6	0	0	0	0	0	0	1	6	7
65 to 74	13	12	0	0	0	0	0	0	13	12	25
75 to 84	19	41	0	0	0	0	0	0	19	41	60
85+	13	43	0	0	0	0	0	0	13	43	56
TOTALS	50	108	0	0	0	0	0	0	50	108	158

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.

MANOR CARE - SOUTH HOLLAND

2145 EAST 170TH STREET
SOUTH HOLLAND, IL. 60473

Reference Numbers Facility ID 6011589

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	81	45	0	14	18	0	158
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	81	45	0	14	18	0	158

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	245	208
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	61	0	0	0	61
Hawaiian/Pac. Isl.	0	0	0	0	0
White	92	0	0	0	92
Race Unknown	5	0	0	0	5
Total	158	0	0	0	158

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	148	0	0	0	148
Ethnicity Unknown	5	0	0	0	5
Total	158	0	0	0	158

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	26.00
LPN's	19.00
Certified Aides	67.00
Other Health Staff	22.00
Non-Health Staff	39.00
Totals	175.00

FACILITY NOTES

Bed Change 4/6/2006 Added 10 nursing care beds, total now 200 nursing care beds.

MANOR CARE - WESTMONT

512 EAST OGDEN AVENUE
WESTMONT, IL. 60559

Reference Numbers Facility ID 6000335
Health Service Area 007 Planning Service Area 703

Administrator
Jennifer Miller

Contact Person and Telephone

Jennifer Miller
630-323-4400

Registered Agent Information

C T CORPORATION SYSTEM
208 SOUTH LASALLE STREET
CHICAGO, IL 60604

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	12
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	23
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	87
Non-Medical Conditions	0
TOTALS	122

Date Completed
5/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	155	152	152	122	33	155	63	Residents on 1/1/2006	121
Skilled Under 22	0	0	0	0	0		0	Total Admissions 2006	780
Intermediate DD	0	0	0	0	0		0	Total Discharges 2006	779
Sheltered Care	0	0	0	0	0		0	Residents on 12/31/2006	122
TOTAL BEDS	155	152	152	122	33	155	63		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	19756	34.9%	14508	63.1%	16159	50423	89.1%	90.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	19756	34.9%	14508	63.1%	16159	50423	89.1%	90.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	5	0	0	0	0	0	0	0	5	5
65 to 74	8	18	0	0	0	0	0	0	8	18	26
75 to 84	24	46	0	0	0	0	0	0	24	46	70
85+	7	14	0	0	0	0	0	0	7	14	21
TOTALS	39	83	0	0	0	0	0	0	39	83	122

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.

MANOR CARE - WESTMONT

512 EAST OGDEN AVENUE
WESTMONT, IL. 60559

Reference Numbers Facility ID 6000335

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	44	41	0	9	28	0	122
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	44	41	0	9	28	0	122

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	215	118
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	2	0	0	0	2
White	113	0	0	0	113
Race Unknown	0	0	0	0	0
Total	122	0	0	0	122

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	100	0	0	0	100
Ethnicity Unknown	20	0	0	0	20
Total	122	0	0	0	122

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	25.00
LPN's	20.00
Certified Aides	80.00
Other Health Staff	25.00
Non-Health Staff	18.00
Totals	170.00

MANOR CARE - WILMETTE

432 POPLAR DRIVE
 WILMETTE, IL. 60091
Reference Numbers Facility ID 6006563
 Health Service Area 007 Planning Service Area 702

Administrator
 Dr. Michael Gottesman

Contact Person and Telephone

Dr. Michael Gottesman
 847-256-5000

Registered Agent Information

C T CORPORATION SYSTEM
 208 SOUTH LASALLE STREET
 CHICAGO, IL 60604

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System	1
Alzheimer Disease	2
Mental Illness	1
Developmental Disability	0
Circulatory System	7
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	48
Non-Medical Conditions	0
TOTALS	67

Date Completed
 4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	80	78	76	78	67	13	80	37	74
Skilled Under 22	0	0	0	0	0	0	0	0	160
Intermediate DD	0	0	0	0	0	0	0	0	167
Sheltered Care	0	0	0	0	0	0	0	0	67
TOTAL BEDS	80	78	76	78	67	13	80	37	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	4219	14.4%	12179	90.2%	8689	25087	85.9%	88.1%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	4219	14.4%	12179	90.2%	8689	25087	85.9%	88.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
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	2	0	0	0	0	0	0	5	2	7
75 to 84	6	16	0	0	0	0	0	0	6	16	22
85+	13	22	0	0	0	0	0	0	13	22	35
TOTALS	27	40	0	0	0	0	0	0	27	40	67

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.

MANOR CARE - WILMETTE

432 POPLAR DRIVE
 WILMETTE, IL. 60091

Reference Numbers Facility ID 6006563

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	15	31	0	3	18	0	67
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	31	0	3	18	0	67

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	270	206
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	11	0	0	0	11
Hawaiian/Pac. Isl.	0	0	0	0	0
White	54	0	0	0	54
Race Unknown	1	0	0	0	1
Total	67	0	0	0	67

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	65	0	0	0	65
Ethnicity Unknown	0	0	0	0	0
Total	67	0	0	0	67

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	9.00
Certified Aides	28.00
Other Health Staff	14.00
Non-Health Staff	30.00
Totals	98.00

FACILITY NOTES

P-01-052 4/26/2006 Permit abandoned and 56 nursing care beds are taken out of the inventory.

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

John M. Dudek

Contact Person and Telephone

John M. Dudek
847-266-9266

Registered Agent Information

C T CORPORATION SYSTEM
208 SOUTH LASALLE STREET
CHICAGO , IL 60604

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System	10
Alzheimer Disease	8
Mental Illness	2
Developmental Disability	0
Circulatory System	14
Respiratory System	2
Digestive System	4
Genitourinary System Disorders	0
Skin Disorders	4
Musculo-skeletal Disorders	24
Injuries and Poisonings	2
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	85

Date Completed
4/2/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	215	120	96	120	85	130	208	71	89	325
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	215	120	96	120	85	130	208	71	85	329

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	7130	9.4%	18156	70.1%	6689	31975	40.7%		73.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	7130	9.4%	18156	70.1%	6689	31975	40.7%		73.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	0	3	0	0	0	0	0	0	0	3	3
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	5	7	0	0	0	0	0	0	5	7	12
75 to 84	7	29	0	0	0	0	0	0	7	29	36
85+	6	25	0	0	0	0	0	0	6	25	31
TOTALS	20	65	0	0	0	0	0	0	20	65	85

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	21	47	0	3	14	0	85
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	47	0	3	14	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	299	197
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	69	0	0	0	69
Race Unknown	10	0	0	0	10
Total	85	0	0	0	85

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	76	0	0	0	76
Ethnicity Unknown	0	0	0	0	0
Total	85	0	0	0	85

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	3.00
Certified Aides	31.00
Other Health Staff	1.00
Non-Health Staff	34.00
Totals	87.00

MANOR CARE OF NORTHBROOK

3300 MILWAUKEE AVENUE
 NORTHBROOK, IL. 60062
Reference Numbers Facility ID 6015168
 Health Service Area 007 Planning Service Area 702

Administrator

Eliana Casella

Contact Person and Telephone

Eliana Casella
 847-795-9700

Registered Agent Information

C T CORPORATION SYSTEM
 208 SOUTH LASALLE STREET
 CHICAGO , IL 60604

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	2
Alzheimer Disease	24
Mental Illness	0
Developmental Disability	0
Circulatory System	29
Respiratory System	9
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	4
Musculo-skeletal Disorders	5
Injuries and Poisonings	6
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	105

Date Completed
 4/3/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	158	158	158	158	105	53	158	57	103
Skilled Under 22	0	0	0	0	0	0	0	0	576
Intermediate DD	0	0	0	0	0	0	0	0	574
Sheltered Care	0	0	0	0	0	0	0	0	105
TOTAL BEDS	158	158	158	158	105	53	158	57	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	12477	21.6%	15757	75.7%	12242	40476	70.2%	70.2%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	12477	21.6%	15757	75.7%	12242	40476	70.2%	70.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
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	5	8	0	0	0	0	0	0	5	8	13
75 to 84	6	24	0	0	0	0	0	0	6	24	30
85+	8	43	0	0	0	0	0	0	8	43	51
TOTALS	24	81	0	0	0	0	0	0	24	81	105

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.

MANOR CARE OF NORTHBROOK

3300 MILWAUKEE AVENUE
 NORTHBROOK, IL. 60062

Reference Numbers Facility ID 6015168

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	29	46	0	2	28	0	105
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	29	46	0	2	28	0	105

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	244	202
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	97	0	0	0	97
Race Unknown	3	0	0	0	3
Total	105	0	0	0	105

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	101	0	0	0	101
Ethnicity Unknown	3	0	0	0	3
Total	105	0	0	0	105

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	8.00
Certified Aides	41.00
Other Health Staff	0.00
Non-Health Staff	40.00
Totals	108.00

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

BIBO, J. MICHAEL
239 SOUTH CHERRY STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	4
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	3
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	43

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	45	45	32	45	28	17	0	0	0	121
Skilled Under 22	0	0	0	0	0	0	0	0	0	78
Intermediate DD	0	0	0	0	0	0	0	0	0	43
Sheltered Care	33	33	15	33	15	18	0	0	0	
TOTAL BEDS	78	78	47	78	43	35	0	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2092	0.0%	459	0.0%	5351	7902	48.1%		48.1%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					3540	3540	29.4%		29.4%	
TOTALS	2092	0.0%	459	0.0%	8891	11442	40.2%		40.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	1	1	1	2
75 to 84	2	7	0	0	0	0	1	4	3	11	14
85+	4	15	0	0	0	0	1	6	5	21	26
TOTALS	6	22	0	0	0	0	3	12	9	34	43

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.

Manor Court of Freeport

2170 WEST NAVAJO DRIVE
 FREEPORT, IL. 61032

Reference Numbers Facility ID 6016133

Health Service Area 001 Planning Service Area 177

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	3	0	0	20	0	28
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	15	0	15
TOTALS	5	3	0	0	35	0	43

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	110	95

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	28	0	0	15	43
Race Unknown	0	0	0	0	0
Total	28	0	0	15	43

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	28	0	0	15	43
Ethnicity Unknown	0	0	0	0	0
Total	28	0	0	15	43

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.90
LPN's	4.70
Certified Aides	15.00
Other Health Staff	0.00
Non-Health Staff	23.50
Totals	48.10

FACILITY NOTES

- Name Change 12/15/2006 Name changed from Hawthorne Manor of Freeport.
- Bed Change 12/15/2006 Discontinued five sheltered care beds, total now 45 nursing care beds and 33 sheltered care beds.

MANOR COURT OF PEORIA

6900 NORTH STALWORTH
 PEORIA, IL. 61615
Reference Numbers Facility ID 6016190
 Health Service Area 002 Planning Service Area 143

Administrator
 Chuck Jordan

Contact Person and Telephone

Chuck Jordan
 309-693-1400

Registered Agent Information

BIBO,J. MICHAEL
 239 S. CHERRY STREET
 GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	12

Date Completed
 8/1/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	50	50	14	50	12	38	0	0	0	27
Skilled Under 22	0	0	0	0	0	0		0		15
Intermediate DD	0	0	0	0	0	0		0		12
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	50	50	14	50	12	38	0	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	119	0.0%	0	0.0%	1656	1775	9.7%	9.7%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	119	0.0%	0	0.0%	1656	1775	9.7%	9.7%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	4	8	0	0	0	0	0	0	4	8	12
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	4	8	0	0	0	0	0	0	4	8	12

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.

MANOR COURT OF PEORIA

6900 NORTH STALWORTH
 PEORIA, IL. 61615

Reference Numbers Facility ID 6016190

Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	0	0	0	7	0	12
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	0	0	0	7	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	180
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	12	0	0	0	12
Ethnicity Unknown	0	0	0	0	0
Total	12	0	0	0	12

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	20.00
Other Health Staff	0.00
Non-Health Staff	10.00
Totals	41.00

FACILITY NOTES

Licensure 8/3/2006 Facility licensed on 8-3-2006.

Manor Court of Peru

3230 Becker Drive
PERU, IL. 61354

Reference Numbers Facility ID 6015887
Health Service Area 002 Planning Service Area 099

Administrator

Darcee D. Fanning

Contact Person and Telephone

Darcee D. Fanning
815/220-1400

Registered Agent Information

BIBO,J.MICHAEL
239 SOUTH CHERRY STREET
GALESBURG , IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	35
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	7
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	4
Musculo-skeletal Disorders	5
Injuries and Poisonings	10
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	90

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	66	66	66	66	65	1	66	14	55
Skilled Under 22	0	0	0	0	0	0	0	0	216
Intermediate DD	0	0	0	0	0	0	0	0	181
Sheltered Care	28	28	28	28	25	3	0	0	90
TOTAL BEDS	94	94	94	94	90	4	66	14	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	6172	25.6%	2773	54.3%	13677	22622	93.9%	93.9%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					2543	2543	24.9%	24.9%		
TOTALS	6172	25.6%	2773	54.3%	16220	25165	73.3%	73.3%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	0	2	2
75 to 84	4	18	0	0	0	0	1	5	5	23	28
85+	8	33	0	0	0	0	5	13	13	46	59
TOTALS	13	52	0	0	0	0	6	19	19	71	90

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.

Manor Court of Peru3230 Becker Drive
PERU, IL. 61354**Reference Numbers** Facility ID 6015887

Health Service Area 002 Planning Service Area 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	19	7	0	0	39	0	65
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	25	0	25
TOTALS	19	7	0	0	64	0	90

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	100

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	65	0	0	25	90
Race Unknown	0	0	0	0	0
Total	65	0	0	25	90

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	65	0	0	25	90
Ethnicity Unknown	0	0	0	0	0
Total	65	0	0	25	90

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	4.60
Certified Aides	29.00
Other Health Staff	22.50
Non-Health Staff	18.80
Totals	85.90

FACILITY NOTES

Bed Change 9/5/2006 Added 28 sheltered care beds, total now 66 nursing care beds and 28 sheltered care beds.

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
Kimberly A. Woolley

Contact Person and Telephone

Kimberly A. Woolley
815/875-6600

Registered Agent Information

BIBO,J.MICHAEL
239 SOUTH CHERRY STREET
GALESBURG , IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	1
Ventilator Dependent	0
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	0
Circulatory System	24
Respiratory System	3
Digestive System	4
Genitourinary System Disorders	1
Skin Disorders	2
Musculo-skeletal Disorders	19
Injuries and Poisonings	6
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	80

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	59	59	59	59	3	59	59	Residents on 1/1/2006	65
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	186
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	171
Sheltered Care	39	39	39	39	15			Residents on 12/31/2006	80
TOTAL BEDS	98	98	98	98	18	59	59		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	5765	26.8%	5812	27.0%	6913	18490	85.9%		85.9%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					6305	6305	44.3%		44.3%	
TOTALS	5765	26.8%	5812	27.0%	13218	24795	69.3%		69.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	1	0	0	0	0	0	0	1	1	2
75 to 84	5	9	0	0	0	0	1	4	6	13	19
85+	4	34	0	0	0	0	4	15	8	49	57
TOTALS	12	44	0	0	0	0	5	19	17	63	80

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.

Manor Court of Princeton140 North Sixth Street
PRINCETON, IL. 61356**Reference Numbers** Facility ID 6015861

Health Service Area 002 Planning Service Area 011

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	21	0	0	27	0	56
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	24	0	24
TOTALS	8	21	0	0	51	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	95	95

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	56	0	0	24	80
Race Unknown	0	0	0	0	0
Total	56	0	0	24	80

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	55	0	0	24	79
Ethnicity Unknown	0	0	0	0	0
Total	56	0	0	24	80

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	13.00
Non-Health Staff	38.00
Totals	83.00

FACILITY NOTES

Name Change 3/1/2006 Name changed from Hawthorne Inn of Princeton.

MANORCARE HEALTH SVS HOMEWOOD

940 MAPLE AVENUE
 HOMEWOOD, IL. 60430
Reference Numbers Facility ID 6012611
 Health Service Area 007 Planning Service Area 705

Administrator
 JoMarie Silver

Contact Person and Telephone

JoMarie Silver
 708-799-0244

Registered Agent Information

C T CORPORATION SYSTEM
 208 SOUTH LASALLE
 CHICAGO , IL 60604

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	12
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	95
Non-Medical Conditions	0
TOTALS	117

Date Completed
 4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	120	120	117	120	3	117	70	101	
Skilled Under 22	0	0	0	0	0	0	0	671	
Intermediate DD	0	0	0	0	0	0	0	655	
Sheltered Care	0	0	0	0	0	0	0	117	
TOTAL BEDS	120	120	117	120	3	117	70		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	14677	34.4%	15306	59.9%	9817	39800	90.9%	90.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	14677	34.4%	15306	59.9%	9817	39800	90.9%	90.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	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	2	3	0	0	0	0	0	0	2	3	5
65 to 74	6	9	0	0	0	0	0	0	6	9	15
75 to 84	13	34	0	0	0	0	0	0	13	34	47
85+	10	36	0	0	0	0	0	0	10	36	46
TOTALS	35	82	0	0	0	0	0	0	35	82	117

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.

MANORCARE HEALTH SVS HOMEWOOD

940 MAPLE AVENUE
HOMEWOOD, IL. 60430

Reference Numbers Facility ID 6012611

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	42	53	0	6	16	0	117
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	42	53	0	6	16	0	117

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	166
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	64	0	0	0	64
Hawaiian/Pac. Isl.	0	0	0	0	0
White	51	0	0	0	51
Race Unknown	2	0	0	0	2
Total	117	0	0	0	117

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	115	0	0	0	115
Total	117	0	0	0	117

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	16.00
Certified Aides	57.00
Other Health Staff	27.00
Non-Health Staff	39.00
Totals	155.00

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

Marie Hartzog

Contact Person and Telephone

Marie Hartzog
 815-547-6377

Registered Agent Information

BENJAMIN, MARK
 801 SKOKIE BOULEVARD
 NORTHBROOK, IL 60062

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	10
Blood Disorders	2
*Nervous System	0
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	0
Circulatory System	25
Respiratory System	0
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	12
Injuries and Poisonings	5
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	85

Date Completed
 3/19/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	86	86	85	86	85	1	86	86	82	171
Skilled Under 22	0	0	0	0	0	0	0	0		168
Intermediate DD	0	0	0	0	0	0	0	0		85
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	86	86	85	86	85	1	86	86		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3538	11.3%	12156	38.7%	14599	30293	96.5%	96.5%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	3538	11.3%	12156	38.7%	14599	30293	96.5%	96.5%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	0	0	0	0	0	0	2	3	5
75 to 84	9	24	0	0	0	0	0	0	9	24	33
85+	9	36	0	0	0	0	0	0	9	36	45
TOTALS	21	64	0	0	0	0	0	0	21	64	85

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.

MAPLE CREST CARE CENTRE4452 SQUAW PRAIRIE ROAD
BELVIDERE, IL. 61008

Reference Numbers Facility ID 6005706

Health Service Area 001 Planning Service Area 007

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	17	31	2	0	35	0	85
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	31	2	0	35	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	137
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	84	0	0	0	84
Race Unknown	0	0	0	0	0
Total	85	0	0	0	85

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.50
LPN's	7.50
Certified Aides	30.50
Other Health Staff	0.00
Non-Health Staff	23.50
Totals	71.00

MAPLE LAWN HEALTH CENTER

700 NORTH MAIN
EUREKA, IL. 61530

Reference Numbers Facility ID 6005722
Health Service Area 002 Planning Service Area 203

Administrator

Charles Rinne

Contact Person and Telephone

Charles Rinne
309-467-2337

Registered Agent Information

LEIKEN,LARRY M.
120 SOUTH MAIN STREET
EUREKA , IL 61530

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

Date Completed
4/27/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	29
Mental Illness	5
Developmental Disability	0
Circulatory System	13
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	4
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	90

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	89	89	71	89	18	89	89	Residents on 1/1/2006	92
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	36
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	38
Sheltered Care	25	25	35	25	19	6	6	Residents on 12/31/2006	90
TOTAL BEDS	114	114	106	114	90	24	89		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1929	5.9%	14829	45.6%	9157	25915	79.8%		79.8%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					7734	7734	84.8%		84.8%	
TOTALS	1929	5.9%	14829	45.6%	16891	33649	80.9%		80.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	10	12	0	0	0	0	0	3	10	15	25
85+	8	40	0	0	0	0	3	13	11	53	64
TOTALS	18	53	0	0	0	0	3	16	21	69	90

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.

MAPLE LAWN HEALTH CENTER

700 NORTH MAIN
EUREKA, IL. 61530

Reference Numbers Facility ID 6005722

Health Service Area 002 Planning Service Area 203

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	37	0	0	29	0	71
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	19	0	19
TOTALS	5	37	0	0	48	0	90

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	197	187
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	130	115

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	71	0	0	19	90
Race Unknown	0	0	0	0	0
Total	71	0	0	19	90

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	71	0	0	19	90
Total	71	0	0	19	90

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	7.00
LPN's	12.00
Certified Aides	47.00
Other Health Staff	2.00
Non-Health Staff	35.00
Totals	106.00

MAPLE RIDGE CARE CENTRE

2202 NORTH KICKAPOO STREET
LINCOLN, IL. 62656

Reference Numbers Facility ID 6005490
Health Service Area 003 Planning Service Area 107

Administrator

Michelle Eyrse

Contact Person and Telephone

Michelle Eyrse
217-735-1538

Registered Agent Information

BELLOWS,SHAEL
8140 RIVER DRIVE
MORTON GROVE , IL 60053

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	4
Developmental Disability	0
Circulatory System	0
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	8
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	73
Non-Medical Conditions	2
TOTALS	96

Date Completed
4/13/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	126	126	117	126	30	32	126	109	
Skilled Under 22	0	0	0	0	0	0	0	98	
Intermediate DD	0	0	0	0	0	0	0	111	
Sheltered Care	0	0	0	0	0	0	0	96	
TOTAL BEDS	126	126	117	126	30	32	126		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	4236	36.3%	26420	57.4%	8795	39451	85.8%	85.8%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	4236	36.3%	26420	57.4%	8795	39451	85.8%	85.8%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	3	0	0	0	0	0	0	3	3	6
45 to 59	7	5	0	0	0	0	0	0	7	5	12
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	7	7	0	0	0	0	0	0	7	7	14
75 to 84	7	23	0	0	0	0	0	0	7	23	30
85+	9	22	0	0	0	0	0	0	9	22	31
TOTALS	33	63	0	0	0	0	0	0	33	63	96

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.

MAPLE RIDGE CARE CENTRE

2202 NORTH KICKAPOO STREET

LINCOLN, IL. 62656

Reference Numbers Facility ID 6005490

Health Service Area 003 Planning Service Area 107

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	12	71	0	0	13	0	96
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	71	0	0	13	0	96

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	93	0	0	0	93
Race Unknown	0	0	0	0	0
Total	96	0	0	0	96

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	18.00
Certified Aides	35.00
Other Health Staff	2.00
Non-Health Staff	21.00
Totals	79.00

FACILITY NOTES

Bed Change 1/6/2006 Added six nursing care beds, total now 126 nursing care beds.

MAPLE TERRACE

1510 NORTH 4TH STREET
QUINCY, IL. 62301

Reference Numbers Facility ID 6012108
Health Service Area 003 Planning Service Area 001

Administrator

Debra Arnett

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/7/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	2
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	2
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5766	98.7%	0	5766	98.7%	98.7%	98.7%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5766	98.7%	0	5766	98.7%	98.7%	98.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	10	0	0	6	10	16

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.

MAPLE TERRACE

1510 NORTH 4TH STREET
 QUINCY, IL. 62301

Reference Numbers Facility ID 6012108

Health Service Area 003 Planning Service Area 001

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	111	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	7.00
Other Health Staff	0.82
Non-Health Staff	2.00
Totals	10.07

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

Pawn Thammarath
847-697-3750

Registered Agent Information

ROTHNER, ERIC A.
2201 MAIN STREET
EVANSTON, IL 60202

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	50
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	12
Mental Illness	85
Developmental Disability	2
Circulatory System	14
Respiratory System	10
Digestive System	5
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	186

Date Completed
4/4/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	203	203	186	203	186	17	23	203	189	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		0		
TOTAL BEDS	203	203	186	203	186	17	23	203	186	135

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1461	17.4%	60742	82.0%	5687	67890	91.6%		91.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1461	17.4%	60742	82.0%	5687	67890	91.6%		91.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	17	11	0	0	0	0	0	0	17	11	28
45 to 59	20	20	0	0	0	0	0	0	20	20	40
60 to 64	17	12	0	0	0	0	0	0	17	12	29
65 to 74	22	18	0	0	0	0	0	0	22	18	40
75 to 84	12	17	0	0	0	0	0	0	12	17	29
85+	4	16	0	0	0	0	0	0	4	16	20
TOTALS	92	94	0	0	0	0	0	0	92	94	186

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.

MAPLEWOOD CARE
 50 NORTH JANE DRIVE
 ELGIN, IL. 60123

Reference Numbers Facility ID 6004758
 Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	4	166	0	8	8	0	186
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	166	0	8	8	0	186

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	5	0	0	0	5
Amer. Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pac. Isl.	0	0	0	0	0
White	169	0	0	0	169
Race Unknown	0	0	0	0	0
Total	186	0	0	0	186

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	0.00
Certified Aides	38.00
Other Health Staff	7.00
Non-Health Staff	63.00
Totals	124.00

Margaret Manor

1121 North Orleans
Chicago, IL 60610

Reference Numbers Facility ID 6005755
Health Service Area 006 Planning Service Area 602

Administrator

Arnetta Perry

Contact Person and Telephone

Arnetta Perry
312-943-4300

Registered Agent Information

O'BRIEN,PETER J.;MR.
1541 NORTH WELLS STREET
CHICAGO , IL 60610

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	125
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	125

Date Completed
4/16/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	135	135	125	135	125	10	0	135	Residents on 1/1/2006	123
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	57
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006	55
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	125
TOTAL BEDS	135	135	125	135	125	10	0	135		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	42828	86.9%	422	43250	87.8%	87.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	0	0.0%	42828	86.9%	422	43250	87.8%	87.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	13	16	0	0	0	0	0	0	13	16	29
45 to 59	47	25	0	0	0	0	0	0	47	25	72
60 to 64	6	3	0	0	0	0	0	0	6	3	9
65 to 74	4	9	0	0	0	0	0	0	4	9	13
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	1	1	0	0	0	0	0	0	1	1	2
TOTALS	71	54	0	0	0	0	0	0	71	54	125

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.

Margaret Manor1121 North Orleans
Chicago, IL. 60610**Reference Numbers** Facility ID 6005755

Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	124	0	0	1	0	125
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	124	0	0	1	0	125

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	98	96
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	57	0	0	0	57
Hawaiian/Pac. Isl.	0	0	0	0	0
White	62	0	0	0	62
Race Unknown	3	0	0	0	3
Total	125	0	0	0	125

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	116	0	0	0	116
Ethnicity Unknown	0	0	0	0	0
Total	125	0	0	0	125

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	16.00
Other Health Staff	2.00
Non-Health Staff	43.00
Totals	69.00

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

O'BRIEN,PETER J.;MR.
1541 N WELLS STREET
CHICAGO , IL 60610

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/30/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	99	99	93	99	8	0	99	84	
Skilled Under 22	0	0	0	0	0	0	0	56	
Intermediate DD	0	0	0	0	0	0	0	49	
Sheltered Care	0	0	0	0	0	0	0	91	
TOTAL BEDS	99	99	93	99	8	0	99		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	31817	88.1%	0	31817	88.1%	88.1%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	31817	88.1%	0	31817	88.1%	88.1%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	24	5	0	0	0	0	0	0	24	5	29
45 to 59	21	15	0	0	0	0	0	0	21	15	36
60 to 64	7	4	0	0	0	0	0	0	7	4	11
65 to 74	5	7	0	0	0	0	0	0	5	7	12
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	58	33	0	0	0	0	0	0	58	33	91

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.

MARGARET MANOR - NORTH

940 WEST CULLOM AVENUE

CHICAGO, IL. 60613

Reference Numbers Facility ID 6005763

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	91	0	0	0	0	91
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	91	0	0	0	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	92	92
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	33	0	0	0	33
Hawaiian/Pac. Isl.	0	0	0	0	0
White	47	0	0	0	47
Race Unknown	9	0	0	0	9
Total	91	0	0	0	91

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	82	0	0	0	82
Ethnicity Unknown	0	0	0	0	0
Total	91	0	0	0	91

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	21.00
Other Health Staff	2.00
Non-Health Staff	33.00
Totals	63.00

MARIAN CENTER FOR ADULT RES

6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6005789
Health Service Area 006 Planning Service Area 601

Administrator

Valerie Freil

Contact Person and Telephone

MARY PAT O'BRIEN
773-273-4169

Registered Agent Information

CONNELLY,ROSEMARY;SR.;RSM
2916 WEST 47TH STREET
CHICAGO , IL 60632

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

Date Completed
4/11/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	100
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	2
Intermediate DD	100	100	100	100	0	0	124	Total Discharges 2006	2
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	100
TOTAL BEDS	100	100	100	100	0	0	124		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			36441	80.5%	0	36441	99.8%	99.8%	99.8%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	36441	80.5%	0	36441	99.8%	99.8%	99.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	41	42	0	0	41	42	83
45 to 59	0	0	0	0	9	8	0	0	9	8	17
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	50	50	0	0	50	50	100

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.

MARIAN CENTER FOR ADULT RES

6300 NORTH RIDGE AVENUE
 CHICAGO, IL. 60660

Reference Numbers Facility ID 6005789

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	195	195
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	97	0	97
Race Unknown	0	0	0	0	0
Total	0	0	100	0	100

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	96	0	96
Ethnicity Unknown	0	0	2	0	2
Total	0	0	100	0	100

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	4.63
Certified Aides	92.83
Other Health Staff	15.45
Non-Health Staff	5.50
Totals	131.41

Marigold Estates

3240 Barney Avenue
Pekin, IL 61554

Reference Numbers Facility ID 6012140
Health Service Area 002 Planning Service Area 179

Administrator

Lori Dillman

Contact Person and Telephone

Lori Dillman
309-347-6514

Registered Agent Information

GRADER,RICHARD
110 SOUTHBROOKE
DECATUR, IL 62521

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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	1
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5752	98.5%	0	5752	98.5%	98.5%	98.5%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5752	98.5%	0	5752	98.5%	98.5%	98.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	6	0	0	6	6	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	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

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.

Marigold Estates

3240 Barney Avenue
Pekin, IL. 61554

Reference Numbers Facility ID 6012140

Health Service Area 002 Planning Service Area 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	119	119
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	12.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	12.50

Marigold Healthcare Center

275 East Carl Sandburg Drive
GALESBURG, IL. 61401

Reference Numbers Facility ID 6005797
Health Service Area 002 Planning Service Area 095

Administrator

JoVann Azer

Contact Person and Telephone

JoVann Azer
309-344-1151

Registered Agent Information

MAHER,DANIEL
926 SOUTH 7TH
SPRINGFIELD , IL 62703

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	23
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	24
Mental Illness	8
Developmental Disability	1
Circulatory System	33
Respiratory System	8
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	13
Non-Medical Conditions	1
TOTALS	123

Date Completed
4/4/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	172	142	134	142	49	172	172	Residents on 1/1/2006	128
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	375
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	380
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	123
TOTAL BEDS	172	142	134	142	49	172	172		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	4385	7.0%	28576	45.5%	13008	45969	73.2%	88.7%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	4385	7.0%	28576	45.5%	13008	45969	73.2%	88.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	5	3	0	0	0	0	0	0	5	3	8
60 to 64	0	4	0	0	0	0	0	0	0	4	4
65 to 74	11	9	0	0	0	0	0	0	11	9	20
75 to 84	14	28	0	0	0	0	0	0	14	28	42
85+	7	40	0	0	0	0	0	0	7	40	47
TOTALS	38	85	0	0	0	0	0	0	38	85	123

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.

Marigold Healthcare Center275 East Carl Sandburg Drive
GALESBURG, IL. 61401**Reference Numbers** Facility ID 6005797

Health Service Area 002 Planning Service Area 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	16	69	0	11	27	0	123
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	69	0	11	27	0	123

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	152	122
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	120	0	0	0	120
Race Unknown	0	0	0	0	0
Total	123	0	0	0	123

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	121	0	0	0	121
Ethnicity Unknown	0	0	0	0	0
Total	123	0	0	0	123

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	23.00
Certified Aides	56.00
Other Health Staff	0.00
Non-Health Staff	25.00
Totals	112.00

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 Green

Contact Person and Telephone

Alice Green
618-566-8000

Registered Agent Information

GIARDINA, JAMES J.; MR.
201 S. 10TH STREET
MASCOUTAH, IL 62258

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System	2
Alzheimer Disease	17
Mental Illness	5
Developmental Disability	1
Circulatory System	18
Respiratory System	9
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	65

Date Completed
4/2/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	76	73	72	73	65	11	76	76	65
Skilled Under 22	0	0	0	0	0	0	0	0	29
Intermediate DD	0	0	0	0	0	0	0	0	29
Sheltered Care	0	0	0	0	0	0	0	0	65
TOTAL BEDS	76	73	72	73	65	11	76	76	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1805	6.5%	11369	41.0%	10284	23458	84.6%	88.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	1805	6.5%	11369	41.0%	10284	23458	84.6%	88.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	3	0	0	0	0	0	0	5	3	8
75 to 84	6	20	0	0	0	0	0	0	6	20	26
85+	6	24	0	0	0	0	0	0	6	24	30
TOTALS	17	48	0	0	0	0	0	0	17	48	65

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.

MAR-KA NURSING HOME201 SOUTH 10TH STREET
MASCOUTAH, IL. 62258

Reference Numbers Facility ID 6005748

Health Service Area 011 Planning Service Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	4	34	0	4	23	0	65
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	34	0	4	23	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	112	109
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	65	0	0	0	65
Ethnicity Unknown	0	0	0	0	0
Total	65	0	0	0	65

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	18.00
Certified Aides	39.00
Other Health Staff	2.00
Non-Health Staff	24.00
Totals	88.00

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

Lois M. Kramer

Contact Person and Telephone

Lois M. Kramer
630-529-2871

Registered Agent Information

WELGAT,ROBIN R.
1755 S. NAPERVILLE RD.STE_100
WHEATON , IL 60187

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	29
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	29

Date Completed
4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	30
Skilled Under 22	30	30	30	30	29	1		30	Total Admissions 2006	6
Intermediate DD	0	0	0	0	0	0		0	Total Discharges 2006	7
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2006	29
TOTAL BEDS	30	30	30	30	29	1	0	30		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			10593	96.7%	166	10759	98.3%	98.3%	98.3%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	10593	96.7%	166	10759	98.3%	98.3%	98.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	9	9	0	0	0	0	9	9	18
18 to 44	0	0	6	5	0	0	0	0	6	5	11
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	15	14	0	0	0	0	15	14	29

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.

MARKLUND CHILDREN'S HOME

164 SOUTH PRAIRIE AVENUE
 BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID 6005805

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	0	0	0	0	0	0	0
Skilled Under 22	0	29	0	0	0	0	29
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	29	0	0	0	0	29

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	205
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	2	0	0	2
Amer. Indian	0	0	0	0	0
Black	0	5	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	22	0	0	22
Race Unknown	0	0	0	0	0
Total	0	29	0	0	29

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	6	0	0	6
Non-Hispanic	0	23	0	0	23
Ethnicity Unknown	0	0	0	0	0
Total	0	29	0	0	29

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.40
LPN's	3.40
Certified Aides	19.60
Other Health Staff	2.80
Non-Health Staff	10.00
Totals	43.20

MARKLUND DEICKE HOME

27W751 SHADY WAY LANE
WINFIELD, IL. 60190

Reference Numbers Facility ID 6011514
Health Service Area 007 Planning Service Area 703

Administrator
Jessica O'Neill

Contact Person and Telephone

Jessica O'Neill
630-593-5483

Registered Agent Information

Date Completed
4/11/2007

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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	

FACILITY OWNERSHIP

NON-PROF CORPORATION

Note: Reported restrictions denoted by '1'

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	38
Skilled Under 22	42	42	38	0	0	42		42	Total Admissions 2006	0
Intermediate DD	0	0	0	0	0	0		0	Total Discharges 2006	38
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2006	0
TOTAL BEDS	42	42	38	0	0	42	0	42		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%		0.0%	
Skilled Under 22			7001	45.7%	52	7053	46.0%		46.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	7001	45.7%	52	7053	46.0%		46.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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

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.

MARKLUND DEICKE HOME

27W751 SHADY WAY LANE
WINFIELD, IL. 60190

Reference Numbers Facility ID 6011514

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	0	0	0

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	205
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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

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'Neill

Contact Person and Telephone

Jessica O'Neill
630-593-5483

Registered Agent Information

WELGAT,ROBIN R.
1755 S. NAPERVILLE RD STE 100
WHEATON , IL 60187

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5840	100.0%	0	5840	100.0%	100.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	8	7	0	0	8	7	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	8	8	0	0	8	8	16

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.

MARKLUND HAVERKAMPF HOME

1S394 WYATT DRIVE
 GENEVA, IL. 60134

Reference Numbers Facility ID 6015770

Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	220
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	2	0	2
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.80
LPN's	1.40
Certified Aides	10.35
Other Health Staff	1.00
Non-Health Staff	3.00
Totals	20.55

MARKLUND MILL CREEK HOME 2

1S385 WYATT DRIVE
GENEVA, IL. 60134

Reference Numbers Facility ID 6015796
Health Service Area 008 Planning Service Area 089

Administrator
Jessica O'Neill

Contact Person and Telephone

Jessica O'Neill
630-593-5483

Registered Agent Information

WELGAT,ROBIN R.
1755 S. NAPERVILLE RD STE 100
WHEATON , IL 60187

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	16	0	0	16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5840	100.0%	0	5840	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	10	0	0	6	10	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	6	10	0	0	6	10	16

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.

MARKLUND MILL CREEK HOME 2

1S385 WYATT DRIVE
 GENEVA, IL. 60134

Reference Numbers Facility ID 6015796

Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	220
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.80
LPN's	1.40
Certified Aides	10.35
Other Health Staff	1.00
Non-Health Staff	3.00
Totals	20.55

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'Neill

Contact Person and Telephone

Jessica O'Neill
630-593-5483

Registered Agent Information

WELGAT,ROBIN R.
1755 S. NAPERVILLE RD STE 100
WHEATON , IL 60187

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5294	90.7%	545	5839	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5294	90.7%	545	5839	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	12	0	0	3	12	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	3	13	0	0	3	13	16

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.

MARKLUND SAYERS HOME1S383 WYATT DRIVE
GENEVA, IL. 60134

Reference Numbers Facility ID 6015804

Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	223
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.80
LPN's	1.40
Certified Aides	10.35
Other Health Staff	1.00
Non-Health Staff	3.00
Totals	20.55

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'Neill

Contact Person and Telephone

Jessica O'Neill
630-593-5483

Registered Agent Information

WELGAT,ROBIN R.
1755 S. NAPERVILLE RD STE 100
WHEATON , IL 60187

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	1	16	16	Total Discharges 2006	2
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	15
TOTAL BEDS	16	16	16	16	1	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5422	92.8%	365	5787	99.1%	99.1%	99.1%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5422	92.8%	365	5787	99.1%	99.1%	99.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	7	0	0	5	7	12
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	6	9	0	0	6	9	15

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.

MARKLUND VAN DER MOLEN HOME

1S406 WYATT DRIVE

GENEVA, IL. 60134

Reference Numbers Facility ID 6015788

Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	230
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	2	0	2
Amer. Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	9	0	9
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.80
LPN's	1.40
Certified Aides	10.35
Other Health Staff	1.00
Non-Health Staff	3.00
Totals	20.55

MARYHAVEN NSG. & REHAB. CTR.

1700 EAST LAKE AVENUE
 GLENVIEW, IL. 60025
Reference Numbers Facility ID 6005854
 Health Service Area 007 Planning Service Area 702

Administrator

John Koehler

Contact Person and Telephone

John Koehler
 847-729-1300

Registered Agent Information

TOOMEY, JOSEPH F
 7435 WEST TALCOTT AVENUE
 CHICAGO, IL 60631

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System	6
Alzheimer Disease	29
Mental Illness	5
Developmental Disability	2
Circulatory System	40
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	18
Injuries and Poisonings	2
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	115

Date Completed
 4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	135	135	128	135	115	20	135	135	116	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				120
TOTAL BEDS	135	135	128	135	115	20	135	135		115

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	4337	8.8%	20726	42.1%	17975	43038	87.3%	87.3%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	4337	8.8%	20726	42.1%	17975	43038	87.3%	87.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	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	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	2	3	0	0	0	0	0	0	2	3	5
75 to 84	4	23	0	0	0	0	0	0	4	23	27
85+	17	62	0	0	0	0	0	0	17	62	79
TOTALS	24	91	0	0	0	0	0	0	24	91	115

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.

MARYHAVEN NSG. & REHAB. CTR.1700 EAST LAKE AVENUE
GLENVIEW, IL. 60025

Reference Numbers Facility ID 6005854

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	52	0	0	57	0	115
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	52	0	0	57	0	115

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	239	194
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	114	0	0	0	114
Race Unknown	0	0	0	0	0
Total	115	0	0	0	115

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	41.00
Other Health Staff	9.50
Non-Health Staff	34.00
Totals	108.50

MARYVILLE MANOR

2133 VADALBENE DRIVE
MARYVILLE, IL. 62062

Reference Numbers Facility ID 6013189
Health Service Area 011 Planning Service Area 119

Administrator

Vicky Tarrence

Contact Person and Telephone

Vicky Tarrence
618-288-5999

Registered Agent Information

WILSON, RONALD J.
115 E. SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	11
Digestive System	5
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	31
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	81

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	120	120	105	120	81	39	96	96	88	139
Skilled Under 22	0	0	0	0	0	0	0	0		146
Intermediate DD	0	0	0	0	0	0	0	0		81
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	120	120	105	120	81	39	96	96		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	5136	14.7%	16958	48.4%	9248	31342	71.6%		71.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	5136	14.7%	16958	48.4%	9248	31342	71.6%		71.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	5	15	0	0	0	0	0	0	5	15	20
85+	6	51	0	0	0	0	0	0	6	51	57
TOTALS	12	69	0	0	0	0	0	0	12	69	81

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.

MARYVILLE MANOR

2133 VADALBENE DRIVE
 MARYVILLE, IL. 62062

Reference Numbers Facility ID 6013189

Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	23	35	0	2	21	0	81
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	23	35	0	2	21	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	176	146
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	22.00
Other Health Staff	2.00
Non-Health Staff	21.00
Totals	59.00

FACILITY NOTES

- E-052-06 10/1/2006 Change of ownership occurred.
- E-052-06 8/3/2006 Change of ownership exemption approved.

MASON CITY AREA NURSING HOME

520 NORTH PRICE AVENUE
MASON CITY, IL. 62664

Reference Numbers Facility ID 6011688
Health Service Area 003 Planning Service Area 125

Administrator

Joyce Conrady

Contact Person and Telephone

Joyce Conrady
217-482-5022

Registered Agent Information

ATER,CRAIG L
520 NORTH PRICE AVENUE
MASON CITY , IL 62664

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	4
Mental Illness	4
Developmental Disability	1
Circulatory System	4
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	1
Other Medical Conditions	42
Non-Medical Conditions	0
TOTALS	75

Date Completed
4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	66	66	66	66	60	66	66	Residents on 1/1/2006	68
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	76
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	69
Sheltered Care	31	31	16	16	15	16	16	Residents on 12/31/2006	75
TOTAL BEDS	97	97	82	82	75	66	66		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2070	8.6%	10980	45.6%	7666	20716	86.0%		86.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					5457	5457	48.2%		48.2%	
TOTALS	2070	8.6%	10980	45.6%	13123	26173	73.9%		73.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	6	9	0	0	0	0	1	2	7	11	18
85+	7	36	0	0	0	0	2	10	9	46	55
TOTALS	14	46	0	0	0	0	3	12	17	58	75

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.

MASON CITY AREA NURSING HOME

520 NORTH PRICE AVENUE
 MASON CITY, IL. 62664

Reference Numbers Facility ID 6011688

Health Service Area 003 Planning Service Area 125

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	7	30	0	0	23	0	60
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	15	0	15
TOTALS	7	30	0	0	38	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	106
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	91	73

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	60	0	0	15	75
Race Unknown	0	0	0	0	0
Total	60	0	0	15	75

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	60	0	0	15	75
Total	60	0	0	15	75

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	24.00
Other Health Staff	8.00
Non-Health Staff	28.00
Totals	75.00

MASON POINT

ONE MASONIC WAY
SULLIVAN, IL. 61951

Reference Numbers Facility ID 6004691
Health Service Area 004 Planning Service Area 139

Administrator

Brenda Winskill

Contact Person and Telephone

Brenda Winskill
217-728-4394

Registered Agent Information

GRISHAM,BENNY L.
2866 VIA VERDE
SPRINGFIELD , IL 62703

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	26
Blood Disorders	6
*Nervous System	6
Alzheimer Disease	23
Mental Illness	10
Developmental Disability	1
Circulatory System	25
Respiratory System	5
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	121

Date Completed

4/6/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	146	120	108	120	44	72	72	122	
Skilled Under 22	0	0	0	0	0	0	0	99	
Intermediate DD	0	0	0	0	0	0	0	100	
Sheltered Care	48	48	22	48	29			121	
TOTAL BEDS	194	168	130	168	73	72	72		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	2744	10.4%	9193	35.0%	25234	37171	69.8%	84.9%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					7298	7298	41.7%	41.7%		
TOTALS	2744	10.4%	9193	35.0%	32532	44469	62.8%	72.5%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	1	0	2	1	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	1	2	5	7
75 to 84	10	11	0	0	0	0	1	5	11	16	27
85+	15	56	0	0	0	0	3	8	18	64	82
TOTALS	29	73	0	0	0	0	5	14	34	87	121

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.

MASON POINT

ONE MASONIC WAY
SULLIVAN, IL. 61951

Reference Numbers Facility ID 6004691

Health Service Area 004 Planning Service Area 139

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	4	30	0	1	36	31	102
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	6	13	19
TOTALS	4	30	0	1	42	44	121

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	166	129
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	89	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	102	0	0	19	121
Race Unknown	0	0	0	0	0
Total	102	0	0	19	121

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	102	0	0	19	121
Ethnicity Unknown	0	0	0	0	0
Total	102	0	0	19	121

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.50
LPN's	18.50
Certified Aides	44.00
Other Health Staff	8.50
Non-Health Staff	67.00
Totals	144.50

FACILITY NOTES

Name Change 11/8/2006 Name changed from Illinois Masonic Home.

MATHER PAVILION

820 FOSTER STREET
EVANSTON, IL. 60201

Reference Numbers Facility ID 6007967
Health Service Area 007 Planning Service Area 702

Administrator
Katharine A. Keane

Contact Person and Telephone

Katharine A. Keane
847-492-7211

Registered Agent Information

LEARY,MARY G
1603 ORRINGTON AVENUE,STE 1800
EVANSTON , IL 60201

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System	2
Alzheimer Disease	29
Mental Illness	4
Developmental Disability	0
Circulatory System	16
Respiratory System	9
Digestive System	6
Genitourinary System Disorders	11
Skin Disorders	2
Musculo-skeletal Disorders	5
Injuries and Poisonings	11
Other Medical Conditions	11
Non-Medical Conditions	2
TOTALS	113

Date Completed
4/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	158	149	124	149	113	45	10	0	111
Skilled Under 22	0	0	0	0	0	0	0	0	149
Intermediate DD	0	0	0	0	0	0	0	0	147
Sheltered Care	0	0	0	0	0	0	0	0	113
TOTAL BEDS	158	149	124	149	113	45	10	0	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	2046	56.1%	0	0.0%	37840	39886	69.2%	73.3%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2046	56.1%	0	0.0%	37840	39886	69.2%	73.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	9	20	0	0	0	0	0	0	9	20	29
85+	9	75	0	0	0	0	0	0	9	75	84
TOTALS	18	95	0	0	0	0	0	0	18	95	113

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.

MATHER PAVILION

820 FOSTER STREET
EVANSTON, IL. 60201

Reference Numbers Facility ID 6007967

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	0	0	0	69	38	113
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	0	0	0	69	38	113

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	255	222
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	112	0	0	0	112
Race Unknown	0	0	0	0	0
Total	113	0	0	0	113

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.70
LPN's	8.40
Certified Aides	60.00
Other Health Staff	7.20
Non-Health Staff	63.60
Totals	156.90

FACILITY NOTES

Bed Change 3/10/2006 Discontinued 22 nursing care beds, total now 158 nursing care beds.

MATTESON COURT

237 CENTRAL AVENUE
MATTESON, IL. 60443

Reference Numbers Facility ID 6014393
Health Service Area 007 Planning Service Area 705

Administrator

Sarah Simons

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	14
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	2
Intermediate DD	16	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5568	95.3%	0	5568	95.3%	95.3%	95.3%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5568	95.3%	0	5568	95.3%	95.3%	95.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	5	0	0	5	5	10
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	8	8	0	0	8	8	16

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.

MATTESON COURT

237 CENTRAL AVENUE

MATTESON, IL. 60443

Reference Numbers Facility ID 6014393

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	149	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	6	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	10	0	10
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.36
LPN's	0.00
Certified Aides	6.17
Other Health Staff	0.78
Non-Health Staff	1.95
Totals	9.51

MAYFIELD CARE CENTER

5905 WEST WASHINGTON
CHICAGO, IL. 60644

Reference Numbers Facility ID 6005896
Health Service Area 006 Planning Service Area 602

Administrator
Joshua Weinstein

Contact Person and Telephone

Joshua Weinstein
773-261-7074

Registered Agent Information

KLEM,STANLEY;MR.
3553 WEST PETERSON, SUITE 300
CHICAGO, IL 60659

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System	7
Alzheimer Disease	33
Mental Illness	17
Developmental Disability	0
Circulatory System	32
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	121

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	156	156	147	156	121	35	104	156	136	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	156	156	147	156	121	35	104	156	136	121

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	4513	11.9%	45108	79.2%	22	49643	87.2%	87.2%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	4513	11.9%	45108	79.2%	22	49643	87.2%	87.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	16	5	0	0	0	0	0	0	16	5	21
60 to 64	10	5	0	0	0	0	0	0	10	5	15
65 to 74	19	9	0	0	0	0	0	0	19	9	28
75 to 84	17	19	0	0	0	0	0	0	17	19	36
85+	8	12	0	0	0	0	0	0	8	12	20
TOTALS	70	51	0	0	0	0	0	0	70	51	121

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.

MAYFIELD CARE CENTER

5905 WEST WASHINGTON
 CHICAGO, IL. 60644

Reference Numbers Facility ID 6005896

Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	16	105	0	0	0	0	121
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	105	0	0	0	0	121

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	119	0	0	0	119
Hawaiian/Pac. Isl.	0	0	0	0	0
White	2	0	0	0	2
Race Unknown	0	0	0	0	0
Total	121	0	0	0	121

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	121	0	0	0	121
Ethnicity Unknown	0	0	0	0	0
Total	121	0	0	0	121

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	18.00
Certified Aides	55.00
Other Health Staff	6.00
Non-Health Staff	44.00
Totals	128.00

MAZZA HOUSE

6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6011605
Health Service Area 006 Planning Service Area 601

Administrator
Mary Pat O'Brien

Contact Person and Telephone
MARY PAT O'BRIEN
312-973-6300

Registered Agent Information
CONNELLY,ROSEMARY;SR;RSM
2916 WEST 47TH STREET
CHICAGO , IL 60632

FACILITY OWNERSHIP
NON-PROF CORPORATION

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-Medicare	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	12
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	12	12	12	12	0		12	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0			Residents on 12/31/2006	12
TOTAL BEDS	12	12	12	12	0	0	12		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			4380	100.0%	0	4380	100.0%	100.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	4380	100.0%	0	4380	100.0%	100.0%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	10	0	0	0	10	0	10
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	12	0	0	0	12	0	12

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.

MAZZA HOUSE

6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6011605

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	195	195
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.15
LPN's	0.00
Certified Aides	9.45
Other Health Staff	1.80
Non-Health Staff	0.15
Totals	11.80

Mcallister Nursing Home

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

Judy Fitzsimmons
708-798-2272

Registered Agent Information

RUSSO,THERESA;MS.
18200 S LAVERGNE
TINLEY PARK, IL 60477

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	20
Mental Illness	2
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	39
Non-Medical Conditions	0
TOTALS	80

Date Completed
5/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	111	111	82	111	80	31	79	111	77	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0		0		Total Discharges 2006
Intermediate DD	0	0	0	0	0	0		0		Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	111	111	82	111	80	31	79	111		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2940	10.2%	19603	48.4%	4745	27288	67.4%		67.4%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2940	10.2%	19603	48.4%	4745	27288	67.4%		67.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	6	0	0	0	0	0	0	2	6	8
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	5	11	0	0	0	0	0	0	5	11	16
75 to 84	10	21	0	0	0	0	0	0	10	21	31
85+	3	15	0	0	0	0	0	0	3	15	18
TOTALS	24	56	0	0	0	0	0	0	24	56	80

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.

Mcallister Nursing Home

18300 South Laverne Avenue
Tinley Park, IL. 60477

Reference Numbers Facility ID 6005904

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	13	54	0	0	13	0	80
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	54	0	0	13	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawaiian/Pac. Isl.	0	0	0	0	0
White	64	0	0	0	64
Race Unknown	0	0	0	0	0
Total	80	0	0	0	80

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	7.00
Certified Aides	29.00
Other Health Staff	0.00
Non-Health Staff	33.00
Totals	78.00

MCAULEY RESIDENCE

2060 WEST GRANVILLE
CHICAGO, IL. 60632

Reference Numbers Facility ID 6006217
Health Service Area 006 Planning Service Area 603

Administrator
Elizabeth Flynn, RN

Contact Person and Telephone

MARY PAT O'BRIEN
773-273-4169

Registered Agent Information

CONNELLY,ROSEMARY ;SR;RSM
2916 WEST 47TH STREET
CHICAGO , IL 60632

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	105
Circulatory System	0
Respiratory System	0
Digestive System	0
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

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	99	
Skilled Under 22	105	105	105	105	105	0		99	10	
Intermediate DD	0	0	0	0	0	0		0		4
Sheltered Care	0	0	0	0	0	0				105
TOTAL BEDS	105	105	105	105	105	0	0	99		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			35046	97.0%	2374	37420	97.6%	97.6%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	35046	97.0%	2374	37420	97.6%	97.6%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	23	20	0	0	0	0	23	20	43
18 to 44	0	0	35	25	0	0	0	0	35	25	60
45 to 59	0	0	1	1	0	0	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	59	46	0	0	0	0	59	46	105

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.

MCAULEY RESIDENCE

2060 WEST GRANVILLE
 CHICAGO, IL. 60632

Reference Numbers Facility ID 6006217

Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	98	0	0	7	0	105
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	98	0	0	7	0	105

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	254	254
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	4	0	0	4
Amer. Indian	0	0	0	0	0
Black	0	25	0	0	25
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	76	0	0	76
Race Unknown	0	0	0	0	0
Total	0	105	0	0	105

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	13	0	0	13
Non-Hispanic	0	92	0	0	92
Ethnicity Unknown	0	0	0	0	0
Total	0	105	0	0	105

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.63
Director of Nursing	1.00
Registered Nurses	12.11
LPN's	15.87
Certified Aides	69.43
Other Health Staff	46.09
Non-Health Staff	8.78
Totals	154.89

MCDONOUGH COUNTY HOSPITAL

525 EAST GRANT STREET
MACOMB, IL. 61455

Reference Numbers Facility ID 6012777
Health Service Area 002 Planning Service Area 109

Administrator
Stephen R. Hopper

Contact Person and Telephone

Teresa Bennett
309-833-4104

Registered Agent Information

Date Completed
4/5/2007

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	6

FACILITY OWNERSHIP

NON-PROF CORPORATION

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	16	16	15	16	6	10	16	0	11	407
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	16	16	15	16	6	10	16	0	6	412

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3075	52.7%	0	0.0%	277	3352	57.4%		57.4%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	3075	52.7%	0	0.0%	277	3352	57.4%		57.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	2	0	0	0	0	0	0	0	2	0	2
85+	2	0	0	0	0	0	0	0	2	0	2
TOTALS	4	2	0	0	0	0	0	0	4	2	6

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.

MCDONOUGH COUNTY HOSPITAL

525 EAST GRANT STREET
 MACOMB, IL. 61455

Reference Numbers Facility ID 6012777

Health Service Area 002 Planning Service Area 109

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	0	0	0	0	0	6
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	0	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	620	580
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.80
LPN's	4.20
Certified Aides	1.70
Other Health Staff	0.60
Non-Health Staff	1.10
Totals	16.40

MCGOWAN HOUSE

6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6014864
Health Service Area 006 Planning Service Area 601

Administrator

Denise Tigges

Contact Person and Telephone

MARY PAT O'BRIEN
773-273-4169

Registered Agent Information

CONNELLY,ROSEMARY;SR.;RSM
2916 WEST 47TH STREET
CHICAGO , IL 60632

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	3
Intermediate DD	16	16	16	16	16	0	0	16	Total Discharges 2006	3
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5810	99.5%	0	5810	99.5%	99.5%	99.5%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5810	99.5%	0	5810	99.5%	99.5%	99.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	8	8	0	0	8	8	16

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.

MCGOWAN HOUSE6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6014864

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	195	195
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	16.54
Other Health Staff	6.00
Non-Health Staff	2.25
Totals	26.79

Mckinley Court

500 WEST MCKINLEY AVENUE
 DECATUR, IL. 62526

Reference Numbers Facility ID 6005938
 Health Service Area 004 Planning Service Area 115

Administrator

Lesly Blakeman

Contact Person and Telephone

Lesly Blakeman
 217/875-0020

Registered Agent Information

BENJAMIN, MARC
 801 SKOKIE BOULEVARD
 NORTHBROOK, IL 60062

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	12
Endocrine/Metabolic	22
Blood Disorders	0
*Nervous System	27
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	45
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	10
Skin Disorders	0
Musculo-skeletal Disorders	22
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	144

Date Completed
 4/3/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	Total Admissions 2006
Nursing Care	150	150	144	150	144	6	150	150	144	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	150	150	144	150	144	6	150	150	144	188

Residents on 12/31/2006 144

Total Discharges 2006 188

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	12410	22.7%	28332	51.7%	11504	52246	95.4%	95.4%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	12410	22.7%	28332	51.7%	11504	52246	95.4%	95.4%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	11	0	0	0	0	0	0	3	11	14
75 to 84	16	39	0	0	0	0	0	0	16	39	55
85+	13	60	0	0	0	0	0	0	13	60	73
TOTALS	32	112	0	0	0	0	0	0	32	112	144

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.

Mckinley Court

500 WEST MCKINLEY AVENUE
 DECATUR, IL. 62526

Reference Numbers Facility ID 6005938

Health Service Area 004 Planning Service Area 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	40	72	2	0	30	0	144
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	40	72	2	0	30	0	144

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pac. Isl.	0	0	0	0	0
White	134	0	0	0	134
Race Unknown	1	0	0	0	1
Total	144	0	0	0	144

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	144	0	0	0	144
Total	144	0	0	0	144

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	18.00
Certified Aides	27.00
Other Health Staff	6.00
Non-Health Staff	41.00
Totals	98.00

MCLEAN COUNTY NURSING HOME

901 NORTH MAIN
 NORMAL, IL. 61761
Reference Numbers Facility ID 6005946
 Health Service Area 004 Planning Service Area 113

Administrator
 Donald Lee

Contact Person and Telephone

Sandy Wiles
 309-888-5380

Registered Agent Information

SWEENEY, MICHAEL
 202 N.MAIN, RM 205, P.O. BOX 2400
 BLOOMINGTON, IL 61702

FACILITY OWNERSHIP
 COUNTY

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System	21
Alzheimer Disease	28
Mental Illness	0
Developmental Disability	2
Circulatory System	45
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	6
Injuries and Poisonings	24
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	146

Date Completed
 4/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	150	150	150	146	4	18	150	Residents on 1/1/2006	146
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	96
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	96
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	146
TOTAL BEDS	150	150	150	146	4	18	150		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1991	30.3%	35320	64.5%	15010	52321	95.6%	95.6%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	1991	30.3%	35320	64.5%	15010	52321	95.6%	95.6%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	2	0	0	0	0	0	0	1	2	3
65 to 74	1	6	0	0	0	0	0	0	1	6	7
75 to 84	7	36	0	0	0	0	0	0	7	36	43
85+	19	70	0	0	0	0	0	0	19	70	89
TOTALS	31	115	0	0	0	0	0	0	31	115	146

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.

MCLEAN COUNTY NURSING HOME

901 NORTH MAIN
 NORMAL, IL. 61761

Reference Numbers Facility ID 6005946

Health Service Area 004 Planning Service Area 113

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	100	0	0	41	0	146
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	100	0	0	41	0	146

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	123
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	144	0	0	0	144
Race Unknown	0	0	0	0	0
Total	146	0	0	0	146

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	146	0	0	0	146
Ethnicity Unknown	0	0	0	0	0
Total	146	0	0	0	146

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	54.00
Other Health Staff	10.00
Non-Health Staff	54.00
Totals	138.00

MCLEANSBORO REHAB & HEALTH CARE CENTE

405 WEST CARPENTER
 MCLEANSBORO, IL. 62859
Reference Numbers Facility ID 6005417
 Health Service Area 005 Planning Service Area 059

Administrator
 Julianne M. Pieper

Contact Person and Telephone

Marikay Snyder
 309-689-5880

Registered Agent Information

SNYDER,MARIKAY L
 830 WEST TRAILCREEK DRIVE
 PEORIA, IL 61614

FACILITY OWNERSHIP
 LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Date Completed
 4/6/2007

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System	3
Alzheimer Disease	9
Mental Illness	1
Developmental Disability	1
Circulatory System	9
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	36

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	43	43	43	43	36	7	43	43	41	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0	0	0	30	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0	0	0	35	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0	0	0	36	
TOTAL BEDS	43	43	43	43	36	7	43	43		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1527	9.7%	10604	67.6%	2430	14561	92.8%	92.8%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	1527	9.7%	10604	67.6%	2430	14561	92.8%	92.8%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	6	10	0	0	0	0	0	0	6	10	16
85+	3	14	0	0	0	0	0	0	3	14	17
TOTALS	10	26	0	0	0	0	0	0	10	26	36

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.

MCLEANSBORO REHAB & HEALTH CARE CENTE

405 WEST CARPENTER

MCLEANSBORO, IL. 62859

Reference Numbers Facility ID 6005417

Health Service Area 005 Planning Service Area 059

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	3	26	0	0	7	0	36
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	26	0	0	7	0	36

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	91
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	5.00
Other Health Staff	0.00
Non-Health Staff	15.00
Totals	30.00

MEADOW MANOR

800 MC ADAM DRIVE
TAYLORVILLE, IL 62568

Reference Numbers Facility ID 6005953
Health Service Area 003 Planning Service Area 021

Administrator

Susan Johnson

Contact Person and Telephone

Rosemary Tate
217-824-2277

Registered Agent Information

JENNINGS, JERRY
2653 W LAWRENCE AVE, SUITE B
SPRINGFIELD, IL 62704

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

Date Completed
4/6/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	9
Alzheimer Disease	12
Mental Illness	0
Developmental Disability	1
Circulatory System	21
Respiratory System	12
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	71

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	96	84	71	84	71	25	0	150	63	81
Skilled Under 22	0	0	0	0	0	0		0		73
Intermediate DD	0	0	0	0	0	0		0		71
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	96	84	71	84	71	25	0	150		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	4402	0.0%	13236	24.2%	7363	25001	71.3%		81.5%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	4402	0.0%	13236	24.2%	7363	25001	71.3%		81.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	5	1	0	0	0	0	0	0	5	1	6
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	5	3	0	0	0	0	0	0	5	3	8
75 to 84	6	12	0	0	0	0	0	0	6	12	18
85+	8	28	0	0	0	0	0	0	8	28	36
TOTALS	25	46	0	0	0	0	0	0	25	46	71

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.

MEADOW MANOR

800 MC ADAM DRIVE
TAYLORVILLE, IL. 62568

Reference Numbers Facility ID 6005953

Health Service Area 003 Planning Service Area 021

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	12	36	0	0	23	0	71
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	36	0	0	23	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	120	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	70	0	0	0	70
Race Unknown	0	0	0	0	0
Total	71	0	0	0	71

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	71	0	0	0	71
Total	71	0	0	0	71

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	14.00
Certified Aides	33.00
Other Health Staff	2.00
Non-Health Staff	20.00
Totals	73.00

MEADOWBROOK ESTATES

319 NORTH LOCUST
 MCLEANSBORO, IL. 62859
Reference Numbers Facility ID 6011399
 Health Service Area 005 Planning Service Area 059

Administrator

Tonya Lindsey

Contact Person and Telephone

Beth Quick
 618-244-7701

Registered Agent Information

QUICK,STEVEN KENT
 2025B BROADWAY, P O BOX 705
 MOUNT VERNON , IL 62864

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
 4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5840	100.0%	0	5840	100.0%	100.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	8	0	0	8	8	16

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.

MEADOWBROOK ESTATES

319 NORTH LOCUST

MCLEANSBORO, IL. 62859

Reference Numbers Facility ID 6011399

Health Service Area 005 Planning Service Area 059

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	119	119
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	7.00
Other Health Staff	1.00
Non-Health Staff	1.50
Totals	9.95

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

SHEETS,CHARLES;MR.
321 N CLARK STREET, STE 2800
CHICAGO , IL 60610

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	17
Blood Disorders	0
*Nervous System	10
Alzheimer Disease	43
Mental Illness	8
Developmental Disability	1
Circulatory System	51
Respiratory System	19
Digestive System	16
Genitourinary System Disorders	20
Skin Disorders	3
Musculo-skeletal Disorders	11
Injuries and Poisonings	15
Other Medical Conditions	44
Non-Medical Conditions	0
TOTALS	264

Date Completed
4/6/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	298	298	287	298	264	34	298	298	Total Admissions 2006	286
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2006	332
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2006	354
Sheltered Care	0	0	0	0	0	0				264
TOTAL BEDS	298	298	287	298	264	34	298	298		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	12716	11.7%	77995	71.7%	8853	99564	91.5%	91.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	12716	11.7%	77995	71.7%	8853	99564	91.5%	91.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	17	10	0	0	0	0	0	0	17	10	27
60 to 64	5	10	0	0	0	0	0	0	5	10	15
65 to 74	20	16	0	0	0	0	0	0	20	16	36
75 to 84	22	70	0	0	0	0	0	0	22	70	92
85+	12	76	0	0	0	0	0	0	12	76	88
TOTALS	79	185	0	0	0	0	0	0	79	185	264

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.

MEADOWBROOK MANOR

431 WEST REMINGTON BOULEVARD
 BOLINGBROOK, IL. 60440

Reference Numbers Facility ID 6013120

Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	31	173	3	5	52	0	264
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	31	173	3	5	52	0	264

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	176
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	62	0	0	0	62
Hawaiian/Pac. Isl.	0	0	0	0	0
White	196	0	0	0	196
Race Unknown	5	0	0	0	5
Total	264	0	0	0	264

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	256	0	0	0	256
Ethnicity Unknown	0	0	0	0	0
Total	264	0	0	0	264

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	23.00
Certified Aides	92.00
Other Health Staff	3.00
Non-Health Staff	68.00
Totals	208.00

Meadowbrook Manor

720 Raymond Drive
Naperville, IL 60563

Reference Numbers Facility ID 6014518
Health Service Area 007 Planning Service Area 703

Administrator

Roselisa Bundalian

Contact Person and Telephone

Kachana Karanth
630-355-0220 ext 239

Registered Agent Information

JAFARI, ROBERT
4N645 SCHOOL ROAD
ST CHARLES, IL 60175

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	17
Blood Disorders	2
*Nervous System	14
Alzheimer Disease	77
Mental Illness	2
Developmental Disability	0
Circulatory System	38
Respiratory System	21
Digestive System	18
Genitourinary System Disorders	7
Skin Disorders	6
Musculo-skeletal Disorders	18
Injuries and Poisonings	4
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	228

Date Completed
4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	245	245	245	228	17	245	259	236	511
Skilled Under 22	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0				519
TOTAL BEDS	245	245	245	228	17	245	259	228	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	9591	10.7%	65392	69.2%	11321	86304	96.5%		96.5%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	9591	10.7%	65392	69.2%	11321	86304	96.5%		96.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	5	3	0	0	0	0	0	0	5	3	8
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	13	16	0	0	0	0	0	0	13	16	29
75 to 84	22	65	0	0	0	0	0	0	22	65	87
85+	12	87	0	0	0	0	0	0	12	87	99
TOTALS	56	172	0	0	0	0	0	0	56	172	228

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.

Meadowbrook Manor

720 Raymond Drive
Naperville, IL. 60563

Reference Numbers Facility ID 6014518

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	34	163	0	1	30	0	228
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	34	163	0	1	30	0	228

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	198	180
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	11	0	0	0	11
Amer. Indian	0	0	0	0	0
Black	26	0	0	0	26
Hawaiian/Pac. Isl.	0	0	0	0	0
White	191	0	0	0	191
Race Unknown	0	0	0	0	0
Total	228	0	0	0	228

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	221	0	0	0	221
Ethnicity Unknown	0	0	0	0	0
Total	228	0	0	0	228

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	24.00
LPN's	6.00
Certified Aides	71.00
Other Health Staff	25.00
Non-Health Staff	36.00
Totals	164.00

Meadowbrook Manor Lagrange

339 South 9th Street
LAGRANGE, IL. 60525
Reference Numbers Facility ID 6016281
Health Service Area 007 Planning Service Area 705

Administrator

David Shires

Contact Person and Telephone

David Shires
708-354-4660

Registered Agent Information

SHEETS, CHARLES
321 NORTH CLARK ST, STE. 2800
CHICAGO, IL 60610

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	21
Blood Disorders	0
*Nervous System	17
Alzheimer Disease	36
Mental Illness	2
Developmental Disability	1
Circulatory System	13
Respiratory System	18
Digestive System	13
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	136

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	197	197	139	197	61	43	203	127	338
Skilled Under 22	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0		0		
TOTAL BEDS	197	197	139	197	61	43	203	136	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	5854	37.3%	33950	45.8%	7221	47025	65.4%	65.4%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	5854	37.3%	33950	45.8%	7221	47025	65.4%	65.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	5	5	0	0	0	0	0	0	5	5	10
45 to 59	19	16	0	0	0	0	0	0	19	16	35
60 to 64	4	8	0	0	0	0	0	0	4	8	12
65 to 74	9	10	0	0	0	0	0	0	9	10	19
75 to 84	11	25	0	0	0	0	0	0	11	25	36
85+	6	18	0	0	0	0	0	0	6	18	24
TOTALS	54	82	0	0	0	0	0	0	54	82	136

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.

Meadowbrook Manor Lagrange

339 South 9th Street
LAGRANGE, IL. 60525

Reference Numbers Facility ID 6016281

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	26	92	0	2	16	0	136
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	26	92	0	2	16	0	136

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	17	0	0	0	17
Hawaiian/Pac. Isl.	0	0	0	0	0
White	118	0	0	0	118
Race Unknown	0	0	0	0	0
Total	136	0	0	0	136

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	133	0	0	0	133
Ethnicity Unknown	0	0	0	0	0
Total	136	0	0	0	136

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	26.00
Certified Aides	61.00
Other Health Staff	12.00
Non-Health Staff	45.00
Totals	156.00

FACILITY NOTES

Bed Change 4/17/2006 Discontinued six nursing care beds, total now 197 nursing care beds.

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
CUNNINGHAM, ROSCOE D.; MR.
11TH & STATE, P.O. BOX 511
LAWRENCEVILLE, IL 62439

FACILITY OWNERSHIP
FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System	0
Alzheimer Disease	26
Mental Illness	3
Developmental Disability	1
Circulatory System	8
Respiratory System	5
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	57

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	74	74	61	74	57	17	0	94	55	27
Skilled Under 22	0	0	0	0	0	0		0		25
Intermediate DD	0	0	0	0	0	0		0		57
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	74	74	61	74	57	17	0	94		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	13655	39.8%	6754	20409	75.6%		75.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	13655	39.8%	6754	20409	75.6%		75.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	4	8	0	0	0	0	0	0	4	8	12
75 to 84	6	8	0	0	0	0	0	0	6	8	14
85+	7	22	0	0	0	0	0	0	7	22	29
TOTALS	19	38	0	0	0	0	0	0	19	38	57

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.

MEADOWOOD

SECOND AND COMMERCE
 GRAYVILLE, IL. 62844

Reference Numbers Facility ID 6005987

Health Service Area 005 Planning Service Area 193

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	38	0	0	19	0	57
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	38	0	0	19	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	88
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	57	0	0	0	57
Ethnicity Unknown	0	0	0	0	0
Total	57	0	0	0	57

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	9.00
Certified Aides	32.00
Other Health Staff	0.00
Non-Health Staff	19.00
Totals	69.00

FACILITY NOTES

Bed Change 2/22/2006 Discontinued 20 nursing care beds, total now 74 nursing care beds.

MEADOWS

3250 SOUTH PLUM GROVE ROAD
 ROLLING MEADOWS, IL. 60008

Reference Numbers Facility ID 6005995
 Health Service Area 007 Planning Service Area 701

Administrator

Georgette Miller

Contact Person and Telephone

Robin Witt
 847-397-0055

Registered Agent Information

WITT,BYRN T.;MR.
 3250 S PLUM GROVE RD
 ROLLING MEADOWS, IL 60008

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	95
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	95

Date Completed
 3/21/2006

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	98
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	2
Intermediate DD	99	99	97	99	4		99	Total Discharges 2006	5
Sheltered Care	0	0	0	0	0			Residents on 12/31/2006	95
TOTAL BEDS	99	99	97	99	4	0	99		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			34201	94.6%	730	34931	96.7%	96.7%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	34201	94.6%	730	34931	96.7%	96.7%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	13	6	0	0	13	6	19
45 to 59	0	0	0	0	14	27	0	0	14	27	41
60 to 64	0	0	0	0	8	6	0	0	8	6	14
65 to 74	0	0	0	0	6	11	0	0	6	11	17
75 to 84	0	0	0	0	3	1	0	0	3	1	4
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	44	51	0	0	44	51	95

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.

MEADOWS

3250 SOUTH PLUM GROVE ROAD
 ROLLING MEADOWS, IL. 60008

Reference Numbers Facility ID 6005995

Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		93	0	0	2	0	95
Sheltered Care			0	0	0	0	0
TOTALS	0	93	0	0	2	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	150	133
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	2	0	2
Amer. Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	90	0	90
Race Unknown	0	0	0	0	0
Total	0	0	95	0	95

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	95	0	95
Ethnicity Unknown	0	0	0	0	0
Total	0	0	95	0	95

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	5.20
Certified Aides	33.27
Other Health Staff	8.10
Non-Health Staff	25.40
Totals	74.97

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
 309-747-2702

Registered Agent Information

BERTSCHE,ROBERT O.;MR.
 24588 CHURCH ST
 CHENOA, IL 61726

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System	4
Alzheimer Disease	75
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	100

Date Completed
 4/6/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	130	130	105	130	97	33	0	130	104
Skilled Under 22	0	0	0	0	0	0	0	0	43
Intermediate DD	0	0	0	0	0	0	0	0	47
Sheltered Care	29	10	3	10	3	26	0	0	100
TOTAL BEDS	159	140	108	140	100	59	0	130	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	16472	34.7%	20143	36615	77.2%		77.2%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					847	847	8.0%		23.2%	
TOTALS	0	0.0%	16472	34.7%	20990	37462	64.6%		73.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	3	0	0	0	0	0	0	5	3	8
75 to 84	10	30	0	0	0	0	0	1	10	31	41
85+	8	39	0	0	0	0	1	1	9	40	49
TOTALS	23	74	0	0	0	0	1	2	24	76	100

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.

MEADOWS MENNONITE HOME

24588 CHURCH STREET
CHENOA, IL. 61726

Reference Numbers Facility ID 6006001

Health Service Area 004 Planning Service Area 113

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	50	0	0	47	0	97
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	3	0	3
TOTALS	0	50	0	0	50	0	100

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	183	168
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	108	97

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	97	0	0	3	100
Race Unknown	0	0	0	0	0
Total	97	0	0	3	100

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	97	0	0	3	100
Ethnicity Unknown	0	0	0	0	0
Total	97	0	0	3	100

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	48.00
Other Health Staff	2.00
Non-Health Staff	40.00
Totals	103.00

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

OKSNEVAD,HOLGEIR J.;MR.
 CENTER STREET
 DURAND , IL 61024

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System	4
Alzheimer Disease	9
Mental Illness	1
Developmental Disability	1
Circulatory System	27
Respiratory System	4
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	70

Date Completed
 4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	89	87	87	87	70	19	89	89	76
Skilled Under 22	0	0	0	0	0	0	0	0	81
Intermediate DD	0	0	0	0	0	0	0	0	87
Sheltered Care	0	0	0	0	0	0	0	0	70
TOTAL BEDS	89	87	87	87	70	19	89	89	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	2310	7.1%	16607	51.1%	8597	27514	84.7%	86.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2310	7.1%	16607	51.1%	8597	27514	84.7%	86.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	3	6	0	0	0	0	0	0	3	6	9
75 to 84	3	22	0	0	0	0	0	0	3	22	25
85+	6	28	0	0	0	0	0	0	6	28	34
TOTALS	12	58	0	0	0	0	0	0	12	58	70

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.

MEDINA NURSING CENTER

402 S. Center St
 DURAND, IL. 61024

Reference Numbers Facility ID 6006019

Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	47	0	4	14	0	70
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	47	0	4	14	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	159	149
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.10
LPN's	4.80
Certified Aides	29.00
Other Health Staff	7.50
Non-Health Staff	13.40
Totals	61.80

MEMORIAL CONVALESCENT 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 Crook
 618-257-5768

Registered Agent Information

TURNER, MARK J.
 4500 MEMORIAL DRIVE
 BELLEVILLE, IL 62226

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	3
Musculo-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	51

Date Completed
 3/13/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	108	108	78	74	51	57	108	14	67
Skilled Under 22	0	0	0	0	0	0	0	0	927
Intermediate DD	0	0	0	0	0	0	0	0	943
Sheltered Care	0	0	0	0	0	0	0	0	51
TOTAL BEDS	108	108	78	74	51	57	108	14	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	11644	29.5%	3881	75.9%	7934	23459	59.5%	59.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	11644	29.5%	3881	75.9%	7934	23459	59.5%	59.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
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	2	1	0	0	0	0	0	0	2	1	3
75 to 84	8	15	0	0	0	0	0	0	8	15	23
85+	2	14	0	0	0	0	0	0	2	14	16
TOTALS	16	35	0	0	0	0	0	0	16	35	51

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.

MEMORIAL CONVALESCENT CENTER

4315 MEMORIAL DRIVE
 BELLEVILLE, IL. 62226

Reference Numbers Facility ID 6006035

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	25	8	0	6	12	0	51
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	25	8	0	6	12	0	51

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	192	172
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	45	0	0	0	45
Race Unknown	0	0	0	0	0
Total	51	0	0	0	51

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	31.00
Other Health Staff	13.00
Non-Health Staff	7.00
Totals	77.00

Memorial Medical Center-South Street

527 West South Street
WOODSTOCK, IL. 60098

Reference Numbers Facility ID 6013981
Health Service Area 008 Planning Service Area 111

Administrator
David A. Shinherr

Contact Person and Telephone

David A. Shinherr
815-759-4603

Registered Agent Information

Date Completed
4/10/2007

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System	2
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	0
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	12

Note: Reported restrictions denoted by '1'

FACILITY OWNERSHIP
HOSPITAL DISTRICT

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	40	30	25	30	12	28	40	0	17	545
Skilled Under 22	0	0	0	0	0	0	0	0		550
Intermediate DD	0	0	0	0	0	0	0	0		12
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	40	30	25	30	12	28	40	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	5450	37.3%	40	0.0%	960	6450	44.2%	58.9%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	5450	37.3%	40	0.0%	960	6450	44.2%	58.9%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	0	0	0	0	0	0	2	1	3
75 to 84	3	4	0	0	0	0	0	0	3	4	7
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	5	7	0	0	0	0	0	0	5	7	12

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.

Memorial Medical Center-South Street

527 West South Street
WOODSTOCK, IL. 60098

Reference Numbers Facility ID 6013981

Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	11	0	0	0	1	0	12
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	0	0	0	1	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	590	590
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	11	0	0	0	11
Ethnicity Unknown	0	0	0	0	0
Total	12	0	0	0	12

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	7.00
LPN's	0.00
Certified Aides	11.20
Other Health Staff	8.00
Non-Health Staff	0.00
Totals	29.20

MENARD CONVALESCENT CENTER

120 WEST ANTLE STREET
 PETERSBURG, IL. 62675
Reference Numbers Facility ID 6006043
 Health Service Area 003 Planning Service Area 129

Administrator
 Steven M. Territo

Contact Person and Telephone

Steven M. Territo
 217-632-2249

Registered Agent Information

JENNINGS,JERRY
 2653 WEST LAWRENCE, SUITE B
 SPRINGFIELD , IL 62704

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System	5
Alzheimer Disease	1
Mental Illness	3
Developmental Disability	0
Circulatory System	14
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	4
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	47

Date Completed
 4/23/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	86	78	47	78	39	30	86	Residents on 1/1/2006	44
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	46
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	43
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	47
TOTAL BEDS	86	78	47	78	39	30	86		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	2644	24.1%	7661	24.4%	6147	16452	52.4%	57.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2644	24.1%	7661	24.4%	6147	16452	52.4%	57.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	2	1	0	0	0	0	0	0	2	1	3
75 to 84	5	4	0	0	0	0	0	0	5	4	9
85+	6	27	0	0	0	0	0	0	6	27	33
TOTALS	13	34	0	0	0	0	0	0	13	34	47

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.

MENARD CONVALESCENT CENTER

120 WEST ANTLE STREET

PETERSBURG, IL. 62675

Reference Numbers Facility ID 6006043

Health Service Area 003 Planning Service Area 129

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	9	21	0	0	17	0	47
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	21	0	0	17	0	47

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	46	0	0	0	46
Race Unknown	0	0	0	0	0
Total	47	0	0	0	47

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	46	0	0	0	46
Ethnicity Unknown	0	0	0	0	0
Total	47	0	0	0	47

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	7.50
Certified Aides	18.50
Other Health Staff	9.50
Non-Health Staff	11.00
Totals	50.50

MENDOTA LUTHERAN HOME

500 6TH STREET
 MENDOTA, IL. 61342
Reference Numbers Facility ID 6006050
 Health Service Area 002 Planning Service Area 099

Administrator

Chris Csernus

Contact Person and Telephone

CHRIS CSERNUS
 815-539-7439

Registered Agent Information

GUILFOYLE, MICHAEL, MR.
 1316 MERIDAN ST.
 MENDOTA, IL 61342

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by 'I'

Date Completed
 4/12/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System	8
Alzheimer Disease	17
Mental Illness	10
Developmental Disability	2
Circulatory System	34
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	6
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	102

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	114	114	100	114	96	18	15	115	97
Skilled Under 22	0	0	0	0	0	0	0	0	103
Intermediate DD	0	0	0	0	0	0	0	0	98
Sheltered Care	14	12	7	12	6	8			102
TOTAL BEDS	128	126	107	126	102	26	15	115	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	3593	65.6%	13557	32.3%	16209	33359	80.2%	80.2%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					2020	2020	39.5%	46.1%	
TOTALS	3593	65.6%	13557	32.3%	18229	35379	75.7%	76.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	0	4	5	9
75 to 84	4	23	0	0	0	0	0	1	4	24	28
85+	11	51	0	0	0	0	0	3	11	54	65
TOTALS	18	79	0	0	0	0	1	4	19	83	102

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.

MENDOTA LUTHERAN HOME500 6TH STREET
MENDOTA, IL. 61342

Reference Numbers Facility ID 6006050

Health Service Area 002 Planning Service Area 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	11	40	0	0	45	0	96
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	6	0	6
TOTALS	11	40	0	0	51	0	102

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	184	163
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	80	66

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	96	0	0	6	102
Race Unknown	0	0	0	0	0
Total	96	0	0	6	102

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	95	0	0	6	101
Ethnicity Unknown	0	0	0	0	0
Total	96	0	0	6	102

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.32
LPN's	7.66
Certified Aides	46.14
Other Health Staff	0.00
Non-Health Staff	42.66
Totals	110.78

FACILITY NOTES

Bed Change	10/25/2006	Discontinued one nursing care bed, total now 114 nursing care and 14 sheltered care beds.
Bed Change	2/22/2006	Discontinued four nursing care beds, total now 115 nursing care beds and 14 sheltered care beds.

MERCER COUNTY HOSPITAL

409 N.W. NINTH AVENUE
ALEDO, IL. 61231

Reference Numbers Facility ID 6010532
Health Service Area 010 Planning Service Area 131

Administrator

Tim Putnam

Contact Person and Telephone

Tim Putnam
309-582-3701

Registered Agent Information

Date Completed
4/12/2007

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	12

Note: Reported restrictions denoted by 'I'

FACILITY OWNERSHIP
COUNTY

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	14	14	14	14	12	2	0	0	Residents on 1/1/2006	13
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	33
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006	34
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	12
TOTAL BEDS	14	14	14	14	12	2	0	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	3299	3299	64.6%	64.6%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	0	0.0%	3299	3299	64.6%	64.6%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	0	0	0	0	0	0	1	3	4
85+	2	6	0	0	0	0	0	0	2	6	8
TOTALS	3	9	0	0	0	0	0	0	3	9	12

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.

MERCER COUNTY HOSPITAL

409 N.W. NINTH AVENUE
ALEDO, IL. 61231

Reference Numbers Facility ID 6010532

Health Service Area 010 Planning Service Area 131

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	12	0	12
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	12	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	107	97
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	12	0	0	0	12
Ethnicity Unknown	0	0	0	0	0
Total	12	0	0	0	12

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	7.50
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	13.50

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

Carla M. Ewing

Contact Person and Telephone

Marybeth Sackville
309-582-5361

Registered Agent Information

SPONSLER, J. MICHAEL
MERCER COUNTY COURTHOUSE
ALEDO, IL 61231

FACILITY OWNERSHIP
COUNTY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	4
Mental Illness	4
Developmental Disability	0
Circulatory System	32
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	13
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	82

Date Completed
3/26/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	95	95	95	95	82	13	0	95	88	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0	0	0	49	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0	0	0	55	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0	0	0	82	
TOTAL BEDS	95	95	95	95	82	13	0	95		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	14322	41.3%	16765	31087	89.7%		89.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	14322	41.3%	16765	31087	89.7%		89.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	0	0	0	0	0	0	0	2	0	2
75 to 84	4	23	0	0	0	0	0	0	4	23	27
85+	9	43	0	0	0	0	0	0	9	43	52
TOTALS	15	67	0	0	0	0	0	0	15	67	82

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.

MERCER COUNTY NURSING HOME

309 NW 9TH AVENUE

ALEDO, IL. 61231

Reference Numbers Facility ID 6006076

Health Service Area 010 Planning Service Area 131

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	38	0	0	44	0	82
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	38	0	0	44	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	104
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	32.00
Other Health Staff	6.00
Non-Health Staff	22.00
Totals	74.00

MERCY HARVARD HOSPITAL

901 GRANT STREET
HARVARD, IL. 60033

Reference Numbers Facility ID 9111001
Health Service Area 008 Planning Service Area 111

Administrator
Katherine Kus, LNHA

Contact Person and Telephone

Katherine Kus, LNHA
815-943-2967

Registered Agent Information

Date Completed
4/10/2007

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	5
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	23

FACILITY OWNERSHIP

CHURCH OPER OR AFF

Note: Reported restrictions denoted by '1'

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	45	34	32	34	23	22	34	6	30
Skilled Under 22	0	0	0	0	0	0	0	0	142
Intermediate DD	0	0	0	0	0	0	0	0	149
Sheltered Care	0	0	0	0	0	0	0	0	23
TOTAL BEDS	45	34	32	34	23	22	34	6	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	2554	20.6%	1837	83.9%	5747	10138	61.7%	81.7%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2554	20.6%	1837	83.9%	5747	10138	61.7%	81.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	6	0	0	0	0	0	0	3	6	9
85+	3	9	0	0	0	0	0	0	3	9	12
TOTALS	8	15	0	0	0	0	0	0	8	15	23

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.

MERCY HARVARD HOSPITAL901 GRANT STREET
HARVARD, IL. 60033

Reference Numbers Facility ID 9111001

Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	3	0	0	14	0	23
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	3	0	0	14	0	23

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	165
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	0.00
Certified Aides	7.00
Other Health Staff	1.00
Non-Health Staff	4.00
Totals	18.00

MERCY HEALTH CARE REHAB CENTER

19000 HALSTED STREET
HOMEWOOD, IL. 60430

Reference Numbers Facility ID 6006084
Health Service Area 007 Planning Service Area 705

Administrator
Clarence Boykin

Contact Person and Telephone
Clarence Boykin
708/957-9200

Registered Agent Information

Date Completed
6/26/2007

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	2
*Nervous System	4
Alzheimer Disease	5
Mental Illness	4
Developmental Disability	4
Circulatory System	4
Respiratory System	2
Digestive System	3
Genitourinary System Disorders	5
Skin Disorders	3
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	60

FACILITY OWNERSHIP

FOR-PROF CORPORATION

Note: Reported restrictions denoted by 'I'

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	259	259	208	259	60	199	259	259	Total Admissions 2006	726
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2006	874
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2006	60
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	259	259	208	259	60	199	259	259		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2000	2.1%	16000	16.9%	2000	20000	21.2%		21.2%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2000	2.1%	16000	16.9%	2000	20000	21.2%		21.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0									
18 to 44	2	0									
45 to 59	3	6									
60 to 64	2	4									
65 to 74	3	7									
75 to 84	7	17									
85+	2	7									
TOTALS	19	41									

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.

MERCY HEALTH CARE REHAB CENTER19000 HALSTED STREET
HOMEWOOD, IL. 60430

Reference Numbers Facility ID 6006084

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	55	0	1	4	0	60
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	55	0	1	4	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	34	0	0	0	34
Hawaiian/Pac. Isl.	0	0	0	0	0
White	25	0	0	0	25
Race Unknown	0	0	0	0	0
Total	60	0	0	0	60

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	11.00
Certified Aides	30.00
Other Health Staff	0.00
Non-Health Staff	41.00
Totals	86.00

Meridian Village

101 EVERGREEN LANE
GLEN CARBON, IL. 62034

Reference Numbers Facility ID 6015812
Health Service Area 011 Planning Service Area 119

Administrator

DEANNA KRANKEL

Contact Person and Telephone

Deanna Krankel
618/288-3700

Registered Agent Information

ALEXANDER, WILLIAM
330 WEST VANDALIA
EDWARDSVILLE, IL 62025

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	2
*Nervous System	2
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	21

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	32	32	21	32	21	11	0	0	6	58
Skilled Under 22	0	0	0	0	0	0		0		43
Intermediate DD	0	0	0	0	0	0		0		21
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	32	32	21	32	21	11	0	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	4794	4794	41.0%		41.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	0	0.0%	4794	4794	41.0%		41.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	8	0	0	0	0	0	0	4	8	12
85+	2	7	0	0	0	0	0	0	2	7	9
TOTALS	6	15	0	0	0	0	0	0	6	15	21

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.

Meridian Village

101 EVERGREEN LANE
 GLEN CARBON, IL. 62034

Reference Numbers Facility ID 6015812

Health Service Area 011 Planning Service Area 119

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	21	0	21
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	21	0	21

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	133
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.10
LPN's	5.00
Certified Aides	7.50
Other Health Staff	2.00
Non-Health Staff	5.50
Totals	26.10

FACILITY NOTES

P-02-023 9/14/2006 Applicant reduced number of permit nursing care beds by seven, total beds now 32 nursing care beds.

Methodist Hospital Skilled Care

5025 North Paulina Street
CHICAGO, IL. 60640

Reference Numbers Facility ID 6012488
Health Service Area 006 Planning Service Area 601

Administrator

James Brady

Contact Person and Telephone

Harold Reisler
773-989-1465

Registered Agent Information

Date Completed
3/15/2007

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	8

Note: Reported restrictions denoted by '1'

FACILITY OWNERSHIP

HOSPITAL DISTRICT

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	23	23	18	23	8	15	21	21	3	332
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0		0		8
TOTAL BEDS	23	23	18	23	8	15	21	21		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3455	45.1%	1	0.0%	30	3486	41.5%		41.5%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	3455	45.1%	1	0.0%	30	3486	41.5%		41.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	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	3	0	0	0	0	0	0	2	3	5
TOTALS	3	5	0	0	0	0	0	0	3	5	8

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.

Methodist Hospital Skilled Care

5025 North Paulina Street
CHICAGO, IL. 60640

Reference Numbers Facility ID 6012488

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	0	0	0	0	0	8
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	0	0	0	0	0	8

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	476	476
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	7	0	0	0	7
Race Unknown	0	0	0	0	0
Total	8	0	0	0	8

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.30
LPN's	0.00
Certified Aides	4.40
Other Health Staff	2.40
Non-Health Staff	2.20
Totals	17.30

METHODIST MED CTR OF ILLINOIS

221 NORTHEAST GLEN OAK
 PEORIA, IL. 61636
Reference Numbers Facility ID 6013619
 Health Service Area 002 Planning Service Area 143

Administrator
 W. Michael Bryant

Contact Person and Telephone

Kathy Kujawa
 309-671-8351

Registered Agent Information

Date Completed
 4/9/2007

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

FACILITY OWNERSHIP
 CHURCH OPER OR AFF

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	24	24	24	0	0	24	24	0	8	
Skilled Under 22	0	0	0	0	0	0		0	356	
Intermediate DD	0	0	0	0	0	0		0	364	
Sheltered Care	0	0	0	0	0	0		0	0	
TOTAL BEDS	24	24	24	0	0	24	24	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3640	41.6%	0	0.0%	645	4285	48.9%	48.9%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	3640	41.6%	0	0.0%	645	4285	48.9%	48.9%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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

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.

METHODIST MED CTR OF ILLINOIS

221 NORTHEAST GLEN OAK
 PEORIA, IL. 61636

Reference Numbers Facility ID 6013619

Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	0	0	0

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	547	507
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.66
LPN's	0.92
Certified Aides	6.03
Other Health Staff	2.40
Non-Health Staff	0.00
Totals	22.01

METROPOLIS NURSING & REHAB CTR

2299 METROPOLIS STREET
 METROPOLIS, IL. 62960
Reference Numbers Facility ID 6006118
 Health Service Area 005 Planning Service Area 087

Administrator
 Scott Stout

Contact Person and Telephone
 Scott Stout
 618-524-2634

Registered Agent Information

MAHER,DANIEL
 926 SOUTH SEVENTH
 SPRINGFIELD , IL 62703

FACILITY OWNERSHIP
 LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System	17
Alzheimer Disease	13
Mental Illness	14
Developmental Disability	4
Circulatory System	8
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	4
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	86

Date Completed
 4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	103	97	97	97	86	17	103	103	84	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	103	97	97	97	86	17	103	103		86

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	4802	12.8%	19141	50.9%	8267	32210	85.7%		91.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	4802	12.8%	19141	50.9%	8267	32210	85.7%		91.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	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	0	1	0	0	0	0	0	0	0	1	1
65 to 74	5	6	0	0	0	0	0	0	5	6	11
75 to 84	11	20	0	0	0	0	0	0	11	20	31
85+	10	29	0	0	0	0	0	0	10	29	39
TOTALS	29	57	0	0	0	0	0	0	29	57	86

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.

METROPOLIS NURSING & REHAB CTR

2299 METROPOLIS STREET
 METROPOLIS, IL. 62960

Reference Numbers Facility ID 6006118

Health Service Area 005 Planning Service Area 087

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	17	46	4	1	18	0	86
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	46	4	1	18	0	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	95	92
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	81	0	0	0	81
Race Unknown	0	0	0	0	0
Total	86	0	0	0	86

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.90
LPN's	12.00
Certified Aides	27.75
Other Health Staff	0.00
Non-Health Staff	18.75
Totals	63.40

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

Sadie Haynes
312-769-2700

Registered Agent Information

KLEM,STAN
3553 WEST PETERSON AVE,STE 300
CHICAGO , IL 60659

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	25
Endocrine/Metabolic	31
Blood Disorders	11
*Nervous System	21
Alzheimer Disease	5
Mental Illness	53
Developmental Disability	4
Circulatory System	23
Respiratory System	14
Digestive System	22
Genitourinary System Disorders	21
Skin Disorders	18
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	258

Date Completed
4/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	310	306	291	306	258	52	310	310	291
Skilled Under 22	0	0	0	0	0	0	0	0	627
Intermediate DD	0	0	0	0	0	0	0	0	660
Sheltered Care	0	0	0	0	0	0	0	0	258
TOTAL BEDS	310	306	291	306	258	52	310	310	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	2927	2.6%	93749	82.9%	1336	98012	86.6%	87.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2927	2.6%	93749	82.9%	1336	98012	86.6%	87.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	11	5	0	0	0	0	0	0	11	5	16
45 to 59	76	28	0	0	0	0	0	0	76	28	104
60 to 64	18	7	0	0	0	0	0	0	18	7	25
65 to 74	38	19	0	0	0	0	0	0	38	19	57
75 to 84	18	21	0	0	0	0	0	0	18	21	39
85+	6	11	0	0	0	0	0	0	6	11	17
TOTALS	167	91	0	0	0	0	0	0	167	91	258

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.

MID AMERICA CARE CENTER4920 NORTH KENMORE
CHICAGO, IL. 60640

Reference Numbers Facility ID 6006134

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	246	0	0	4	0	258
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	246	0	0	4	0	258

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	18	0	0	0	18
Amer. Indian	3	0	0	0	3
Black	110	0	0	0	110
Hawaiian/Pac. Isl.	0	0	0	0	0
White	127	0	0	0	127
Race Unknown	0	0	0	0	0
Total	258	0	0	0	258

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	21	0	0	0	21
Non-Hispanic	237	0	0	0	237
Ethnicity Unknown	0	0	0	0	0
Total	258	0	0	0	258

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	14.00
Certified Aides	70.00
Other Health Staff	22.00
Non-Health Staff	73.00
Totals	200.00

Midway Neurological and Rehab Center

8540 SOUTH HARLEM AVENUE
BRIDGEVIEW, IL. 60455

Reference Numbers Facility ID 6003826
Health Service Area 007 Planning Service Area 705

Administrator

Melody Parks

Contact Person and Telephone

Melody Parks
708-598-2605

Registered Agent Information

GUTNICKI, ABRAHAM A
8320 SKOKIE BOULEVARD
SKOKIE, IL 60077

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	29
Blood Disorders	1
*Nervous System	29
Alzheimer Disease	5
Mental Illness	132
Developmental Disability	0
Circulatory System	68
Respiratory System	13
Digestive System	9
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	299

Date Completed
5/16/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	404	404	312	404	299	105	404	404	280	264
Skilled Under 22	0	0	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	312	404	299	105	404	404		299

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	9865	6.7%	96855	65.7%	3429	110149	74.7%		74.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	9865	6.7%	96855	65.7%	3429	110149	74.7%		74.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	40	20	0	0	0	0	0	0	40	20	60
45 to 59	79	40	0	0	0	0	0	0	79	40	119
60 to 64	23	6	0	0	0	0	0	0	23	6	29
65 to 74	22	20	0	0	0	0	0	0	22	20	42
75 to 84	16	16	0	0	0	0	0	0	16	16	32
85+	6	11	0	0	0	0	0	0	6	11	17
TOTALS	186	113	0	0	0	0	0	0	186	113	299

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.

Midway Neurological and Rehab Center8540 SOUTH HARLEM AVENUE
BRIDGEVIEW, IL. 60455

Reference Numbers Facility ID 6003826

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	28	260	4	0	7	0	299
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	28	260	4	0	7	0	299

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	140	0	0	0	140
Hawaiian/Pac. Isl.	0	0	0	0	0
White	159	0	0	0	159
Race Unknown	0	0	0	0	0
Total	299	0	0	0	299

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	294	0	0	0	294
Ethnicity Unknown	0	0	0	0	0
Total	299	0	0	0	299

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	9.00
LPN's	26.00
Certified Aides	42.00
Other Health Staff	0.00
Non-Health Staff	36.00
Totals	118.00

MILESTONE - ELMWOOD EAST

2642 ELMWOOD ROAD
ROCKFORD, IL. 61103

Reference Numbers Facility ID 6006159
Health Service Area 001 Planning Service Area 201

Administrator
Linda Thornbloom

Contact Person and Telephone

Linda Thornbloom
815-877-7001

Registered Agent Information

HAMILTON,JAMES;MR.
4060 MCFARLAND ROAD
ROCKFORD , IL 61111

FACILITY OWNERSHIP

NON-PROF CORPORATION

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	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/4/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	12
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	2
Intermediate DD	12	12	12	12	0		12	Total Discharges 2006	2
Sheltered Care	0	0	0	0	0			Residents on 12/31/2006	12
TOTAL BEDS	12	12	12	12	0	0	12		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%		0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			4273	97.6%	0	4273	97.6%		97.6%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	4273	97.6%	0	4273	97.6%		97.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	6	6	0	0	6	6	12

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.

MILESTONE - ELMWOOD EAST

2642 ELMWOOD ROAD
 ROCKFORD, IL. 61103

Reference Numbers Facility ID 6006159

Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	200
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	0.00
Other Health Staff	0.00
Non-Health Staff	10.00
Totals	10.75

MILESTONE - ELMWOOD HEIGHTS

2662 ELMWOOD ROAD
ROCKFORD, IL. 61103

Reference Numbers Facility ID 6006142
Health Service Area 001 Planning Service Area 201

Administrator
Linda Thornbloom

Contact Person and Telephone

Linda Thornbloom
815-877-7001

Registered Agent Information

HAMILTON,JAMES;MR.
4060 MCFARLAND ROAD
ROCKFORD , IL 61111

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/4/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	84
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	6
Intermediate DD	84	84	84	84	83	1	84	Total Discharges 2006	7
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	83
TOTAL BEDS	84	84	84	84	83	1	84		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			30616	99.9%	0	30616	99.9%	99.9%	99.9%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	30616	99.9%	0	30616	99.9%	99.9%	99.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	30	21	0	0	30	21	51
45 to 59	0	0	0	0	11	7	0	0	11	7	18
60 to 64	0	0	0	0	7	3	0	0	7	3	10
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	50	33	0	0	50	33	83

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.

MILESTONE - ELMWOOD HEIGHTS

2662 ELMWOOD ROAD
 ROCKFORD, IL. 61103

Reference Numbers Facility ID 6006142

Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		83	0	0	0	0	83
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	0
Intermediate DD	250	250
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	3	0	3
Amer. Indian	0	0	0	0	0
Black	0	0	21	0	21
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	59	0	59
Race Unknown	0	0	0	0	0
Total	0	0	83	0	83

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	8	0	8
Non-Hispanic	0	0	75	0	75
Ethnicity Unknown	0	0	0	0	0
Total	0	0	83	0	83

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.50
LPN's	8.50
Certified Aides	113.70
Other Health Staff	0.00
Non-Health Staff	13.00
Totals	139.70

MILESTONE SUN VALLEY

3351 SUN VALLEY
 ROCKFORD, IL. 61103
Reference Numbers Facility ID 6012181
 Health Service Area 001 Planning Service Area 201

Administrator

Bill Grahn

Contact Person and Telephone

Bill Grahn
 815-633-9921

Registered Agent Information

HAMILTON,JAMES;MR.
 4060 MCFARLAND ROAD
 ROCKFORD , IL 61111

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	8
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	8	8	8	8	8	0	8	8	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	8
TOTAL BEDS	8	8	8	8	8	0	0	8		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			2920	100.0%	0	2920	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	2920	100.0%	0	2920	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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

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.

MILESTONE SUN VALLEY

3351 SUN VALLEY
 ROCKFORD, IL. 61103

Reference Numbers Facility ID 6012181

Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	5.50
Other Health Staff	0.00
Non-Health Staff	1.50
Totals	8.00

MILLER HEALTH CARE CENTER

1601 BUTTERFIELD TRAIL
 KANKAKEE, IL. 60901
Reference Numbers Facility ID 6014294
 Health Service Area 009 Planning Service Area 091

Administrator

Judy Amiano

Contact Person and Telephone

Judy Amiano
 815-936-6500

Registered Agent Information

MILLIRONS, DENNIS C.
 350 NORTH WALL STREET
 KANKAKEE, IL 60901

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System	4
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	24
Respiratory System	9
Digestive System	11
Genitourinary System Disorders	5
Skin Disorders	3
Musculo-skeletal Disorders	30
Injuries and Poisonings	0
Other Medical Conditions	21
Non-Medical Conditions	0
TOTALS	115

Date Completed
 4/30/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	120	120	120	115	5	53	0	Residents on 1/1/2006	103
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	424
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	412
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	115
TOTAL BEDS	120	120	120	115	5	53	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	9354	48.4%	2645	0.0%	27149	39148	89.4%	89.4%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	9354	48.4%	2645	0.0%	27149	39148	89.4%	89.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	3	4	0	0	0	0	0	0	3	4	7
75 to 84	9	18	0	0	0	0	0	0	9	18	27
85+	16	63	0	0	0	0	0	0	16	63	79
TOTALS	30	85	0	0	0	0	0	0	30	85	115

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.

MILLER HEALTH CARE CENTER

1601 BUTTERFIELD TRAIL

KANKAKEE, IL. 60901

Reference Numbers Facility ID 6014294

Health Service Area 009 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	28	6	0	1	80	0	115
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	28	6	0	1	80	0	115

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	158	138
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	114	0	0	0	114
Race Unknown	0	0	0	0	0
Total	115	0	0	0	115

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	115	0	0	0	115
Total	115	0	0	0	115

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	17.00
Certified Aides	48.00
Other Health Staff	6.00
Non-Health Staff	32.00
Totals	119.00

MINIAT HOUSE

6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6006209
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

CONNELLY,ROSEMARY;SR.;RSM
2916 WEST 47TH STREET
CHICAGO , IL 60632

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	12
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	12	12	12	12	0		12	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0			Residents on 12/31/2006	12
TOTAL BEDS	12	12	12	12	0	0	12		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			4380	100.0%	0	4380	100.0%	100.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	4380	100.0%	0	4380	100.0%	100.0%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	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

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.

MINIAT HOUSE

6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6006209

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	195	195
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.15
LPN's	0.00
Certified Aides	7.21
Other Health Staff	1.80
Non-Health Staff	0.15
Totals	9.56

MODERN CARE CONV & NSG HOME

1500 WEST WALNUT
 JACKSONVILLE, IL. 62650
Reference Numbers Facility ID 6006225
 Health Service Area 003 Planning Service Area 137

Administrator

Lisa Rich

Contact Person and Telephone

Lisa Rich
 217-245-4183

Registered Agent Information

NATIONAL REGISTERED AGENTS INC
 200 WEST ADAMS STREET
 CHICAGO, IL 60606

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System	2
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	24
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	18
Injuries and Poisonings	3
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	62

Date Completed
 4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	68	65	65	62	62	6	68	68	42	64
Skilled Under 22	0	0	0	0	0	0		0		44
Intermediate DD	0	0	0	0	0	0		0		62
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	68	65	65	62	62	6	68	68		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2620	10.6%	7331	29.5%	8744	18695	75.3%		78.8%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2620	10.6%	7331	29.5%	8744	18695	75.3%		78.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	13	0	0	0	0	0	0	4	13	17
85+	4	38	0	0	0	0	0	0	4	38	42
TOTALS	9	53	0	0	0	0	0	0	9	53	62

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.

MODERN CARE CONV & NSG HOME

1500 WEST WALNUT

JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6006225

Health Service Area 003 Planning Service Area 137

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	24	0	0	30	0	62
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	24	0	0	30	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	25.00
Other Health Staff	10.00
Non-Health Staff	20.00
Totals	72.00

FACILITY NOTES

Name Change	4/1/2006	Name changed from MODERN CARE CONV & NSG HOME.
E-006-06	4/1/2006	Change of ownership occurred.
E-006-06	3/31/2006	Change of ownership exemption approved.

MOMENCE MEADOWS NURSING & REHAB

500 SOUTH WALNUT
MOMENCE, IL. 60954

Reference Numbers Facility ID 6006258
Health Service Area 009 Planning Service Area 091

Administrator
Bonzetta Williams

Contact Person and Telephone

Bonzetta Williams
815-472-2423

Registered Agent Information

GUTNICKI, ABRAHAM A.
8320 SKOKIE BOULEVARD
SKOKIE, IL 60077

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	10
Blood Disorders	1
*Nervous System	14
Alzheimer Disease	20
Mental Illness	4
Developmental Disability	4
Circulatory System	34
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	109

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	140	140	122	140	109	31	140	140	118	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		0		
TOTAL BEDS	140	140	122	140	109	31	140	140	109	87

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3729	7.3%	33093	64.8%	3063	39885	78.1%		78.1%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	3729	7.3%	33093	64.8%	3063	39885	78.1%		78.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	14	8	0	0	0	0	0	0	14	8	22
60 to 64	6	4	0	0	0	0	0	0	6	4	10
65 to 74	12	9	0	0	0	0	0	0	12	9	21
75 to 84	10	18	0	0	0	0	0	0	10	18	28
85+	7	20	0	0	0	0	0	0	7	20	27
TOTALS	50	59	0	0	0	0	0	0	50	59	109

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.

MOMENCE MEADOWS NURSING & REHAB

500 SOUTH WALNUT

MOMENCE, IL. 60954

Reference Numbers Facility ID 6006258

Health Service Area 009 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	16	82	7	0	4	0	109
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	82	7	0	4	0	109

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	37	0	0	0	37
Hawaiian/Pac. Isl.	0	0	0	0	0
White	72	0	0	0	72
Race Unknown	0	0	0	0	0
Total	109	0	0	0	109

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	107	0	0	0	107
Ethnicity Unknown	0	0	0	0	0
Total	109	0	0	0	109

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	21.00
Certified Aides	62.00
Other Health Staff	4.00
Non-Health Staff	49.00
Totals	142.00

FACILITY NOTES

Name Change	7/1/2006	Name changed from Momence Meadows Nursing Center.
E-014-06	7/1/2006	Change of ownership occurred.
E-014-06	4/6/2006	Change of ownership exemption approved.

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

GIARDINA, JAMES J.; MR.
117 S I STREET
MONMOUTH, IL 61462

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System	6
Alzheimer Disease	9
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	14
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	49

Date Completed
4/26/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	59	58	56	58	49	10	0	59	53
Skilled Under 22	0	0	0	0	0	0	0	0	40
Intermediate DD	0	0	0	0	0	0	0	0	44
Sheltered Care	0	0	0	0	0	0	0	0	49
TOTAL BEDS	59	58	56	58	49	10	0	59	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1846	0.0%	9106	42.3%	7434	18386	85.4%	86.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	1846	0.0%	9106	42.3%	7434	18386	85.4%	86.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	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	5	7	0	0	0	0	0	0	5	7	12
85+	7	21	0	0	0	0	0	0	7	21	28
TOTALS	18	31	0	0	0	0	0	0	18	31	49

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.

MONMOUTH NURSING HOME117 SOUTH I STREET
MONMOUTH, IL. 61462

Reference Numbers Facility ID 6006266

Health Service Area 002 Planning Service Area 071

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	2	31	0	2	14	0	49
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	31	0	2	14	0	49

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	19.00
Totals	51.00

MONROE PAV HLTH & TREATMNT CTR

1400 WEST MONROE STREET
CHICAGO, IL. 60607

Reference Numbers Facility ID 6006290
Health Service Area 006 Planning Service Area 602

Administrator

Wayne Hanik

Contact Person and Telephone

Wayne Hanik
312-666-4090

Registered Agent Information

STERN, ABRAHAM J.
10 SOUTH WACKER DRIVE, 40TH FL
CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	127
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	127

Date Completed
4/22/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	136	136	136	136	9	0	136	Residents on 1/1/2006	133
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	58
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	64
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	127
TOTAL BEDS	136	136	136	136	9	0	136		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	46162	93.0%	2138	48300	97.3%	97.3%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	46162	93.0%	2138	48300	97.3%	97.3%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	29	8	0	0	0	0	0	0	29	8	37
45 to 59	51	16	0	0	0	0	0	0	51	16	67
60 to 64	5	4	0	0	0	0	0	0	5	4	9
65 to 74	6	4	0	0	0	0	0	0	6	4	10
75 to 84	0	3	0	0	0	0	0	0	0	3	3
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	91	36	0	0	0	0	0	0	91	36	127

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.

MONROE PAV HLTH & TREATMNT CTR

1400 WEST MONROE STREET
 CHICAGO, IL. 60607

Reference Numbers Facility ID 6006290

Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	121	5	0	1	0	127
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	121	5	0	1	0	127

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	100
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	94	0	0	0	94
Hawaiian/Pac. Isl.	0	0	0	0	0
White	33	0	0	0	33
Race Unknown	0	0	0	0	0
Total	127	0	0	0	127

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	125	0	0	0	125
Ethnicity Unknown	0	0	0	0	0
Total	127	0	0	0	127

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.50
LPN's	9.00
Certified Aides	22.00
Other Health Staff	8.00
Non-Health Staff	15.50
Totals	58.00

MONTEBELLO HEALTH CARE CENTER

1599 KEOKUK STREET
HAMILTON, IL. 62341

Reference Numbers Facility ID 6006316
Health Service Area 003 Planning Service Area 067

Administrator

Rebecca Bliss

Contact Person and Telephone

Rebecca Bliss
217-847-3931

Registered Agent Information

C T CORPORATION SYSTEM
208 SOUTH LASALLE ST,SUITE 814
CHICAGO , IL 60604

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

Date Completed
4/12/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System	2
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	23
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	139	73	62	73	53	86	139	139	59	38
Skilled Under 22	0	0	0	0	0	0		0		44
Intermediate DD	0	0	0	0	0	0		0		53
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	139	73	62	73	53	86	139	139		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1506	3.0%	14562	28.7%	3539	19607	38.6%	73.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	1506	3.0%	14562	28.7%	3539	19607	38.6%	73.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	0	5	0	0	0	0	0	0	0	5	5
75 to 84	3	16	0	0	0	0	0	0	3	16	19
85+	8	18	0	0	0	0	0	0	8	18	26
TOTALS	13	40	0	0	0	0	0	0	13	40	53

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.

MONTEBELLO HEALTH CARE CENTER

1599 KEOKUK STREET

HAMILTON, IL. 62341

Reference Numbers Facility ID 6006316

Health Service Area 003 Planning Service Area 067

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	4	41	2	0	6	0	53
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	41	2	0	6	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	151	137
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	1	0	0	0	1
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	23.00
Other Health Staff	1.00
Non-Health Staff	19.00
Totals	55.00

MONTGOMERY NURSING & REHAB CTR

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

Registered Agent Information

KAMLER, DAVID L.; MR.
 233 EAST CENTER DRIVE
 ALTON, IL 62002

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System	7
Alzheimer Disease	22
Mental Illness	3
Developmental Disability	0
Circulatory System	24
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	84

Date Completed
 4/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	101	98	97	98	84	17	20	101	84
Skilled Under 22	0	0	0	0	0	0	0	0	146
Intermediate DD	0	0	0	0	0	0	0	0	146
Sheltered Care	0	0	0	0	0	0	0	0	84
TOTAL BEDS	101	98	97	98	84	17	20	101	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	4529	62.0%	14700	39.9%	12619	31848	86.4%	89.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	4529	62.0%	14700	39.9%	12619	31848	86.4%	89.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	7	0	0	0	0	0	0	4	7	11
75 to 84	4	8	0	0	0	0	0	0	4	8	12
85+	9	49	0	0	0	0	0	0	9	49	58
TOTALS	18	66	0	0	0	0	0	0	18	66	84

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.

MONTGOMERY NURSING & REHAB CTR

SOUTH ROUTE 127 PO Box 309

HILLSBORO, IL. 62049

Reference Numbers Facility ID 6004444

Health Service Area 003 Planning Service Area 135

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	39	0	0	38	0	84
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	39	0	0	38	0	84

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	110	90
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	38.00
Other Health Staff	5.00
Non-Health Staff	28.00
Totals	87.00

MONTGOMERY PLACE

5550 SOUTH SHORE DRIVE
CHICAGO, IL. 60637

Reference Numbers Facility ID 6013171
Health Service Area 006 Planning Service Area 603

Administrator
Monica L. Ramirez

Contact Person and Telephone

Monica L. Ramirez
773-753-4100

Registered Agent Information

LYNN, NICHOLAS J.
227 WEST MONROE STREET, STE3400
CHICAGO, IL 60606

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	5
*Nervous System	0
Alzheimer Disease	18
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	4
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	39

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	93	57	57	39	54	14	29	56	216
Skilled Under 22	0	0	0	0	0		0		233
Intermediate DD	0	0	0	0	0		0		39
Sheltered Care	0	0	0	0	0				
TOTAL BEDS	93	57	57	39	54	14	29		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	3680	72.0%	3216	30.4%	13909	20805	61.3%	100.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	3680	72.0%	3216	30.4%	13909	20805	61.3%	100.0%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	5	0	0	0	0	0	0	2	5	7
85+	3	27	0	0	0	0	0	0	3	27	30
TOTALS	6	33	0	0	0	0	0	0	6	33	39

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.

MONTGOMERY PLACE5550 SOUTH SHORE DRIVE
CHICAGO, IL. 60637

Reference Numbers Facility ID 6013171

Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	9	0	0	24	0	39
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	9	0	0	24	0	39

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	183
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	22	0	0	0	22
Hawaiian/Pac. Isl.	0	0	0	0	0
White	17	0	0	0	17
Race Unknown	0	0	0	0	0
Total	39	0	0	0	39

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	20.00
Other Health Staff	0.00
Non-Health Staff	90.00
Totals	124.00

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
217-563-7013

Registered Agent Information

KRECKMAN,ALFRED
908 NORTH MAIN ST,P O BOX 10
PARIS, IL 61944

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/3/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	15	16	15	1		16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2006	15
TOTAL BEDS	16	16	15	16	15	1	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5236	89.7%	151	5387	92.2%	92.2%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	5236	89.7%	151	5387	92.2%	92.2%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	8	7	0	0	8	7	15

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.

Montgomery Terrace

215 North Walnut, Box 158
 Nokomis, IL. 62075

Reference Numbers Facility ID 6006324

Health Service Area 003 Planning Service Area 135

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	105
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.19
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.14
LPN's	0.00
Certified Aides	8.00
Other Health Staff	0.80
Non-Health Staff	0.54
Totals	9.67

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
773-602-2660

Registered Agent Information

GOLEMBIEWSKI, ADRIENNE
725 SOUTH WELLS, SUITE 1-A
CHICAGO, IL 60607

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

Date Completed
4/10/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	15	15	14	15	14	1		15	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2006	14
TOTAL BEDS	15	15	14	15	14	1	0	15		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			4870	88.9%	0	4870	88.9%	88.9%	88.9%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	4870	88.9%	0	4870	88.9%	88.9%	88.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	8	1	0	0	8	1	9
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	12	2	0	0	12	2	14

MOORE HOUSE

9135 SOUTH BRANDON AVENUE
CHICAGO, IL. 60617

Reference Numbers Facility ID 6006340

Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	127
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	11	0	11
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	3	0	3
Race Unknown	0	0	0	0	0
Total	0	0	14	0	14

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	0.00
Non-Health Staff	2.00
Totals	11.00

MORRIS HEALTHCARE&REHABILITATION CENTE

1338 CLAY STREET
 MORRIS, IL. 60450
Reference Numbers Facility ID 6003875
 Health Service Area 009 Planning Service Area 063

Administrator
 Suzanne D. Day

Contact Person and Telephone

Suzanne Day
 815-942-3255

Registered Agent Information

NATIONAL REGISTERED AGENTS,INC
 200 WEST ADAMS STREET
 CHICAGO , IL 60606

FACILITY OWNERSHIP
 LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	11
Blood Disorders	2
*Nervous System	10
Alzheimer Disease	14
Mental Illness	18
Developmental Disability	1
Circulatory System	25
Respiratory System	2
Digestive System	7
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	8
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	125

Date Completed
 4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	142	142	133	142	17	0	142	Residents on 1/1/2006	123
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	160
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	158
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	125
TOTAL BEDS	142	142	133	142	17	0	142		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	6196	0.0%	26314	50.8%	9076	41586	80.2%	80.2%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	6196	0.0%	26314	50.8%	9076	41586	80.2%	80.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	5	16	0	0	0	0	0	0	5	16	21
75 to 84	7	22	0	0	0	0	0	0	7	22	29
85+	12	56	0	0	0	0	0	0	12	56	68
TOTALS	26	99	0	0	0	0	0	0	26	99	125

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.

MORRIS HEALTHCARE&REHABILITATION CENTE

1338 CLAY STREET

MORRIS, IL. 60450

Reference Numbers Facility ID 6003875

Health Service Area 009 Planning Service Area 063

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	23	73	0	2	27	0	125
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	23	73	0	2	27	0	125

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	124	0	0	0	124
Ethnicity Unknown	0	0	0	0	0
Total	125	0	0	0	125

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	10.00
Certified Aides	42.00
Other Health Staff	0.00
Non-Health Staff	44.00
Totals	108.00

MORTON TERRACE

191 EAST QUEENWOOD ROAD
MORTON, IL. 61550

Reference Numbers Facility ID 6006407
Health Service Area 002 Planning Service Area 179

Administrator

Colleen Kamin

Contact Person and Telephone

Colleen Kamin
309-266-5331

Registered Agent Information

KLEIN, BENJAMIN M.
7444 LONG AVENUE
SKOKIE, IL 60077

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	11
Blood Disorders	3
*Nervous System	10
Alzheimer Disease	30
Mental Illness	0
Developmental Disability	0
Circulatory System	39
Respiratory System	12
Digestive System	14
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	126

Date Completed
4/4/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	166	166	150	166	40	46	166	Residents on 1/1/2006	151
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	189
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	214
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	126
TOTAL BEDS	166	166	150	166	40	46	166		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	4700	28.0%	38840	64.1%	7894	51434	84.9%	84.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	4700	28.0%	38840	64.1%	7894	51434	84.9%	84.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	9	0	0	0	0	0	0	2	9	11
65 to 74	22	21	0	0	0	0	0	0	22	21	43
75 to 84	12	41	0	0	0	0	0	0	12	41	53
85+	3	11	0	0	0	0	0	0	3	11	14
TOTALS	42	84	0	0	0	0	0	0	42	84	126

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.

MORTON TERRACE

191 EAST QUEENWOOD ROAD
MORTON, IL. 61550

Reference Numbers Facility ID 6006407

Health Service Area 002 Planning Service Area 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	11	99	0	2	14	0	126
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	99	0	2	14	0	126

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	124	0	0	0	124
Race Unknown	0	0	0	0	0
Total	126	0	0	0	126

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	124	0	0	0	124
Ethnicity Unknown	0	0	0	0	0
Total	126	0	0	0	126

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	21.00
Certified Aides	73.00
Other Health Staff	11.00
Non-Health Staff	43.00
Totals	164.00

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

Lisa Tippy

Contact Person and Telephone

Lisa Tippy
309-266-9741

Registered Agent Information

STERN, ABRAHAM J
10 SOUTH WACKER DRIVE, 40TH FL
CHICAGO, IL 60606

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	16
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	9
Circulatory System	47
Respiratory System	3
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	85

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	106	105	102	105	85	21	106	106	93
Skilled Under 22	0	0	0	0	0	0	0	0	51
Intermediate DD	0	0	0	0	0	0	0	0	59
Sheltered Care	0	0	0	0	0	0	0	0	85
TOTAL BEDS	106	105	102	105	85	21	106	106	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	4115	10.6%	24683	63.8%	5109	33907	87.6%	88.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	4115	10.6%	24683	63.8%	5109	33907	87.6%	88.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	2	0	0	0	0	0	0	2	2	4
60 to 64	0	4	0	0	0	0	0	0	0	4	4
65 to 74	6	6	0	0	0	0	0	0	6	6	12
75 to 84	9	20	0	0	0	0	0	0	9	20	29
85+	5	31	0	0	0	0	0	0	5	31	36
TOTALS	22	63	0	0	0	0	0	0	22	63	85

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.

Morton Villa Care Center190 East Queenwood Road
MORTON, IL. 61550**Reference Numbers** Facility ID 6006399

Health Service Area 002 Planning Service Area 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	7	66	2	0	10	0	85
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	66	2	0	10	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	82	0	0	0	82
Race Unknown	0	0	0	0	0
Total	85	0	0	0	85

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	38.00
Other Health Staff	1.00
Non-Health Staff	19.00
Totals	75.00

MOSAIC LIVING CENTER

7464 NORTH SHERIDAN ROAD
CHICAGO, IL. 60626

Reference Numbers Facility ID 6000558
Health Service Area 006 Planning Service Area 601

Administrator

Lynn Quintal

Contact Person and Telephone

Lynn Quintal
773-338-0200

Registered Agent Information

KLEIN,BENJAMIN M
7444 LONG AVENUE
SKOKIE, IL 60077

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/18/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	91	
Skilled Under 22	150	110	102	110	97	53		150	112	
Intermediate DD	0	0	0	0	0	0		0		106
Sheltered Care	0	0	0	0	0	0				97
TOTAL BEDS	150	110	102	110	97	53	0	150		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			32082	58.6%	0	32082	58.6%	79.9%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	32082	58.6%	0	32082	58.6%	79.9%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	27	21	0	0	0	0	27	21	48
18 to 44	0	0	25	16	0	0	0	0	25	16	41
45 to 59	0	0	3	4	0	0	0	0	3	4	7
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	1	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	0	0	56	41	0	0	0	0	56	41	97

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.

MOSAIC LIVING CENTER

7464 NORTH SHERIDAN ROAD
 CHICAGO, IL. 60626

Reference Numbers Facility ID 6000558

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	97	0	0	0	0	97
ICF/DD		0	0	0	0	0	0
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	188	188
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	4	0	0	4
Amer. Indian	0	0	0	0	0
Black	0	62	0	0	62
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	31	0	0	31
Race Unknown	0	0	0	0	0
Total	0	97	0	0	97

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	14	0	0	14
Non-Hispanic	0	83	0	0	83
Ethnicity Unknown	0	0	0	0	0
Total	0	97	0	0	97

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	5.00
Certified Aides	32.00
Other Health Staff	15.00
Non-Health Staff	36.00
Totals	106.00

Moultrie Co 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

Registered Agent Information

JACOBUS,DAVID M.;MR.
 2576 NORTH GREENWAY ROAD
 CERRO GORDO , IL 61818

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
 4/4/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	3
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	3
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5471	93.7%	107	5578	95.5%	95.5%	95.5%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5471	93.7%	107	5578	95.5%	95.5%	95.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	5	0	0	1	5	6
45 to 59	0	0	0	0	2	3	0	0	2	3	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	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

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.

Moultrie Co 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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	6.50
Other Health Staff	0.00
Non-Health Staff	0.25
Totals	7.25

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
Sister Mary Walker

Contact Person and Telephone
Sister Mary Walker
847-438-5050

Registered Agent Information

WILLIAMS, SHARON; SR.
24955 NORTH HIGHWAY 12
LAKE ZURICH, IL 60047

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	129
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	129

Date Completed
3/16/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	127
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	7
Intermediate DD	132	132	129	132	3		132	Total Discharges 2006	5
Sheltered Care	0	0	0	0	0			Residents on 12/31/2006	129
TOTAL BEDS	132	132	129	132	3	0	132		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			40248	83.5%	648	40896	84.9%	84.9%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	40248	83.5%	648	40896	84.9%	84.9%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	37	0	0	0	37	37
45 to 59	0	0	0	0	0	42	0	0	0	42	42
60 to 64	0	0	0	0	0	19	0	0	0	19	19
65 to 74	0	0	0	0	0	19	0	0	0	19	19
75 to 84	0	0	0	0	0	10	0	0	0	10	10
85+	0	0	0	0	0	2	0	0	0	2	2
TOTALS	0	0	0	0	0	129	0	0	0	129	129

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		127	0	0	2	0	129
Sheltered Care			0	0	0	0	0
TOTALS	0	127	0	0	2	0	129

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	127	127
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	1	0	1
Black	0	0	1	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	119	0	119
Race Unknown	0	0	7	0	7
Total	0	0	129	0	129

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	4	0	4
Non-Hispanic	0	0	125	0	125
Ethnicity Unknown	0	0	0	0	0
Total	0	0	129	0	129

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.50
LPN's	1.00
Certified Aides	70.00
Other Health Staff	7.00
Non-Health Staff	44.00
Totals	130.50

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

KING, JERRY R
 935 SOUTH MILL STREET
 NASHVILLE, IL 62263

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	6
Alzheimer Disease	14
Mental Illness	0
Developmental Disability	0
Circulatory System	27
Respiratory System	14
Digestive System	6
Genitourinary System Disorders	17
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	6
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	94

Date Completed
 4/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	94
Nursing Care	101	101	101	100	94	7	32	101	Total Admissions 2006	142
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2006	142
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2006	94
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	101	101	101	100	94	7	32	101		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	6814	58.3%	19925	54.0%	6300	33039	89.6%	89.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	6814	58.3%	19925	54.0%	6300	33039	89.6%	89.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	5	0	0	0	0	0	0	1	5	6
75 to 84	4	22	0	0	0	0	0	0	4	22	26
85+	8	50	0	0	0	0	0	0	8	50	58
TOTALS	13	81	0	0	0	0	0	0	13	81	94

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	53	0	0	17	0	94
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	53	0	0	17	0	94

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	136	119
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	52.00
Other Health Staff	0.00
Non-Health Staff	26.00
Totals	105.00

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 Maaks

Contact Person and Telephone

Debra Maaks
 217-768-3951

Registered Agent Information

RUSSELL,ROBERT C
 480 SOUTH MEADOWBROOK ROAD
 SPRINGFIELD , IL 62707

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	7
Blood Disorders	1
*Nervous System	2
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	30
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	1
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	62

Date Completed
 3/19/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	70	66	66	64	62	8	0	60	56	
Skilled Under 22	0	0	0	0	0	0		0	37	
Intermediate DD	0	0	0	0	0	0		0	31	
Sheltered Care	0	0	0	0	0	0		0	62	
TOTAL BEDS	70	66	66	64	62	8	0	60		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	10345	47.2%	10066	20411	79.9%		84.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	10345	47.2%	10066	20411	79.9%		84.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	0	1	1	2
75 to 84	6	16	0	0	0	0	0	0	6	16	22
85+	6	30	0	0	0	0	0	0	6	30	36
TOTALS	13	49	0	0	0	0	0	0	13	49	62

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.

Moweaqua Nursing & Ret Center

Maple & Macon Streets
Moweaqua, IL. 62550

Reference Numbers Facility ID 6012322

Health Service Area 004 Planning Service Area 173

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	31	0	0	31	0	62
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	31	0	0	31	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	147	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	29.00
Other Health Staff	3.00
Non-Health Staff	38.00
Totals	82.00

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
 Carrell Breeze

Contact Person and Telephone

Marikay Snyder
 618-242-1064

Registered Agent Information

SNYDER, MARIKAY
 830 W. TRAILCREEK DRIVE
 PEORIA, IL 61614

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	8
Blood Disorders	7
*Nervous System	4
Alzheimer Disease	23
Mental Illness	0
Developmental Disability	5
Circulatory System	3
Respiratory System	5
Digestive System	11
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	75

Date Completed
 4/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	106	106	82	90	75	31	0	106	77	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0		0		Total Discharges 2006
Intermediate DD	0	0	0	0	0	0		0		Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	106	106	82	90	75	31	0	106		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	23444	60.6%	4342	27786	71.8%		71.8%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	23444	60.6%	4342	27786	71.8%		71.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	23	0	0	0	0	0	0	8	23	31
85+	8	23	0	0	0	0	0	0	8	23	31
TOTALS	22	53	0	0	0	0	0	0	22	53	75

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	64	0	0	11	0	75
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	64	0	0	11	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	74	0	0	0	74
Race Unknown	0	0	0	0	0
Total	75	0	0	0	75

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	33.00
Other Health Staff	0.00
Non-Health Staff	21.00
Totals	67.00

FACILITY NOTES

- Name Change 7/5/2006 Name changed from Casey Care Center.
- E-156-05 3/1/2006 Change of ownership occurred.
- E-156-05 2/20/2006 Change of ownership exemption approved.

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 A. Isom
618-833-6012

Registered Agent Information

KELLER, JAMES K.; MR.
614 EAST DAVIE STREET, BOX 88
ANNA, IL 62906

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	76
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	76

Date Completed
3/27/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK	PEAK	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	72
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	14
Intermediate DD	80	80	80	80	76	4	80	Total Discharges 2006	10
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	76
TOTAL BEDS	80	80	80	80	76	4	80		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			26038	89.2%	0	26038	89.2%	89.2%	89.2%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	26038	89.2%	0	26038	89.2%	89.2%	89.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	19	11	0	0	19	11	30
45 to 59	0	0	0	0	17	5	0	0	17	5	22
60 to 64	0	0	0	0	6	1	0	0	6	1	7
65 to 74	0	0	0	0	7	5	0	0	7	5	12
75 to 84	0	0	0	0	0	4	0	0	0	4	4
85+	0	0	0	0	0	1	0	0	0	1	1
TOTALS	0	0	0	0	49	27	0	0	49	27	76

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.

MULBERRY MANOR

612 EAST DAVIE STREET BOX 88

ANNA, IL. 62906

Reference Numbers Facility ID 6006472

Health Service Area 005 Planning Service Area 181

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		76	0	0	0	0	76
Sheltered Care			0	0	0	0	0
TOTALS	0	76	0	0	0	0	76

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	127	116
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	16	0	16
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	60	0	60
Race Unknown	0	0	0	0	0
Total	0	0	76	0	76

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	76	0	76
Ethnicity Unknown	0	0	0	0	0
Total	0	0	76	0	76

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	4.00
Certified Aides	44.00
Other Health Staff	0.00
Non-Health Staff	21.00
Totals	73.00

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

Laurie Ellis

Contact Person and Telephone

Laurie Ellis
618-242-5700

Registered Agent Information

C T CORPORATION SYSTEM
208 SOUTH LASALLE ST,SUITE 814
CHICAGO , IL 60604

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System	0
Alzheimer Disease	8
Mental Illness	5
Developmental Disability	2
Circulatory System	16
Respiratory System	6
Digestive System	4
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	14
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	71

Date Completed
4/13/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	74	74	71	0	71	3	0	74	66
Skilled Under 22	0	0	0	0	0	0	0	0	276
Intermediate DD	0	0	0	0	0	0	0	0	271
Sheltered Care	0	0	0	0	0	0	0	0	71
TOTAL BEDS	74	74	71	0	71	3	0	74	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	4648	0.0%	15115	56.0%	3370	23133	85.6%	85.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	4648	0.0%	15115	56.0%	3370	23133	85.6%	85.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	3	0	0	0	0	0	0	1	3	4
65 to 74	3	16	0	0	0	0	0	0	3	16	19
75 to 84	7	23	0	0	0	0	0	0	7	23	30
85+	2	15	0	0	0	0	0	0	2	15	17
TOTALS	13	58	0	0	0	0	0	0	13	58	71

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	16	47	0	0	8	0	71
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	47	0	0	8	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	132
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	24.00
Other Health Staff	7.00
Non-Health Staff	19.00
Totals	62.00

NAZARETHVILLE

300 NORTH RIVER ROAD
DES PLAINES, IL 60016

Reference Numbers Facility ID 6006506
Health Service Area 007 Planning Service Area 702

Administrator
Sr. M. Lucille Madura

Contact Person and Telephone
Sr. M. Lucille Madura
847-297-5900

Registered Agent Information

KIELANOWICZ, MARIE; SR
310 NORTH RIVER ROAD
DES PLAINES, IL 60016

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System	17
Alzheimer Disease	22
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	81

Date Completed
4/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	68	68	68	68	0	0	68	Residents on 1/1/2006	82
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	26
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	27
Sheltered Care	15	15	15	15	2	0	0	Residents on 12/31/2006	81
TOTAL BEDS	83	83	83	83	2	0	68		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	13799	55.6%	10188	23987	96.6%		96.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					5273	5273	96.3%		96.3%	
TOTALS	0	0.0%	13799	55.6%	15461	29260	96.6%		96.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	4	12	0	0	0	0	0	4	4	16	20
85+	2	47	0	0	0	0	0	9	2	56	58
TOTALS	6	62	0	0	0	0	0	13	6	75	81

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.

NAZARETHVILLE

300 NORTH RIVER ROAD
 DES PLAINES, IL. 60016

Reference Numbers Facility ID 6006506

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	35	0	0	33	0	68
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	13	0	13
TOTALS	0	35	0	0	46	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	163	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	133	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	67	0	0	13	80
Race Unknown	0	0	0	0	0
Total	68	0	0	13	81

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	68	0	0	13	81
Ethnicity Unknown	0	0	0	0	0
Total	68	0	0	13	81

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.80
LPN's	2.80
Certified Aides	28.30
Other Health Staff	1.60
Non-Health Staff	22.90
Totals	65.40

NEIGHBORS NURSING & CARE CTR

P.O. BOX 585
 BYRON, IL. 61010
Reference Numbers Facility ID 6006514
 Health Service Area 001 Planning Service Area 141

Administrator

Kim Kilmer

Contact Person and Telephone

Kim Kilmer
 815-234-2511

Registered Agent Information

CHESTER D KOBEL
 811 WEST SECOND, P. O. BOX 585
 BYRON, IL 61010

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System	7
Alzheimer Disease	20
Mental Illness	0
Developmental Disability	0
Circulatory System	22
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	16
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	85

Date Completed
 4/3/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	101	101	85	101	85	16	101	101	83	Total Admissions 2006 163
Skilled Under 22	0	0	0	0	0	0		0		Total Discharges 2006 161
Intermediate DD	0	0	0	0	0	0		0		Residents on 12/31/2006 85
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	101	101	85	101	85	16	101	101		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2611	7.1%	8233	22.3%	19333	30177	81.9%		81.9%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2611	7.1%	8233	22.3%	19333	30177	81.9%		81.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	9	14	0	0	0	0	0	0	9	14	23
85+	13	45	0	0	0	0	0	0	13	45	58
TOTALS	24	61	0	0	0	0	0	0	24	61	85

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.

NEIGHBORS NURSING & CARE CTR

P.O. BOX 585

BYRON, IL. 61010

Reference Numbers Facility ID 6006514

Health Service Area 001 Planning Service Area 141

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	54	0	0	23	0	85
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	54	0	0	23	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	171
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	85	0	0	0	85
Race Unknown	0	0	0	0	0
Total	85	0	0	0	85

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	84	0	0	0	84
Ethnicity Unknown	0	0	0	0	0
Total	85	0	0	0	85

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	4.50
LPN's	10.50
Certified Aides	31.00
Other Health Staff	0.00
Non-Health Staff	28.50
Totals	78.50

NEW HORIZONS HEALTH CARE

1717 JEFFERSON
 MOUNT VERNON, IL. 62864
Reference Numbers Facility ID 6006464
 Health Service Area 005 Planning Service Area 081

Administrator

None

Contact Person and Telephone

Marikay Snyder
 618-244-2861

Registered Agent Information

SNYDER,MARIKAY L
 830 WEST TRAILCREEK DRIVE
 PEORIA, IL 61614

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	Total Admissions 2006
Nursing Care	64	0	0	0	0	64	0	64	Total Discharges 2006	0
Skilled Under 22	0	0	0	0	0	0	0	0	Residents on 12/31/2006	0
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	64	0	0	0	0	64	0	64		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	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, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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

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.

NEW HORIZONS HEALTH CARE

1717 JEFFERSON

MOUNT VERNON, IL. 62864

Reference Numbers Facility ID 6006464

Health Service Area 005 Planning Service Area 081

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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

FACILITY NOTES

- Name Change 7/5/2006 Name changed from Mt. Vernon Care Facility.
- E-154-05 3/1/2006 Change of ownership occurred.
- E-154-05 2/20/2006 Change of ownership exemption approved.

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

Registered Agent Information

HOLTGREWE, GARY W.; MR.
203 SOUTH JOHNSON STREET
NEW ATHENS, IL 62264

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	1
Alzheimer Disease	4
Mental Illness	9
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	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	29

Date Completed
4/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	53	53	33	53	29	24	0	53	33	19
Skilled Under 22	0	0	0	0	0	0		0		23
Intermediate DD	0	0	0	0	0	0		0		29
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	53	53	33	53	29	24	0	53		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	6199	32.0%	4408	10607	54.8%		54.8%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	6199	32.0%	4408	10607	54.8%		54.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	0	2	0	0	0	0	0	0	0	2	2
75 to 84	1	10	0	0	0	0	0	0	1	10	11
85+	1	11	0	0	0	0	0	0	1	11	12
TOTALS	3	26	0	0	0	0	0	0	3	26	29

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.

NEW ATHENS HOME

203 SOUTH JOHNSON STREET
 NEW ATHENS, IL. 62264

Reference Numbers Facility ID 6006522

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	0	17	0	0	12	0	29
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	17	0	0	12	0	29

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	110	105
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	13.00
Other Health Staff	1.00
Non-Health Staff	12.00
Totals	33.00

NEW BEGINNINGS CARE CENTRE

1000 DIXON AVENUE
ROCK FALLS, IL. 61071

Reference Numbers Facility ID 6001929
Health Service Area 001 Planning Service Area 195

Administrator
Lori A. Steele

Contact Person and Telephone

Lori Steele
815-625-8510

Registered Agent Information

HEDGES, ROBERT G.
1625 S. 6TH STREET
SPRINGFIELD, IL 62703

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	8
Mental Illness	4
Developmental Disability	2
Circulatory System	2
Respiratory System	7
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	38

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	55	55	40	55	38	17	55	55	41
Skilled Under 22	0	0	0	0	0	0	0	0	26
Intermediate DD	0	0	0	0	0	0	0	0	29
Sheltered Care	0	0	0	0	0	0	0	0	38
TOTAL BEDS	55	55	40	55	38	17	55	55	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	926	4.6%	11239	56.0%	1330	13495	67.2%		67.2%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	926	4.6%	11239	56.0%	1330	13495	67.2%		67.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	4	0	0	0	0	0	0	1	4	5
65 to 74	3	6	0	0	0	0	0	0	3	6	9
75 to 84	4	12	0	0	0	0	0	0	4	12	16
85+	2	3	0	0	0	0	0	0	2	3	5
TOTALS	12	26	0	0	0	0	0	0	12	26	38

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.

NEW BEGINNINGS CARE CENTRE

1000 DIXON AVENUE
 ROCK FALLS, IL. 61071

Reference Numbers Facility ID 6001929

Health Service Area 001 Planning Service Area 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	3	31	0	0	4	0	38
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	31	0	0	4	0	38

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	113	108
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	35	0	0	0	35
Ethnicity Unknown	0	0	0	0	0
Total	38	0	0	0	38

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	17.00
Other Health Staff	0.00
Non-Health Staff	18.00
Totals	43.00

NEW MAIN GROUP HOME

1201 MIDDLE ROAD
DIXON, IL. 61021

Reference Numbers Facility ID 6013908
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

MCCLAIN, ARLAN L.
500 ANCHOR ROAD, P. O. BOX 366
DIXON, IL 61021

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	2
Intermediate DD	16	16	16	16	15	1		16	Total Discharges 2006	3
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2006	15
TOTAL BEDS	16	16	16	16	15	1	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5778	98.9%	0	5778	98.9%	98.9%	98.9%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5778	98.9%	0	5778	98.9%	98.9%	98.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	5	0	0	3	5	8
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	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

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.

NEW MAIN GROUP HOME

1201 MIDDLE ROAD
DIXON, IL. 61021

Reference Numbers Facility ID 6013908

Health Service Area 001 Planning Service Area 103

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	189	180
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	1.75
Certified Aides	12.50
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	16.75

NEW WAY		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
80 KNUPP SCHOOL LANE		Aggressive/Anti-Social	0	DIAGNOSIS		
ANNA, IL. 62906		Chronic Alcoholism	0	Neoplasms	0	
Reference Numbers	Facility ID 6006530	Developmentally Disabled	0	Endocrine/Metabolic	0	
Health Service Area 005	Planning Service Area 181	Drug Addiction	0	Blood Disorders	0	
Administrator		Medicaid Recipient	0	*Nervous System	0	
Don Pippins		Medicare Recipient	0	Alzheimer Disease	0	
		Mental Illness	0	Mental Illness	0	
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	16	
Victor M. Metzger		Non-Mobile	0	Circulatory System	0	
(618)833-2299	Date Completed	Public Aid Recipient	0	Respiratory System	0	
	4/11/2007	Under 65 Years Old	0	Digestive System	0	
Registered Agent Information		Unable to Self-Medicare	0	Genitourinary System Disorders	0	
RENDELMAN,JOHN S		Ventilator Dependent	0	Skin Disorders	0	
2001 WEST MAIN STREET		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	0	
CARBONDALE , IL 62901		Other Restrictions	0	Injuries and Poisonings	0	
		No Restrictions	1	Other Medical Conditions	0	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by '1'</i>			Non-Medical Conditions	0
FOR-PROF CORPORATION				TOTALS	16	

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	0	0	0	0	0	0	0	0	15	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0	0	0	0	Total Discharges 2006
Intermediate DD	16	16	16	16	16	0	0	16	16	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006										
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE										
LEVEL OF CARE	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.	
Nursing Care	0	0.0%	0	0.0%	0	0	0	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0	0.0%	0.0%	
Intermediate DD			5668	97.1%	0	5668	5668	97.1%	97.1%	
Sheltered Care					0	0	0	0.0%	0.0%	
TOTALS	0	0.0%	5668	97.1%	0	5668	5668	97.1%	97.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006											
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	3	0	0	2	3	5
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	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

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.

NEW WAY

80 KNUPP SCHOOL LANE
ANNA, IL. 62906

Reference Numbers Facility ID 6006530

Health Service Area 005 Planning Service Area 181

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	114	124
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	9.00
Other Health Staff	3.00
Non-Health Staff	0.00
Totals	13.00

NEWMAN REHAB & HEALTH CARE CTR

418 SOUTH MEMORIAL PARK DRIVE
NEWMAN, IL. 61942

Reference Numbers Facility ID 6002091
Health Service Area 004 Planning Service Area 041

Administrator

Joshua Drake

Contact Person and Telephone

Marikay Snyder
309-689-5880

Registered Agent Information

SNYDER, MARIKAY L
830 WEST TRAILCREEK DRIVE
PEORIA, IL 61614

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System	6
Alzheimer Disease	5
Mental Illness	6
Developmental Disability	0
Circulatory System	16
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	3
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	53

Date Completed
4/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	60	60	60	60	7	60	60	50	
Skilled Under 22	0	0	0	0	0	0	0	22	
Intermediate DD	0	0	0	0	0	0	0	19	
Sheltered Care	0	0	0	0	0	0	0	53	
TOTAL BEDS	60	60	60	60	7	60	60		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1637	7.5%	11761	53.7%	5539	18937	86.5%	86.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	1637	7.5%	11761	53.7%	5539	18937	86.5%	86.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	3	0	0	0	0	0	0	0	3	3
75 to 84	6	12	0	0	0	0	0	0	6	12	18
85+	5	26	0	0	0	0	0	0	5	26	31
TOTALS	11	42	0	0	0	0	0	0	11	42	53

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.

NEWMAN REHAB & HEALTH CARE CTR

418 SOUTH MEMORIAL PARK DRIVE

NEWMAN, IL. 61942

Reference Numbers Facility ID 6002091

Health Service Area 004 Planning Service Area 041

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	32	0	0	16	0	53
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	32	0	0	16	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	22.00
Totals	48.00

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

OLDFIELD, DAVID A.; MR.
303 S. 7TH STREET
VANDALIA, IL 62471

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System	2
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	3
Injuries and Poisonings	3
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	49

Date Completed
3/27/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	92	92	61	92	49	43	16	92	57	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0		0	45	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0		0	53	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0		0	49	
TOTAL BEDS	92	92	61	92	49	43	16	92		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2072	35.5%	11739	35.0%	5283	19094	56.9%		56.9%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2072	35.5%	11739	35.0%	5283	19094	56.9%		56.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	2	0	0	0	0	0	0	1	2	3
75 to 84	3	16	0	0	0	0	0	0	3	16	19
85+	7	18	0	0	0	0	0	0	7	18	25
TOTALS	12	37	0	0	0	0	0	0	12	37	49

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	4	34	0	0	11	0	49
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	34	0	0	11	0	49

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	123	108
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	14.00
Other Health Staff	1.00
Non-Health Staff	15.00
Totals	43.00

NINTH STREET PLACE

2850 9TH STREET
ROCK ISLAND, IL. 61201

Reference Numbers Facility ID 6013460
Health Service Area 010 Planning Service Area 161

Administrator

Shelley Kroeger

Contact Person and Telephone

Shelley Kroeger
309-764-4974

Registered Agent Information

MCELHANEY,ARTHUR
4016 9TH STREET
ROCK ISLAND , IL 61201

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

Date Completed
3/26/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	15	1	16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	15
TOTAL BEDS	16	16	16	16	15	1	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			5463	93.5%	0	5463	93.5%	93.5%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	0	0.0%	5463	93.5%	0	5463	93.5%	93.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	4	0	0	3	4	7
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	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	9	6	0	0	9	6	15

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.

NINTH STREET PLACE

2850 9TH STREET
 ROCK ISLAND, IL. 61201

Reference Numbers Facility ID 6013460

Health Service Area 010 Planning Service Area 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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

NOKOMIS GOLDEN MANOR

505 STEVENS STREET
NOKOMIS, IL. 62075

Reference Numbers Facility ID 6006555
Health Service Area 003 Planning Service Area 135

Administrator
Jill Spurgeon

Contact Person and Telephone

Christina Brown
217-563-7725

Registered Agent Information

KING, JERRY R.; MR.
935 SOUTH MILL
NASHVILLE, IL 62263

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System	6
Alzheimer Disease	14
Mental Illness	8
Developmental Disability	1
Circulatory System	15
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	56

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	92	92	67	92	56	36	12	92	Total Admissions 2006	67
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2006	65
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2006	76
Sheltered Care	0	0	0	0	0	0		0		56
TOTAL BEDS	92	92	67	92	56	36	12	92		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2073	47.3%	15410	45.9%	4297	21780	64.9%		64.9%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2073	47.3%	15410	45.9%	4297	21780	64.9%		64.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	4	0	0	0	0	0	0	2	4	6
75 to 84	3	15	0	0	0	0	0	0	3	15	18
85+	4	25	0	0	0	0	0	0	4	25	29
TOTALS	12	44	0	0	0	0	0	0	12	44	56

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.

NOKOMIS GOLDEN MANOR505 STEVENS STREET
NOKOMIS, IL. 62075

Reference Numbers Facility ID 6006555

Health Service Area 003 Planning Service Area 135

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	38	0	0	12	0	56
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	38	0	0	12	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	41.00
Other Health Staff	7.00
Non-Health Staff	18.00
Totals	85.00

NORRIDGE HLTHCR & REHAB CENTRE

7001 WEST CULLOM
 NORRIDGE, IL. 60706
Reference Numbers Facility ID 6006571
 Health Service Area 007 Planning Service Area 704

Administrator

Sandra Bennett

Contact Person and Telephone

Jo Ann Seebacher
 708-457-0700

Registered Agent Information

ZUNG,LAURENCE
 3520 WEST THORNDALE
 CHICAGO, IL 60601

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	12
Endocrine/Metabolic	35
Blood Disorders	6
*Nervous System	15
Alzheimer Disease	33
Mental Illness	29
Developmental Disability	4
Circulatory System	80
Respiratory System	2
Digestive System	3
Genitourinary System Disorders	10
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	242

Date Completed
 3/19/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	315	307	272	307	242	73	284	315	252
Skilled Under 22	0	0	0	0	0	0	0	0	801
Intermediate DD	0	0	0	0	0	0	0	0	811
Sheltered Care	0	0	0	0	0	0	0	0	242
TOTAL BEDS	315	307	272	307	242	73	284	315	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	15389	14.8%	67372	58.6%	10033	92794	80.7%	82.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	15389	14.8%	67372	58.6%	10033	92794	80.7%	82.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	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	13	19	0	0	0	0	0	0	13	19	32
75 to 84	31	56	0	0	0	0	0	0	31	56	87
85+	15	88	0	0	0	0	0	0	15	88	103
TOTALS	71	171	0	0	0	0	0	0	71	171	242

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.

NORRIDGE HLTHCR & REHAB CENTRE7001 WEST CULLOM
NORRIDGE, IL. 60706

Reference Numbers Facility ID 6006571

Health Service Area 007 Planning Service Area 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	37	180	1	0	24	0	242
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	37	180	1	0	24	0	242

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	206	185
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	13	0	0	0	13
Hawaiian/Pac. Isl.	2	0	0	0	2
White	205	0	0	0	205
Race Unknown	22	0	0	0	22
Total	242	0	0	0	242

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	21	0	0	0	21
Non-Hispanic	219	0	0	0	219
Ethnicity Unknown	2	0	0	0	2
Total	242	0	0	0	242

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	40.00
LPN's	6.00
Certified Aides	81.00
Other Health Staff	15.00
Non-Health Staff	83.00
Totals	227.00

NORTH ADAMS CO NURSING HOME

2259 EAST 1100TH STREET
MENDON, IL. 62351

Reference Numbers Facility ID 6006589
Health Service Area 003 Planning Service Area 001

Administrator
Gregory A. Sandidge

Contact Person and Telephone

Gregory A. Sandidge
217-936-2137

Registered Agent Information

STAFF, HUBERT G.
237 N. 6TH STREET, STE. 200
QUINCY, IL 62301

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	6
Alzheimer Disease	19
Mental Illness	9
Developmental Disability	1
Circulatory System	12
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	16
Injuries and Poisonings	0
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	82

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK	PEAK	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2006	
Nursing Care	99	109	88	99	82	17	11	109	96
Skilled Under 22	0	0	0	0	0	0	0	0	84
Intermediate DD	0	0	0	0	0	0	0	0	98
Sheltered Care	0	0	0	0	0	0	0	0	82
TOTAL BEDS	99	109	88	99	82	17	11	109	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1893	47.1%	19394	48.7%	10810	32097	88.8%	80.7%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	1893	47.1%	19394	48.7%	10810	32097	88.8%	80.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	1	7	0	0	0	0	0	0	1	7	8
75 to 84	6	18	0	0	0	0	0	0	6	18	24
85+	12	34	0	0	0	0	0	0	12	34	46
TOTALS	21	61	0	0	0	0	0	0	21	61	82

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.

NORTH ADAMS CO NURSING HOME

2259 EAST 1100TH STREET
 MENDON, IL. 62351

Reference Numbers Facility ID 6006589

Health Service Area 003 Planning Service Area 001

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	3	49	0	0	30	0	82
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	49	0	0	30	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	137	132
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	21.00
Certified Aides	28.00
Other Health Staff	5.00
Non-Health Staff	38.00
Totals	96.00

FACILITY NOTES

Bed Change 10/24/2006 Discontinued ten nursing care beds, total now 99 nursing care beds.

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
 Quinn Corcoran

Contact Person and Telephone

Marikay Snyder
 309-689-5880

Registered Agent Information

SNYDER, MARIKAY L
 830 WEST TRAILCREEK DRIVE
 PEORIA, IL 61614

FACILITY OWNERSHIP
 LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	19
Blood Disorders	0
*Nervous System	8
Alzheimer Disease	2
Mental Illness	49
Developmental Disability	1
Circulatory System	0
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	103

Date Completed
 4/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	129	115	110	111	103	26	0	129	107
Skilled Under 22	0	0	0	0	0	0	0	0	38
Intermediate DD	0	0	0	0	0	0	0	0	42
Sheltered Care	0	0	0	0	0	0	0	0	103
TOTAL BEDS	129	115	110	111	103	26	0	129	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	36500	77.5%	1480	37980	80.7%		90.5%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	36500	77.5%	1480	37980	80.7%		90.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	21	11	0	0	0	0	0	0	21	11	32
45 to 59	13	15	0	0	0	0	0	0	13	15	28
60 to 64	6	5	0	0	0	0	0	0	6	5	11
65 to 74	9	8	0	0	0	0	0	0	9	8	17
75 to 84	3	8	0	0	0	0	0	0	3	8	11
85+	2	2	0	0	0	0	0	0	2	2	4
TOTALS	54	49	0	0	0	0	0	0	54	49	103

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.

NORTH AURORA CARE CENTER

310 BANBURY ROAD

NORTH AURORA, IL. 60542

Reference Numbers Facility ID 6006605

Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	98	0	0	5	0	103
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	98	0	0	5	0	103

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	124
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	1	0	0	0	1
Black	10	0	0	0	10
Hawaiian/Pac. Isl.	0	0	0	0	0
White	86	0	0	0	86
Race Unknown	2	0	0	0	2
Total	103	0	0	0	103

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	98	0	0	0	98
Ethnicity Unknown	2	0	0	0	2
Total	103	0	0	0	103

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	22.00
Other Health Staff	1.00
Non-Health Staff	21.00
Totals	54.00

NORTH FROSTWOOD

6116 NORTH FROSTWOOD
PEORIA, IL. 61615

Reference Numbers Facility ID 6013379
Health Service Area 002 Planning Service Area 143

Administrator

Edith B. Morris

Contact Person and Telephone

Edith Morris
309-691-3123

Registered Agent Information

RICKETTS,ROY
1913 WEST TOWNLINE RD,BOX 3418
PEORIA, IL 61612

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

Date Completed
3/29/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	4
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	4	4	4	4	4	0	4	4	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	4
TOTAL BEDS	4	4	4	4	4	0	0	4		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			1333	91.3%	0	1333	91.3%	91.3%	91.3%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	1333	91.3%	0	1333	91.3%	91.3%	91.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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

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.

NORTH FROSTWOOD

6116 NORTH FROSTWOOD
 PEORIA, IL. 61615

Reference Numbers Facility ID 6013379

Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	174	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	1.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	3.50
Totals	6.50

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

Registered Agent Information
TENNEY,CARL J
236 N WATER ST,STE 200,BOX 560
DECATUR , IL 62525

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5360	91.8%	0	5360	91.8%	91.8%	91.8%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5360	91.8%	0	5360	91.8%	91.8%	91.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	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	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

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.

NORTH KICKAPOO

1903 NORTH KICKAPOO
 LINCOLN, IL. 62656

Reference Numbers Facility ID 6011472

Health Service Area 003 Planning Service Area 107

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	337	118
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	10.00
Non-Health Staff	1.00
Totals	13.00

NORTH LOGAN HEALTH CARE CENTER

801 NORTH LOGAN AVENUE
DANVILLE, IL. 61832

Reference Numbers Facility ID 6000210
Health Service Area 004 Planning Service Area 183

Administrator

Claire Matheny

Contact Person and Telephone

Claire Matheny
217-443-3106

Registered Agent Information

SCHWARTZ,LAWRENCE Y
7366 NORTH LINCOLN AVENUE
LINCOLNWOOD , IL 60712

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System	2
Alzheimer Disease	28
Mental Illness	0
Developmental Disability	0
Circulatory System	32
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	2
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	98

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	108	107	101	107	98	10	20	108	91
Skilled Under 22	0	0	0	0	0	0	0	0	291
Intermediate DD	0	0	0	0	0	0	0	0	284
Sheltered Care	0	0	0	0	0	0	0	0	98
TOTAL BEDS	108	107	101	107	98	10	20	108	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	6590	90.3%	21904	55.6%	5769	34263	86.9%		87.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	6590	90.3%	21904	55.6%	5769	34263	86.9%		87.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	5	0	0	0	0	0	0	0	5	5
65 to 74	4	8	0	0	0	0	0	0	4	8	12
75 to 84	12	22	0	0	0	0	0	0	12	22	34
85+	12	34	0	0	0	0	0	0	12	34	46
TOTALS	29	69	0	0	0	0	0	0	29	69	98

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.

NORTH LOGAN HEALTH CARE CENTER

801 NORTH LOGAN AVENUE
 DANVILLE, IL. 61832

Reference Numbers Facility ID 6000210

Health Service Area 004 Planning Service Area 183

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	15	67	0	0	16	0	98
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	67	0	0	16	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	144	113
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	18	0	0	0	18
Hawaiian/Pac. Isl.	0	0	0	0	0
White	80	0	0	0	80
Race Unknown	0	0	0	0	0
Total	98	0	0	0	98

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	97	0	0	0	97
Ethnicity Unknown	0	0	0	0	0
Total	98	0	0	0	98

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	8.00
Certified Aides	38.00
Other Health Staff	4.00
Non-Health Staff	32.00
Totals	90.00

NORTHWEST HOME FOR THE AGED

6300 NORTH CALIFORNIA AVENUE
CHICAGO, IL. 60659

Reference Numbers Facility ID 6006662
Health Service Area 006 Planning Service Area 601

Administrator
STEPHEN NUSSBAUM

Contact Person and Telephone
STEPHEN NUSSBAUM
773-973-1900

Registered Agent Information
ABRAMS, SEYMOUR J
6300 NORTH CALIFORNIA AVENUE
CHICAGO, IL 60659

FACILITY OWNERSHIP
NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	3
*Nervous System	12
Alzheimer Disease	8
Mental Illness	1
Developmental Disability	0
Circulatory System	19
Respiratory System	25
Digestive System	8
Genitourinary System Disorders	7
Skin Disorders	5
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	105

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	164	160	132	160	59	164	164	Residents on 1/1/2006	117
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	312
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	324
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	105
TOTAL BEDS	164	160	132	160	59	164	164		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	3420	5.7%	28781	48.1%	8482	40683	68.0%	69.7%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	3420	5.7%	28781	48.1%	8482	40683	68.0%	69.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	18	20	0	0	0	0	0	0	18	20	38
85+	11	43	0	0	0	0	0	0	11	43	54
TOTALS	32	73	0	0	0	0	0	0	32	73	105

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.

NORTHWEST HOME FOR THE AGED

6300 NORTH CALIFORNIA AVENUE

CHICAGO, IL. 60659

Reference Numbers Facility ID 6006662

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	13	65	0	0	21	6	105
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	65	0	0	21	6	105

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	101	0	0	0	101
Race Unknown	0	0	0	0	0
Total	105	0	0	0	105

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	104	0	0	0	104
Ethnicity Unknown	0	0	0	0	0
Total	105	0	0	0	105

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	6.00
Certified Aides	50.00
Other Health Staff	9.00
Non-Health Staff	39.00
Totals	122.00

NORTHWOODS CARE CENTRE

2250 PEARL STREET
BELVIDERE, IL. 61008

Reference Numbers Facility ID 6006670
Health Service Area 001 Planning Service Area 007

Administrator
susan mead

Contact Person and Telephone

SUSAN K. MEAD
815-544-0358

Registered Agent Information

BENJAMIN, MARC A.
801 SKOKIE BOULEVARD SUITE 100
NORTHBROOK, IL 60062

FACILITY OWNERSHIP
LIMITED PARTNERSHIP

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-Medicare	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	9
Blood Disorders	8
*Nervous System	7
Alzheimer Disease	12
Mental Illness	4
Developmental Disability	0
Circulatory System	22
Respiratory System	10
Digestive System	5
Genitourinary System Disorders	7
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	7
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	97

Date Completed
4/13/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	116	116	110	116	97	19	120	120	87	151
Skilled Under 22	0	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	116	116	110	116	97	19	120	120	141	97

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3065	7.0%	21201	48.4%	11609	35875	84.7%		84.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	3065	7.0%	21201	48.4%	11609	35875	84.7%		84.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	7	0	0	0	0	0	0	2	7	9
75 to 84	8	30	0	0	0	0	0	0	8	30	38
85+	11	35	0	0	0	0	0	0	11	35	46
TOTALS	23	74	0	0	0	0	0	0	23	74	97

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.

NORTHWOODS CARE CENTRE

2250 PEARL STREET
 BELVIDERE, IL. 61008

Reference Numbers Facility ID 6006670

Health Service Area 001 Planning Service Area 007

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	62	9	1	20	0	97
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	62	9	1	20	0	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	138
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	96	0	0	0	96
Race Unknown	1	0	0	0	1
Total	97	0	0	0	97

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	94	0	0	0	94
Ethnicity Unknown	1	0	0	0	1
Total	97	0	0	0	97

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	6.00
Certified Aides	26.00
Other Health Staff	11.00
Non-Health Staff	30.00
Totals	83.00

NORWOOD CROSSING

6016 N. NINA AVENUE
CHICAGO, IL. 60631

Reference Numbers Facility ID 6006696
Health Service Area 006 Planning Service Area 601

Administrator
Michael D. Toohey

Contact Person and Telephone

MICHAEL D. TOOHEY
773-631-4856

Registered Agent Information

HAGOPIAN, MARCIA R.
6016 NORTH NINA AVENUE
CHICAGO, IL 60631

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	2
Blood Disorders	4
*Nervous System	13
Alzheimer Disease	16
Mental Illness	0
Developmental Disability	0
Circulatory System	47
Respiratory System	8
Digestive System	13
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	26
Injuries and Poisonings	19
Other Medical Conditions	23
Non-Medical Conditions	0
TOTALS	178

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	131	124	119	124	109	22	43	32	185
Skilled Under 22	0	0	0	0	0	0	0	0	235
Intermediate DD	0	0	0	0	0	0	0	0	242
Sheltered Care	130	73	69	73	69	61			178
TOTAL BEDS	261	197	188	197	178	83	43	32	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	7410	47.2%	9837	84.2%	23315	40562	84.8%	89.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					23168	23168	48.8%	87.0%	
TOTALS	7410	47.2%	9837	84.2%	46483	63730	66.9%	88.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	0	0	0	0	0	0	0	2	0	2
75 to 84	10	23	0	0	0	0	4	11	14	34	48
85+	15	57	0	0	0	0	6	48	21	105	126
TOTALS	28	81	0	0	0	0	10	59	38	140	178

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.

NORWOOD CROSSING

6016 N. NINA AVENUE
CHICAGO, IL. 60631

Reference Numbers Facility ID 6006696

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	25	28	0	3	53	0	109
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	69	0	69
TOTALS	25	28	0	3	122	0	178

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	189	229
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	78	78

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	1	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	1	0	0	0	1
White	108	0	0	68	176
Race Unknown	0	0	0	0	0
Total	109	0	0	69	178

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	108	0	0	69	177
Ethnicity Unknown	0	0	0	0	0
Total	109	0	0	69	178

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	66.00
Other Health Staff	11.00
Non-Health Staff	101.00
Totals	211.00

FACILITY NOTES

Name Change 5/1/2006 Name changed from Norwood Park Home.

OAK BROOK HEALTH CARE CENTRE

2013 MIDWEST ROAD
OAK BROOK, IL. 60523

Reference Numbers Facility ID 6006720
Health Service Area 007 Planning Service Area 703

Administrator
Joanne Bedrosian

Contact Person and Telephone

Joanne Bedrosian
630-495-0220

Registered Agent Information

SCHWARTZ,LAWRENCE Y.;MR.
7366 NORTH LINCOLN, SUITE 305
LINCOLNWOOD , IL 60646

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System	27
Alzheimer Disease	18
Mental Illness	1
Developmental Disability	0
Circulatory System	50
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	4
Other Medical Conditions	21
Non-Medical Conditions	0
TOTALS	141

Date Completed
3/20/2006

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	156	156	156	156	141	15	126	154	149	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				160
TOTAL BEDS	156	156	156	156	141	15	126	154	141	141

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	8168	17.8%	26955	48.0%	17597	52720	92.6%	92.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	8168	17.8%	26955	48.0%	17597	52720	92.6%	92.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	3	0	0	0	0	0	0	1	3	4
75 to 84	6	33	0	0	0	0	0	0	6	33	39
85+	17	79	0	0	0	0	0	0	17	79	96
TOTALS	25	116	0	0	0	0	0	0	25	116	141

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.

OAK BROOK HEALTH CARE CENTRE

2013 MIDWEST ROAD
 OAK BROOK, IL. 60523

Reference Numbers Facility ID 6006720

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	17	76	0	3	45	0	141
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	76	0	3	45	0	141

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	227	206
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	135	0	0	0	135
Race Unknown	0	0	0	0	0
Total	141	0	0	0	141

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	23.00
LPN's	3.00
Certified Aides	51.00
Other Health Staff	15.00
Non-Health Staff	45.00
Totals	139.00

OAK CREST/DEKALB AREA RETIREMENT CENTE

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

CICHY,STEPHEN P.,MR.
 2944 GREENWOOD ACRES DR
 DEKALB , IL 60115

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	17
Blood Disorders	0
*Nervous System	8
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	19
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	28
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	94

Date Completed
 4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	66	66	62	66	58	8	0	0	84	99
Skilled Under 22	0	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	49	49	36	49	36	13			89	94
TOTAL BEDS	115	115	98	115	94	21	0	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	192	0.0%	0	0.0%	21809	22001	91.3%		91.3%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					10231	10231	57.2%		57.2%	
TOTALS	192	0.0%	0	0.0%	32040	32232	76.8%		76.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	1	2	3	5
75 to 84	4	17	0	0	0	0	3	15	7	32	39
85+	8	26	0	0	0	0	8	8	16	34	50
TOTALS	13	45	0	0	0	0	12	24	25	69	94

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.

OAK CREST/DEKALB AREA RETIREMENT CENTE

2944 GREENWOOD ACRES DRIVE

DEKALB, IL. 60115

Reference Numbers Facility ID 6006738

Health Service Area 001 Planning Service Area 037

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	4	0	0	0	54	0	58
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	36	0	36
TOTALS	4	0	0	0	90	0	94

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	99	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	58	0	0	36	94
Race Unknown	0	0	0	0	0
Total	58	0	0	36	94

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	58	0	0	36	94
Ethnicity Unknown	0	0	0	0	0
Total	58	0	0	36	94

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	5.00
Certified Aides	39.00
Other Health Staff	3.00
Non-Health Staff	73.00
Totals	137.00

OAK FOREST HOSPITAL

15900 SOUTH CICERO AVENUE
 OAK FOREST, IL. 60452
Reference Numbers Facility ID 6006753
 Health Service Area 007 Planning Service Area 705

Administrator
 Sylvia Edwards, RN, MBA

Contact Person and Telephone

Ruth A. Grillo
 708-633-2063

Registered Agent Information

Date Completed
 4/5/2007

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	84
Alzheimer Disease	0
Mental Illness	15
Developmental Disability	6
Circulatory System	51
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	5
Musculo-skeletal Disorders	9
Injuries and Poisonings	8
Other Medical Conditions	0
Non-Medical Conditions	37
TOTALS	220

Note: Reported restrictions denoted by '1'

FACILITY OWNERSHIP
 COUNTY

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	Total Admissions 2006
Nursing Care	894	340	265	340	220	674	679	787	257	472
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	894	340	265	340	220	674	679	787	509	220

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1311	0.5%	70788	24.6%	15294	87393	26.8%		70.4%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1311	0.5%	70788	24.6%	15294	87393	26.8%		70.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	53	25	0	0	0	0	0	0	53	25	78
45 to 59	62	19	0	0	0	0	0	0	62	19	81
60 to 64	10	7	0	0	0	0	0	0	10	7	17
65 to 74	10	14	0	0	0	0	0	0	10	14	24
75 to 84	6	6	0	0	0	0	0	0	6	6	12
85+	1	7	0	0	0	0	0	0	1	7	8
TOTALS	142	78	0	0	0	0	0	0	142	78	220

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.

OAK FOREST HOSPITAL

15900 SOUTH CICERO AVENUE
OAK FOREST, IL. 60452

Reference Numbers Facility ID 6006753

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	184	0	0	35	0	220
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	184	0	0	35	0	220

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	510	270
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	6	0	0	0	6
Amer. Indian	0	0	0	0	0
Black	118	0	0	0	118
Hawaiian/Pac. Isl.	0	0	0	0	0
White	92	0	0	0	92
Race Unknown	4	0	0	0	4
Total	220	0	0	0	220

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	39	0	0	0	39
Non-Hispanic	177	0	0	0	177
Ethnicity Unknown	4	0	0	0	4
Total	220	0	0	0	220

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	6.00
Physicians	68.00
Director of Nursing	1.00
Registered Nurses	24.00
LPN's	58.00
Certified Aides	132.00
Other Health Staff	185.00
Non-Health Staff	456.00
Totals	930.00

OAK GLEN HOME

11210 95TH STREET
COAL VALLEY, IL. 61240

Reference Numbers Facility ID 6006761
Health Service Area 010 Planning Service Area 161

Administrator

Trudy Whittington

Contact Person and Telephone

Sheryl Thomas
309-799-3161

Registered Agent Information

BOHNSACK,JAMES E.
1504 THIRD AVENUE
ROCK ISLAND , IL 61201

FACILITY OWNERSHIP
COUNTY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System	15
Alzheimer Disease	72
Mental Illness	1
Developmental Disability	3
Circulatory System	45
Respiratory System	14
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	2
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	176

Date Completed
4/2/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	245	216	190	216	176	69	20	245	Residents on 1/1/2006 171
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006 304
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006 299
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006 176
TOTAL BEDS	245	216	190	216	176	69	20	245	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	3315	45.4%	49795	55.7%	11713	64823	72.5%	82.2%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	3315	45.4%	49795	55.7%	11713	64823	72.5%	82.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	2	0	0	0	0	0	0	0	2	2
45 to 59	4	6	0	0	0	0	0	0	4	6	10
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	9	17	0	0	0	0	0	0	9	17	26
75 to 84	18	42	0	0	0	0	0	0	18	42	60
85+	15	60	0	0	0	0	0	0	15	60	75
TOTALS	46	130	0	0	0	0	0	0	46	130	176

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.

OAK GLEN HOME

11210 95TH STREET
 COAL VALLEY, IL. 61240

Reference Numbers Facility ID 6006761

Health Service Area 010 Planning Service Area 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	11	134	1	0	30	0	176
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	134	1	0	30	0	176

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	112	107
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	1	0	0	0	1
Black	7	0	0	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	167	0	0	0	167
Race Unknown	0	0	0	0	0
Total	176	0	0	0	176

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	174	0	0	0	174
Ethnicity Unknown	0	0	0	0	0
Total	176	0	0	0	176

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	8.00
LPN's	28.00
Certified Aides	66.00
Other Health Staff	3.00
Non-Health Staff	57.00
Totals	166.00

OAK GROVE REHAB & SKILLED CARE

120 NORTH TOWER ROAD
 CARBONDALE, IL. 62901
Reference Numbers Facility ID 6009203
 Health Service Area 005 Planning Service Area 077

Administrator

Janice Franklin

Contact Person and Telephone

Janice Franklin
 618-549-3355

Registered Agent Information

STERN, ABRAHAM J.
 10 SOUTH WACKER DRIVE, 40TH FL
 CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	4
Mental Illness	7
Developmental Disability	0
Circulatory System	9
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	4
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	53

Date Completed
 4/6/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	131	73	67	73	53	78	24	131	55
Skilled Under 22	0	0	0	0	0	0		0	87
Intermediate DD	0	0	0	0	0	0		0	89
Sheltered Care	0	0	0	0	0	0		0	53
TOTAL BEDS	131	73	67	73	53	78	24	131	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	3796	43.3%	10937	22.9%	5921	20654	43.2%	77.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	3796	43.3%	10937	22.9%	5921	20654	43.2%	77.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	0	3	0	0	0	0	0	0	0	3	3
75 to 84	10	23	0	0	0	0	0	0	10	23	33
85+	3	8	0	0	0	0	0	0	3	8	11
TOTALS	17	36	0	0	0	0	0	0	17	36	53

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.

OAK GROVE REHAB & SKILLED CARE

120 NORTH TOWER ROAD
 CARBONDALE, IL. 62901

Reference Numbers Facility ID 6009203

Health Service Area 005 Planning Service Area 077

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	30	3	10	5	0	53
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	30	3	10	5	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	95	90
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	46	0	0	0	46
Race Unknown	0	0	0	0	0
Total	53	0	0	0	53

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	18.00
Other Health Staff	5.00
Non-Health Staff	28.00
Totals	61.00

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

Judy Niemann
618-939-3488

Registered Agent Information

DALE HAUDRICH, BOARD CHAIRMAN
100 SOUTH MAIN STREET
WATERLOO, IL 62298

FACILITY OWNERSHIP
COUNTY

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System	4
Alzheimer Disease	40
Mental Illness	5
Developmental Disability	1
Circulatory System	28
Respiratory System	9
Digestive System	3
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	127

Date Completed
4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	131	211	211	131	4	26	211	Residents on 1/1/2006	173
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	94
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	140
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	127
TOTAL BEDS	131	211	211	131	4	26	211		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	3731	39.3%	34397	44.7%	18887	57015	119.2%	74.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	3731	39.3%	34397	44.7%	18887	57015	119.2%	74.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	3	0	0	0	0	0	0	0	3	3
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	4	8	0	0	0	0	0	0	4	8	12
75 to 84	10	26	0	0	0	0	0	0	10	26	36
85+	9	62	0	0	0	0	0	0	9	62	71
TOTALS	25	102	0	0	0	0	0	0	25	102	127

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.

OAK HILL

623 Hamacher
 WATERLOO, IL. 62298

Reference Numbers Facility ID 6006274

Health Service Area 011 Planning Service Area 133

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	77	0	0	42	0	127
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	77	0	0	42	0	127

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	1	0	0	0	1
White	126	0	0	0	126
Race Unknown	0	0	0	0	0
Total	127	0	0	0	127

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	63.00
Other Health Staff	4.00
Non-Health Staff	80.00
Totals	182.00

FACILITY NOTES

Name Change 12/1/2006 Name changed from Monroe County Nursing Home.
 P-04-019 12/1/2006 Replacement facility licensed.

OAK PARK HEALTHCARE CENTER

625 NORTH HARLEM AVENUE
OAK PARK, IL. 60302

Reference Numbers Facility ID 6006795
Health Service Area 007 Planning Service Area 704

Administrator

KEVIN MEALS

Contact Person and Telephone

Kevin R.Meals
708-848-5966

Registered Agent Information

MAGENCE,MEYER
8320 SKOKIE BOULEVARD
SKOKIE , IL 60077

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System	10
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	12
Digestive System	7
Genitourinary System Disorders	4
Skin Disorders	5
Musculo-skeletal Disorders	17
Injuries and Poisonings	0
Other Medical Conditions	23
Non-Medical Conditions	0
TOTALS	106

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	97
Nursing Care	204	204	115	204	106	98	117	204	Total Admissions 2006	105
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2006	96
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2006	106
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	204	204	115	204	106	98	117	204		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3648	8.5%	31630	42.5%	3194	38472	51.7%		51.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	3648	8.5%	31630	42.5%	3194	38472	51.7%		51.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	1	0	0	0	0	0	0	3	1	4
45 to 59	13	10	0	0	0	0	0	0	13	10	23
60 to 64	8	10	0	0	0	0	0	0	8	10	18
65 to 74	11	13	0	0	0	0	0	0	11	13	24
75 to 84	9	14	0	0	0	0	0	0	9	14	23
85+	5	9	0	0	0	0	0	0	5	9	14
TOTALS	49	57	0	0	0	0	0	0	49	57	106

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.

OAK PARK HEALTHCARE CENTER

625 NORTH HARLEM AVENUE

OAK PARK, IL. 60302

Reference Numbers Facility ID 6006795

Health Service Area 007 Planning Service Area 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	11	91	4	0	0	0	106
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	91	4	0	0	0	106

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	69	0	0	0	69
Hawaiian/Pac. Isl.	0	0	0	0	0
White	35	0	0	0	35
Race Unknown	0	0	0	0	0
Total	106	0	0	0	106

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	104	0	0	0	104
Ethnicity Unknown	0	0	0	0	0
Total	106	0	0	0	106

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	18.00
Certified Aides	36.00
Other Health Staff	2.00
Non-Health Staff	34.00
Totals	97.00

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

Bruce Elegant

Contact Person and Telephone

Deborah Wilberding
708-660-6974

Registered Agent Information

Date Completed
4/12/2007

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	14

Note: Reported restrictions denoted by 'I'

FACILITY OWNERSHIP

TOWNSHIP

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	36	27	25	27	14	22	36	0	Total Admissions 2006	446
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2006	450
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2006	14
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	36	27	25	27	14	22	36	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	5498	41.8%	0	0.0%	1136	6634	50.5%	67.3%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	5498	41.8%	0	0.0%	1136	6634	50.5%	67.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	0	1	1	2
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	5	9	0	0	0	0	0	0	5	9	14

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.

OAK PARK HOSPITAL

520 SOUTH MAPLE AVENUE

OAK PARK, IL. 60304

Reference Numbers Facility ID 6010615

Health Service Area 007 Planning Service Area 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	13	0	0	1	0	0	14
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	0	0	1	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	581	530
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	11	0	0	0	11
Race Unknown	1	0	0	0	1
Total	14	0	0	0	14

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	12	0	0	0	12
Ethnicity Unknown	1	0	0	0	1
Total	14	0	0	0	14

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.50
Physicians	0.00
Director of Nursing	0.50
Registered Nurses	12.53
LPN's	2.38
Certified Aides	12.96
Other Health Staff	2.04
Non-Health Staff	2.72
Totals	33.63

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

HEADLEE,DENNIS K.;MR.
2025B BROADWAY, P. O. BOX 2369
MT. VERNON , IL 62864

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	2
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	2
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5552	95.1%	0	5552	95.1%	95.1%	95.1%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5552	95.1%	0	5552	95.1%	95.1%	95.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	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	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	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	10	6	0	0	10	6	16

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.

OAK TERRACE4219 LINCOLNSHIRE DRIVE
MOUNT VERNON, IL. 62864

Reference Numbers Facility ID 6006803

Health Service Area 005 Planning Service Area 081

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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

OAK TERRACE CARE CENTER

1750 WEST WASHINGTON
 SPRINGFIELD, IL 62702
Reference Numbers Facility ID 6006811
 Health Service Area 003 Planning Service Area 167

Administrator

Melissa DeGroot

Contact Person and Telephone

Melissa Degroot
 217-787-6466

Registered Agent Information

COLLINS,D.WILLIAM;;TRUSTEE
 P.O. BOX 13080
 SPRINGFIELD, IL 62791

FACILITY OWNERSHIP

FOR-PROFIT TRUST

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	15
Mental Illness	5
Developmental Disability	1
Circulatory System	15
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	62

Date Completed
 5/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	78	62	53	62	44	34	0	0	73
Skilled Under 22	0	0	0	0	0	0	0	0	42
Intermediate DD	0	0	0	0	0	0	0	0	53
Sheltered Care	20	20	20	20	18	2	0	0	62
TOTAL BEDS	98	82	73	82	62	36	0	0	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	16664	16664	58.5%		73.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					6528	6528	89.4%		89.4%	
TOTALS	0	0.0%	0	0.0%	23192	23192	64.8%		77.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	3	7	0	0	0	0	1	2	4	9	13
85+	9	24	0	0	0	0	0	14	9	38	47
TOTALS	12	33	0	0	0	0	1	16	13	49	62

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.

OAK TERRACE CARE CENTER1750 WEST WASHINGTON
SPRINGFIELD, IL. 62702

Reference Numbers Facility ID 6006811

Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	45	0	45
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	17	0	17
TOTALS	0	0	0	0	62	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	95	80

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	45	0	0	17	62
Race Unknown	0	0	0	0	0
Total	45	0	0	17	62

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	45	0	0	17	62
Ethnicity Unknown	0	0	0	0	0
Total	45	0	0	17	62

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	10.00
Certified Aides	22.00
Other Health Staff	0.00
Non-Health Staff	23.00
Totals	57.00

OAKRIDGE CONVALESCENT HOME

323 OAKRIDGE AVENUE
HILLSIDE, IL. 60162

Reference Numbers Facility ID 6006829
Health Service Area 007 Planning Service Area 704

Administrator

Lynn L. Acerra

Contact Person and Telephone

LYNN L. ACERRA
708-547-6595

Registered Agent Information

ACERRA, MICHAEL C., MR.
323 OAKRIDGE AVENUE
MELROSE PARK, IL 60162

FACILITY OWNERSHIP

IND PROPRIETORSHIP

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	10
Mental Illness	16
Developmental Disability	6
Circulatory System	10
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	50

Date Completed
4/3/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	73	73	73	73	50	23	18	73	53
Skilled Under 22	0	0	0	0	0	0	0	0	125
Intermediate DD	0	0	0	0	0	0	0	0	128
Sheltered Care	0	0	0	0	0	0	0	0	50
TOTAL BEDS	73	73	73	73	50	23	18	73	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2073	31.6%	14688	55.1%	2758	19519	73.3%	73.3%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	2073	31.6%	14688	55.1%	2758	19519	73.3%	73.3%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	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	3	14	0	0	0	0	0	0	3	14	17
85+	5	13	0	0	0	0	0	0	5	13	18
TOTALS	16	34	0	0	0	0	0	0	16	34	50

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.

OAKRIDGE CONVALESCENT HOME

323 OAKRIDGE AVENUE
 HILLSIDE, IL. 60162

Reference Numbers Facility ID 6006829

Health Service Area 007 Planning Service Area 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	3	29	0	0	18	0	50
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	29	0	0	18	0	50

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawaiian/Pac. Isl.	0	0	0	0	0
White	35	0	0	0	35
Race Unknown	0	0	0	0	0
Total	50	0	0	0	50

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	4.00
Certified Aides	22.00
Other Health Staff	0.00
Non-Health Staff	22.00
Totals	60.00

OAKTON PAVILION

1660 OAKTON PLACE
DES PLAINES, IL. 60018

Reference Numbers Facility ID 6006837
Health Service Area 007 Planning Service Area 702

Administrator

Jay Lewkowicz

Contact Person and Telephone

JAY LEWKOWITZ
847-299-5588

Registered Agent Information

WEISS,FRED;MR.
1739-45 W FULTON ST
CHICAGO , 60612

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	9
Blood Disorders	2
*Nervous System	5
Alzheimer Disease	14
Mental Illness	0
Developmental Disability	3
Circulatory System	44
Respiratory System	31
Digestive System	11
Genitourinary System Disorders	22
Skin Disorders	5
Musculo-skeletal Disorders	27
Injuries and Poisonings	26
Other Medical Conditions	40
Non-Medical Conditions	0
TOTALS	242

Date Completed
4/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	294	294	260	294	242	52	294	294	259	524
Skilled Under 22	0	0	0	0	0	0		0		541
Intermediate DD	0	0	0	0	0	0		0		242
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	294	294	260	294	242	52	294	294		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	11047	10.3%	32650	30.4%	49542	93239	86.9%	86.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	11047	10.3%	32650	30.4%	49542	93239	86.9%	86.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	9	12	0	0	0	0	0	0	9	12	21
75 to 84	15	43	0	0	0	0	0	0	15	43	58
85+	23	139	0	0	0	0	0	0	23	139	162
TOTALS	48	194	0	0	0	0	0	0	48	194	242

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.

OAKTON PAVILION

1660 OAKTON PLACE
DES PLAINES, IL. 60018

Reference Numbers Facility ID 6006837

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	29	100	1	0	112	0	242
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	29	100	1	0	112	0	242

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	185
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	234	0	0	0	234
Race Unknown	5	0	0	0	5
Total	242	0	0	0	242

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	234	0	0	0	234
Ethnicity Unknown	5	0	0	0	5
Total	242	0	0	0	242

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	38.00
LPN's	5.00
Certified Aides	82.00
Other Health Staff	8.00
Non-Health Staff	63.00
Totals	198.00

OAKVIEW HOME

420 EAST SECOND STREET
TRENTON, IL. 62293

Reference Numbers Facility ID 6012629
Health Service Area 011 Planning Service Area 027

Administrator

Amanda Welsh

Contact Person and Telephone

Amanda Welsh
618-224-7048

Registered Agent Information

KRCHAK,DAVID E
30 MAIN STREET, P O BOX 560
CHAMPAIGN , IL 61824

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/2/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	2
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5511	94.4%	0	5511	94.4%	94.4%	94.4%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5511	94.4%	0	5511	94.4%	94.4%	94.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	2	0	0	4	2	6
60 to 64	0	0	0	0	1	0	0	0	1	0	1
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	1	0	0	0	1	1
TOTALS	0	0	0	0	8	8	0	0	8	8	16

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.

OAKVIEW HOME

420 EAST SECOND STREET
TRENTON, IL. 62293

Reference Numbers Facility ID 6012629

Health Service Area 011 Planning Service Area 027

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	13.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	15.50

OAKVIEW HTS CONT C & REHAB CTR

1320 WEST 9TH STREET
 MOUNT CARMEL, IL. 62863
Reference Numbers Facility ID 6003487
 Health Service Area 005 Planning Service Area 047

Administrator
 Roy J. Biggerstaff

Contact Person and Telephone
 Roy J. Biggerstaff
 618-263-4337

Registered Agent Information

COLE,SCOTT R.
 1320 WEST 9TH STREET, R.R. 4
 MT CARMEL , IL 62863

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System	2
Alzheimer Disease	19
Mental Illness	5
Developmental Disability	2
Circulatory System	4
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	29
Non-Medical Conditions	0
TOTALS	81

Date Completed
 4/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	90	90	90	90	81	9	90	71	80
Skilled Under 22	0	0	0	0	0	0	0	0	274
Intermediate DD	0	0	0	0	0	0	0	0	273
Sheltered Care	0	0	0	0	0	0	0	0	81
TOTAL BEDS	90	90	90	90	81	9	90	71	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3213	9.8%	15975	61.6%	9770	28958	88.2%	88.2%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	3213	9.8%	15975	61.6%	9770	28958	88.2%	88.2%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	4	0	0	0	0	0	0	1	4	5
75 to 84	1	23	0	0	0	0	0	0	1	23	24
85+	8	41	0	0	0	0	0	0	8	41	49
TOTALS	11	70	0	0	0	0	0	0	11	70	81

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.

OAKVIEW HTS CONT C & REHAB CTR

1320 WEST 9TH STREET

MOUNT CARMEL, IL. 62863

Reference Numbers Facility ID 6003487

Health Service Area 005 Planning Service Area 047

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	49	0	0	27	0	81
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	49	0	0	27	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	18.00
Certified Aides	28.00
Other Health Staff	0.00
Non-Health Staff	44.00
Totals	96.00

OAKWOOD ESTATES

2213 VETERANS ROAD
MORTON, IL. 61550

Reference Numbers Facility ID 6011522
Health Service Area 002 Planning Service Area 179

Administrator
Matthew D. Steffen

Contact Person and Telephone

Matthew D. Steffen
309-266-9781

Registered Agent Information

MESSNER, RON;MR
2125 VETERANS ROAD
MORTON, IL 61550

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5494	94.1%	0	5494	94.1%	94.1%	94.1%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5494	94.1%	0	5494	94.1%	94.1%	94.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	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	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	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

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.

OAKWOOD ESTATES

2213 VETERANS ROAD

MORTON, IL. 61550

Reference Numbers Facility ID 6011522

Health Service Area 002 Planning Service Area 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.33
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.26
LPN's	0.52
Certified Aides	8.85
Other Health Staff	1.00
Non-Health Staff	1.75
Totals	12.71

OAKWOOD TERRACE

1300 OAK AVENUE
EVANSTON, IL. 60201

Reference Numbers Facility ID 6006845
Health Service Area 007 Planning Service Area 702

Administrator
Heather S. Eisner

Contact Person and Telephone

Heather S. Eisner
847-869-1300

Registered Agent Information

GUTNICKI, ABRAHAM A.
8320 SKOKIE BOULEVARD
SKOKIE, IL 60077

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	2
*Nervous System	3
Alzheimer Disease	11
Mental Illness	7
Developmental Disability	0
Circulatory System	10
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	48

Date Completed
4/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	57	57	56	57	48	9	0	57	Residents on 1/1/2006	47
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	44
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006	43
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	48
TOTAL BEDS	57	57	56	57	48	9	0	57		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	2141	0.0%	13762	66.1%	2146	18049	86.8%	86.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2141	0.0%	13762	66.1%	2146	18049	86.8%	86.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	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	2	4	0	0	0	0	0	0	2	4	6
65 to 74	3	6	0	0	0	0	0	0	3	6	9
75 to 84	4	10	0	0	0	0	0	0	4	10	14
85+	3	9	0	0	0	0	0	0	3	9	12
TOTALS	16	32	0	0	0	0	0	0	16	32	48

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.

OAKWOOD TERRACE

1300 OAK AVENUE
EVANSTON, IL. 60201

Reference Numbers Facility ID 6006845

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	38	0	0	4	0	48
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	38	0	0	4	0	48

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	16	0	0	0	16
Hawaiian/Pac. Isl.	0	0	0	0	0
White	29	0	0	0	29
Race Unknown	2	0	0	0	2
Total	48	0	0	0	48

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	46	0	0	0	46
Ethnicity Unknown	0	0	0	0	0
Total	48	0	0	0	48

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	21.00
Other Health Staff	4.00
Non-Health Staff	12.00
Totals	48.00

FACILITY NOTES

- Name Change 9/26/2006 Name changed from Oakwood Terrace.
- E-046-06 9/26/2006 Change of ownership occurred.
- E-046-06 7/26/2006 Change of ownership exemption approved.

ODD FELLOW-REBEKAH HOME

201 LAFAYETTE AVENUE EAST
MATTOON, IL. 61938

Reference Numbers Facility ID 6006860
Health Service Area 004 Planning Service Area 029

Administrator

Kim Haas

Contact Person and Telephone

Kim Haas
217-235-5449

Registered Agent Information

ATER,CRAIG
201 LAFAYETTE EAST
MATTOON , IL 61938

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	11
Blood Disorders	1
*Nervous System	4
Alzheimer Disease	19
Mental Illness	9
Developmental Disability	0
Circulatory System	32
Respiratory System	8
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	2
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	107

Date Completed
3/29/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	162	162	162	162	55	162	162	Residents on 1/1/2006	112
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	127
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	132
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	107
TOTAL BEDS	162	162	162	162	55	162	162		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	5534	9.4%	22408	37.9%	12859	40801	69.0%	69.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	5534	9.4%	22408	37.9%	12859	40801	69.0%	69.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	11	0	0	0	0	0	0	6	11	17
75 to 84	9	25	0	0	0	0	0	0	9	25	34
85+	7	48	0	0	0	0	0	0	7	48	55
TOTALS	22	85	0	0	0	0	0	0	22	85	107

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.

ODD FELLOW-REBEKAH HOME

201 LAFAYETTE AVENUE EAST
 MATTOON, IL. 61938

Reference Numbers Facility ID 6006860

Health Service Area 004 Planning Service Area 029

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	61	0	0	38	0	107
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	61	0	0	38	0	107

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	11.00
Certified Aides	51.00
Other Health Staff	0.00
Non-Health Staff	53.00
Totals	121.00

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
618-775-6444

Registered Agent Information

C T CORPORATION SYSTEM
208 SOUTH LASALLE ST,SUITE 814
CHICAGO , IL 60604

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System	11
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	33
Respiratory System	18
Digestive System	3
Genitourinary System Disorders	7
Skin Disorders	2
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	95

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	99	99	96	99	95	4	33	99	85	263
Skilled Under 22	0	0	0	0	0	0		0		253
Intermediate DD	0	0	0	0	0	0		0		95
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	99	99	96	99	95	4	33	99		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	6964	57.8%	21685	60.0%	4382	33031	91.4%		91.4%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	6964	57.8%	21685	60.0%	4382	33031	91.4%		91.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	2	0	0	0	0	0	0	1	2	3
65 to 74	3	5	0	0	0	0	0	0	3	5	8
75 to 84	11	20	0	0	0	0	0	0	11	20	31
85+	12	37	0	0	0	0	0	0	12	37	49
TOTALS	29	66	0	0	0	0	0	0	29	66	95

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.

ODIN HEALTH CARE CENTER

300 GREEN STREET

ODIN, IL. 62870

Reference Numbers Facility ID 6006878

Health Service Area 005 Planning Service Area 121

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	20	65	0	1	9	0	95
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	65	0	1	9	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	154	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	30.00
Other Health Staff	12.00
Non-Health Staff	30.00
Totals	96.00

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

Registered Agent Information

CONNELLY,ROSEMARY;SR.;RSM
2916 WEST 47TH STREET
CHICAGO , IL 60632

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	12
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	12	12	12	12	0	0	12	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	12
TOTAL BEDS	12	12	12	12	0	0	12		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			4380	100.0%	0	4380	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	4380	100.0%	0	4380	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	7	0	0	0	7	7
45 to 59	0	0	0	0	0	5	0	0	0	5	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	0	12	0	0	0	12	12

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.

O'DONNELL HOUSE6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6010300

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	195	195
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.15
LPN's	0.00
Certified Aides	6.90
Other Health Staff	1.80
Non-Health Staff	0.15
Totals	9.25

OLSON TERRACE

3006 ALIDA STREET
ROCKFORD, IL. 61101

Reference Numbers Facility ID 6010839
Health Service Area 001 Planning Service Area 201

Administrator

Susan Sunderlin

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSON, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	Total Admissions 2006
Nursing Care	0	0	0	0	0	0	0	0	Total Discharges 2006	0
Skilled Under 22	0	0	0	0	0	0	0	0	Residents on 12/31/2006	16
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		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5840	100.0%	0	5840	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	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	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	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

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.

OLSON TERRACE3006 ALIDA STREET
ROCKFORD, IL. 61101

Reference Numbers Facility ID 6010839

Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	116	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.17
LPN's	0.00
Certified Aides	5.87
Other Health Staff	0.64
Non-Health Staff	2.10
Totals	9.03

ORCHARD COURT

1430 STATE ROUTE 127 SOUTH
JONESBORO, IL. 62952

Reference Numbers Facility ID 6014351
Health Service Area 005 Planning Service Area 181

Administrator

Gary Griffith

Contact Person and Telephone

Joan Patton
618-833-5344

Registered Agent Information

KELLER,JOHN TIMOTHY
108 WEST JACKSON STREET
MARION , IL 62959

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/2/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	3
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	2
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5840	100.0%	0	5840	100.0%	100.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	5	0	0	0	5	0	5
60 to 64	0	0	0	0	5	0	0	0	5	0	5
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	16	0	0	0	16	0	16

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.

ORCHARD COURT

1430 STATE ROUTE 127 SOUTH
 JONESBORO, IL. 62952

Reference Numbers Facility ID 6014351

Health Service Area 005 Planning Service Area 181

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	5	0	5
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	3.00
Certified Aides	5.00
Other Health Staff	8.00
Non-Health Staff	1.63
Totals	19.63

OREGON HEALTHCARE CENTER

811 SOUTH 10TH STREET
 OREGON, IL. 61061
Reference Numbers Facility ID 6009989
 Health Service Area 001 Planning Service Area 141

Administrator
 Aptil Hunt

Contact Person and Telephone

Sheldon Wolfe
 847-982-2300

Registered Agent Information

WOLFE,SHELDON
 7434 NORTH SKOKIE BOULEVARD
 SKOKIE , IL 60077

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	4
Blood Disorders	7
*Nervous System	2
Alzheimer Disease	3
Mental Illness	2
Developmental Disability	0
Circulatory System	14
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	12
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	66

Date Completed
 3/27/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	104	104	72	104	66	38	20	104	62
Skilled Under 22	0	0	0	0	0	0	0	0	50
Intermediate DD	0	0	0	0	0	0	0	0	46
Sheltered Care	0	0	0	0	0	0	0	0	66
TOTAL BEDS	104	104	72	104	66	38	20	104	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1245	17.1%	14412	38.0%	8904	24561	64.7%	64.7%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	1245	17.1%	14412	38.0%	8904	24561	64.7%	64.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	2	0	0	0	0	0	0	1	2	3
65 to 74	3	4	0	0	0	0	0	0	3	4	7
75 to 84	6	13	0	0	0	0	0	0	6	13	19
85+	5	29	0	0	0	0	0	0	5	29	34
TOTALS	16	50	0	0	0	0	0	0	16	50	66

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.

OREGON HEALTHCARE CENTER

811 SOUTH 10TH STREET
 OREGON, IL. 61061

Reference Numbers Facility ID 6009989

Health Service Area 001 Planning Service Area 141

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	38	1	0	21	0	66
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	38	1	0	21	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	128	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	6.87
Certified Aides	27.56
Other Health Staff	1.00
Non-Health Staff	27.93
Totals	67.36

OSF ST. JOSEPH MEDICAL CENTER

2200 EAST WASHINGTON STREET
BLOOMINGTON, IL. 61701

Reference Numbers Facility ID 6011407
Health Service Area 004 Planning Service Area 113

Administrator
Mr. Kenneth Natzke

Contact Person and Telephone

Ms. Deborah Smith
309-665-5756

Registered Agent Information

Date Completed
4/5/2007

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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	6
Non-Medical Conditions	0
TOTALS	6

FACILITY OWNERSHIP

FOR-PROF CORPORATION

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	12	12	11	12	6	12	12	3	271
Skilled Under 22	0	0	0	0	0	0	0		268
Intermediate DD	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0		6
TOTAL BEDS	12	12	11	12	6	12	12		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1542	35.2%	106	2.4%	310	1958	44.7%		44.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1542	35.2%	106	2.4%	310	1958	44.7%		44.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	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+	1	1	0	0	0	0	0	0	1	1	2
TOTALS	3	3	0	0	0	0	0	0	3	3	6

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.

OSF ST. JOSEPH MEDICAL CENTER

2200 EAST WASHINGTON STREET

BLOOMINGTON, IL. 61701

Reference Numbers Facility ID 6011407

Health Service Area 004 Planning Service Area 113

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	0	0	1	0	0	6
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	0	0	1	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	346
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.05
Director of Nursing	0.50
Registered Nurses	2.20
LPN's	2.50
Certified Aides	4.00
Other Health Staff	0.40
Non-Health Staff	0.00
Totals	9.90

Ottawa Group Home

726 North Ottawa
Dixon, IL 61021

Reference Numbers Facility ID 6013916
Health Service Area 001 Planning Service Area 103

Administrator

Pat Howard

Contact Person and Telephone

Pat Howard
815-288-6691

Registered Agent Information

MCCLAIN, ARLAN L.
500 ANCHOR ROAD, P. O. BOX 366
DIXON, IL 61021

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	6
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	2
Intermediate DD	6	6	6	6	6	0	6	6	Total Discharges 2006	2
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	6
TOTAL BEDS	6	6	6	6	6	0	0	6		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			1845	84.2%	6	1851	84.5%	84.5%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	1845	84.2%	6	1851	84.5%	84.5%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	1	5	0	0	1	5	6

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.

Ottawa Group Home

726 North Ottawa

Dixon, IL. 61021

Reference Numbers Facility ID 6013916

Health Service Area 001 Planning Service Area 103

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		5	0	0	1	0	6
Sheltered Care			0	0	0	0	0
TOTALS	0	5	0	0	1	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	188	180
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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

OTTAWA PAVILION

800 EAST CENTER 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
815-434-7144

Registered Agent Information

STERN, ABRAHAM J.; MR.
10 SOUTH WACKER DR, 40TH FLOOR
CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	14
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	2
Mental Illness	3
Developmental Disability	0
Circulatory System	6
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	42
Non-Medical Conditions	0
TOTALS	90

Date Completed
4/6/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	119	112	90	112	90	29	119	119	Total Admissions 2006	220
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2006	221
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2006	90
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	119	112	90	112	90	29	119	119		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	6176	14.2%	19138	44.1%	7115	32429	74.7%		79.3%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	6176	14.2%	19138	44.1%	7115	32429	74.7%		79.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	6	4	0	0	0	0	0	0	6	4	10
60 to 64	3	5	0	0	0	0	0	0	3	5	8
65 to 74	8	6	0	0	0	0	0	0	8	6	14
75 to 84	8	21	0	0	0	0	0	0	8	21	29
85+	3	24	0	0	0	0	0	0	3	24	27
TOTALS	29	61	0	0	0	0	0	0	29	61	90

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.

OTTAWA PAVILION

800 EAST CENTER STREET
OTTAWA, IL. 61350

Reference Numbers Facility ID 6006985

Health Service Area 002 Planning Service Area 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	16	51	0	0	23	0	90
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	51	0	0	23	0	90

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	118
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	42.00
Other Health Staff	39.00
Non-Health Staff	5.00
Totals	104.00

OUR LADY OF ANGELS RET HOME

1201 WYOMING AVENUE
JOLIET, IL. 60435

Reference Numbers Facility ID 6006993
Health Service Area 009 Planning Service Area 197

Administrator
Sr. Maria Pesavento

Contact Person and Telephone

Sr. Maria Pesavento
815-725-6631

Registered Agent Information

H,T,J,B & W, INC.
2801 BLACK ROAD, 2ND FLOOR
JOLIET, IL 60435

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	11
Blood Disorders	2
*Nervous System	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	44
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	20
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	88

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	50	50	49	50	45	5	0	50	92	24
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	46	46	44	46	43	3				28
TOTAL BEDS	96	96	93	96	88	8	0	50		88

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	3486	19.1%	12891	16377	89.7%		89.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					14852	14852	88.5%		88.5%	
TOTALS	0	0.0%	3486	19.1%	27743	31229	89.1%		89.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	1	1	2	3
75 to 84	0	5	0	0	0	0	5	9	5	14	19
85+	4	35	0	0	0	0	5	22	9	57	66
TOTALS	4	41	0	0	0	0	11	32	15	73	88

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.

OUR LADY OF ANGELS RET HOME

1201 WYOMING AVENUE

JOLIET, IL. 60435

Reference Numbers Facility ID 6006993

Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	10	0	0	35	0	45
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	43	0	43
TOTALS	0	10	0	0	78	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	157	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	75

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	45	0	0	43	88
Race Unknown	0	0	0	0	0
Total	45	0	0	43	88

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	1	1
Non-Hispanic	45	0	0	42	87
Ethnicity Unknown	0	0	0	0	0
Total	45	0	0	43	88

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.10
LPN's	12.60
Certified Aides	21.00
Other Health Staff	6.95
Non-Health Staff	37.45
Totals	86.10

FACILITY NOTES

P-05-059 3/14/2006 Permit issued to add 37 nursing care beds, total now 87 nursing care beds and 50 shelter care beds.

OUR LADY OF RESURRECT MED CTR

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

Diane Ortolano
773-794-7640

Registered Agent Information

TOOMEY,JOSEPH
7435 WEST TALCOTT AVENUE
CHICAGO , IL 60631

FACILITY OWNERSHIP

OTHER NON-PROFIT

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	10
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	39

Date Completed
4/4/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	66	66	58	66	39	27	66	0	46
Skilled Under 22	0	0	0	0	0	0	0	0	1357
Intermediate DD	0	0	0	0	0	0	0	0	1364
Sheltered Care	0	0	0	0	0	0	0	0	39
TOTAL BEDS	66	66	58	66	39	27	66	0	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	16005	66.4%	0	0.0%	712	16717	69.4%	69.4%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	16005	66.4%	0	0.0%	712	16717	69.4%	69.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	3	0	0	0	0	0	0	2	3	5
75 to 84	3	9	0	0	0	0	0	0	3	9	12
85+	7	13	0	0	0	0	0	0	7	13	20
TOTALS	14	25	0	0	0	0	0	0	14	25	39

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.

OUR LADY OF RESURRECT MED CTR

5645 WEST ADDISON STREET

CHICAGO, IL. 60634

Reference Numbers Facility ID 6004931

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	38	0	0	1	0	0	39
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	38	0	0	1	0	0	39

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	575	575
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	36	0	0	0	36
Ethnicity Unknown	0	0	0	0	0
Total	39	0	0	0	39

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	24.60
LPN's	0.50
Certified Aides	22.10
Other Health Staff	20.50
Non-Health Staff	17.90
Totals	87.60

OUR PLACE

301 N. 13TH P.O. BOX 1240
MURPHYSBORO, IL. 62966

Reference Numbers Facility ID 6007017
Health Service Area 005 Planning Service Area 077

Administrator

Trena Briscoe

Contact Person and Telephone

Trena Briscoe
618-687-1415

Registered Agent Information

SIMMONS,ANGELA;MS.
122 N. HOTZE RD, P.O.BOX 745
SALEM , IL 62881

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5692	97.5%	0	5692	97.5%	97.5%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	5692	97.5%	0	5692	97.5%	97.5%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	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

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.

OUR PLACE

301 N. 13TH P.O. BOX 1240
 MURPHYSBORO, IL. 62966

Reference Numbers Facility ID 6007017

Health Service Area 005 Planning Service Area 077

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	130
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.50
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	7.75
Other Health Staff	0.00
Non-Health Staff	4.75
Totals	14.25

P.A. PETERSON CENTER FOR HLTH.

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

Peggy Holt
 815-399-8832

Registered Agent Information

COLMAR, CRAIG P.
 1001 E. TOUHY AVENUE, SUITE 50
 DES PLAINES, IL 60018

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System	8
Alzheimer Disease	24
Mental Illness	18
Developmental Disability	0
Circulatory System	26
Respiratory System	2
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	10
Injuries and Poisonings	19
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	125

Date Completed
 4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	127	127	122	127	21	38	122	115	731
Skilled Under 22	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0		0		
Sheltered Care	32	20	20	20	13				721
TOTAL BEDS	159	147	142	147	34	38	122	125	125

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	11473	82.7%	9355	21.0%	20378	41206	88.9%	88.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					6250	6250	53.5%	85.6%	
TOTALS	11473	82.7%	9355	21.0%	26628	47456	81.8%	88.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	0	2	0	2
65 to 74	1	9	0	0	0	0	0	0	1	9	10
75 to 84	10	25	0	0	0	0	1	4	11	29	40
85+	8	50	0	0	0	0	3	10	11	60	71
TOTALS	20	86	0	0	0	0	5	14	25	100	125

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.

P.A. PETERSON CENTER FOR HLTH.

1311 PARKVIEW AVENUE
ROCKFORD, IL. 61107

Reference Numbers Facility ID 6007041

Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	24	0	3	56	0	106
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	19	0	19
TOTALS	23	24	0	3	75	0	125

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	177
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	127	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	106	0	0	19	125
Race Unknown	0	0	0	0	0
Total	106	0	0	19	125

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	106	0	0	19	125
Ethnicity Unknown	0	0	0	0	0
Total	106	0	0	19	125

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.20
LPN's	14.60
Certified Aides	41.10
Other Health Staff	6.80
Non-Health Staff	53.30
Totals	128.00

FACILITY NOTES

Bed Change 3/23/2006 Discontinued five nursing care beds, total now 127 nursing care beds and 32 sheltered care beds.

PALM TERRACE OF MATTOON

1000 PALM
 MATTOON, IL. 61938
Reference Numbers Facility ID 6002109
 Health Service Area 004 Planning Service Area 029

Administrator
 Karla Schneider

Contact Person and Telephone

Marikay Snyder
 309-689-5880

Registered Agent Information

SNYDER, MARIKAY L.
 830 WEST TRAILCREEK DRIVE
 PEORIA, IL 61614

FACILITY OWNERSHIP
 LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	14
Alzheimer Disease	41
Mental Illness	69
Developmental Disability	8
Circulatory System	5
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	7
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	144

Date Completed
 4/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	178	163	151	163	34	178	178	Residents on 1/1/2006	122
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	117
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	95
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	144
TOTAL BEDS	178	163	151	163	34	178	178		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1550	2.4%	41122	63.3%	5828	48500	74.6%	81.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	1550	2.4%	41122	63.3%	5828	48500	74.6%	81.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	10	9	0	0	0	0	0	0	10	9	19
45 to 59	26	16	0	0	0	0	0	0	26	16	42
60 to 64	11	5	0	0	0	0	0	0	11	5	16
65 to 74	10	15	0	0	0	0	0	0	10	15	25
75 to 84	10	16	0	0	0	0	0	0	10	16	26
85+	6	10	0	0	0	0	0	0	6	10	16
TOTALS	73	71	0	0	0	0	0	0	73	71	144

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.

PALM TERRACE OF MATTOON

1000 PALM

MATTOON, IL. 61938

Reference Numbers Facility ID 6002109

Health Service Area 004 Planning Service Area 029

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	7	121	1	0	15	0	144
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	121	1	0	15	0	144

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	105	99
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	13	0	0	0	13
Hawaiian/Pac. Isl.	0	0	0	0	0
White	131	0	0	0	131
Race Unknown	0	0	0	0	0
Total	144	0	0	0	144

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	18.00
Certified Aides	54.00
Other Health Staff	0.00
Non-Health Staff	47.00
Totals	124.00

PALOS HILL EXTENDED CARE

10426 SOUTH ROBERTS
 PALOS HILLS, IL. 60465
Reference Numbers Facility ID 6010086
 Health Service Area 007 Planning Service Area 705
Administrator
 lisa m orzada

Contact Person and Telephone

Lisa Orzada
 708-598-3460

Registered Agent Information

STERN, ABRAHAM
 10 SOUTH WACKER DRIVE, 40TH FL
 CHICAGO, IL 60606

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	10
Blood Disorders	1
*Nervous System	10
Alzheimer Disease	9
Mental Illness	5
Developmental Disability	0
Circulatory System	29
Respiratory System	9
Digestive System	7
Genitourinary System Disorders	12
Skin Disorders	2
Musculo-skeletal Disorders	9
Injuries and Poisonings	10
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	125

Date Completed
 4/26/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	203	174	142	174	78	135	183	126	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	0		
TOTAL BEDS	203	174	142	174	78	135	183	220	125

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	8110	16.5%	28475	42.6%	10909	47494	64.1%		74.8%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	8110	16.5%	28475	42.6%	10909	47494	64.1%		74.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	1	0	0	0	0	0	0	3	1	4
45 to 59	9	5	0	0	0	0	0	0	9	5	14
60 to 64	3	5	0	0	0	0	0	0	3	5	8
65 to 74	10	7	0	0	0	0	0	0	10	7	17
75 to 84	12	21	0	0	0	0	0	0	12	21	33
85+	8	41	0	0	0	0	0	0	8	41	49
TOTALS	45	80	0	0	0	0	0	0	45	80	125

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.

PALOS HILL EXTENDED CARE

10426 SOUTH ROBERTS
 PALOS HILLS, IL. 60465

Reference Numbers Facility ID 6010086

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	19	88	0	1	17	0	125
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	88	0	1	17	0	125

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	14	0	0	0	14
Hawaiian/Pac. Isl.	2	0	0	0	2
White	109	0	0	0	109
Race Unknown	0	0	0	0	0
Total	125	0	0	0	125

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	119	0	0	0	119
Ethnicity Unknown	0	0	0	0	0
Total	125	0	0	0	125

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	12.00
Certified Aides	50.00
Other Health Staff	6.00
Non-Health Staff	47.00
Totals	130.00

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
 Chad M. Rollins

Contact Person and Telephone

Judy K. Young
 618-277-7730

Registered Agent Information

ROLLINS, CHAD M
 1450 CASEYVILLE AVE
 SWANSEA, IL 62220

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

Date Completed
 4/3/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	91	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0	0	0	13	Total Discharges 2006
Intermediate DD	100	100	97	100	96	4		100	8	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0			96	
TOTAL BEDS	100	100	97	100	96	4	0	100		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%		0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			33396	91.5%	365	33761	92.5%		92.5%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	33396	91.5%	365	33761	92.5%		92.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	24	13	0	0	24	13	37
45 to 59	0	0	0	0	23	26	0	0	23	26	49
60 to 64	0	0	0	0	1	3	0	0	1	3	4
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	0	0	0	0	0	0
TOTALS	0	0	0	0	52	44	0	0	52	44	96

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.

PARENT & FRIENDS OF THE SLC

1450 CASEYVILLE AVENUE
SWANSEA, IL. 62226

Reference Numbers Facility ID 6008882

Health Service Area 011 Planning Service Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	132
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	31	0	31
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	65	0	65
Race Unknown	0	0	0	0	0
Total	0	0	96	0	96

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	96	0	96
Total	0	0	96	0	96

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.50
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	7.88
Certified Aides	66.34
Other Health Staff	20.18
Non-Health Staff	23.48
Totals	120.38

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 Clark

Contact Person and Telephone

Cathy Macke
217-465-5376

Registered Agent Information

SCHWARTZ,LAWRENCE Y
7366 NORTH LINCOLN AVENUE
LINCOLNWOOD , IL 60712

FACILITY OWNERSHIP
LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	2
*Nervous System	0
Alzheimer Disease	14
Mental Illness	1
Developmental Disability	0
Circulatory System	36
Respiratory System	10
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	80

Date Completed
4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	128	128	90	120	80	48	128	128	82	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0	0	0	76	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0	0	0	78	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0	0	0	80	
TOTAL BEDS	128	128	90	120	80	48	128	128		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2802	6.0%	19436	41.6%	6421	28659	61.3%	61.3%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	2802	6.0%	19436	41.6%	6421	28659	61.3%	61.3%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	7	0	0	0	0	0	0	2	7	9
75 to 84	6	8	0	0	0	0	0	0	6	8	14
85+	6	46	0	0	0	0	0	0	6	46	52
TOTALS	15	65	0	0	0	0	0	0	15	65	80

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.

PARIS HEALTHCARE CENTER

1011 NORTH MAIN STREET

PARIS, IL. 61944

Reference Numbers Facility ID 6007090

Health Service Area 004 Planning Service Area 045

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	7	52	0	0	21	0	80
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	52	0	0	21	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	132	106
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	1.00
Non-Health Staff	21.00
Totals	61.00

PARK HAVEN CARE CENTER

107 SOUTH LINCOLN
SMITHTON, IL. 62285

Reference Numbers Facility ID 6007116
Health Service Area 011 Planning Service Area 163

Administrator
Matthew D. Johnson

Contact Person and Telephone

Matthew Johnson
618-235-4600

Registered Agent Information

ILLINOIS CORP SERVICE COMPANY
700 SOUTH SECOND STREET
SPRINGFIELD, IL 62704

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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	1
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	68
Developmental Disability	0
Circulatory System	5
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	4
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	82

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	101	101	91	101	82	19	0	101	79	44
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		41
Sheltered Care	0	0	0	0	0	0		0		82
TOTAL BEDS	101	101	91	101	82	19	0	101		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	28800	78.1%	720	29520	80.1%		80.1%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	28800	78.1%	720	29520	80.1%		80.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	13	0	0	0	0	0	0	3	13	16
45 to 59	28	15	0	0	0	0	0	0	28	15	43
60 to 64	4	9	0	0	0	0	0	0	4	9	13
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	40	42	0	0	0	0	0	0	40	42	82

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.

PARK HAVEN CARE CENTER

107 SOUTH LINCOLN
SMITHTON, IL. 62285

Reference Numbers Facility ID 6007116

Health Service Area 011 Planning Service Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	80	0	1	1	0	82
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	80	0	1	1	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	117	157
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	73	0	0	0	73
Race Unknown	0	0	0	0	0
Total	82	0	0	0	82

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	8.00
Certified Aides	14.00
Other Health Staff	6.00
Non-Health Staff	29.00
Totals	65.00

PARK HOUSE

2320 SOUTH LAWNSDALE
CHICAGO, IL. 60623

Reference Numbers Facility ID 6007140
Health Service Area 006 Planning Service Area 602

Administrator

Eduardo Torres

Contact Person and Telephone

Eduardo Torres
773-522-0400

Registered Agent Information

MAGENCE,MEYER
8320 SKOKIE BOULEVARD
SKOKIE, IL 60077

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	3
Blood Disorders	3
*Nervous System	0
Alzheimer Disease	20
Mental Illness	33
Developmental Disability	0
Circulatory System	11
Respiratory System	10
Digestive System	5
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	97

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	106	106	97	106	97	9	0	106	84	106
Skilled Under 22	0	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	106	106	97	106	97	9	0	106		97

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1905	0.0%	27610	71.4%	1486	31001	80.1%		80.1%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1905	0.0%	27610	71.4%	1486	31001	80.1%		80.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	18	5	0	0	0	0	0	0	18	5	23
45 to 59	34	9	0	0	0	0	0	0	34	9	43
60 to 64	5	4	0	0	0	0	0	0	5	4	9
65 to 74	5	4	0	0	0	0	0	0	5	4	9
75 to 84	4	7	0	0	0	0	0	0	4	7	11
85+	1	1	0	0	0	0	0	0	1	1	2
TOTALS	67	30	0	0	0	0	0	0	67	30	97

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.

PARK HOUSE

2320 SOUTH LAWNSDALE
CHICAGO, IL. 60623

Reference Numbers Facility ID 6007140

Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	92	0	0	0	0	97
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	92	0	0	0	0	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	126	99
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	80	0	0	0	80
Hawaiian/Pac. Isl.	0	0	0	0	0
White	17	0	0	0	17
Race Unknown	0	0	0	0	0
Total	97	0	0	0	97

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	92	0	0	0	92
Ethnicity Unknown	0	0	0	0	0
Total	97	0	0	0	97

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	9.00
Certified Aides	21.00
Other Health Staff	9.00
Non-Health Staff	22.00
Totals	66.00

PARK LAWN HOME

12615 SOUTH KOSTNER AVENUE
ALSIP, IL. 60803

Reference Numbers Facility ID 6012264
Health Service Area 007 Planning Service Area 705

Administrator

Julia A. Grounds

Contact Person and Telephone

ELEANOR L. CRUMBACK
708-385-1982

Registered Agent Information

HIMMEL,JAMES H.
6500 COLLEGE DRIVE
PALOS HEIGHTS , IL 60463

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/20/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	3
Intermediate DD	15	15	15	15	14	1	15	Total Discharges 2006	4
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	14
TOTAL BEDS	15	15	15	15	14	1	15		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5411	98.8%	0	5411	98.8%	98.8%	98.8%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5411	98.8%	0	5411	98.8%	98.8%	98.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	1	0	0	3	1	4
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	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

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.

PARK LAWN HOME

12615 SOUTH KOSTNER AVENUE

ALSIP, IL. 60803

Reference Numbers Facility ID 6012264

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	135	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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

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. 23

Registered Agent Information

HIMMEL,JAMES H.
 6500 COLLEGE DRIVE
 PALOS HEIGHTS , IL 60463

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	40
Circulatory System	0
Respiratory System	0
Digestive System	0
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

Date Completed
 3/20/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	40
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	3
Intermediate DD	41	41	40	40	1		41	Total Discharges 2006	3
Sheltered Care	0	0	0	0	0			Residents on 12/31/2006	40
TOTAL BEDS	41	41	40	40	1	0	41		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%		0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			14558	97.3%	0	14558	97.3%		97.3%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	14558	97.3%	0	14558	97.3%		97.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	9	8	0	0	9	8	17
45 to 59	0	0	0	0	6	14	0	0	6	14	20
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	18	22	0	0	18	22	40

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.

PARK LAWN RESIDENTIAL CENTER

5831 WEST 115TH STREET

ALSIP, IL. 60803

Reference Numbers Facility ID 6007132

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		40	0	0	0	0	40
Sheltered Care			0	0	0	0	0
TOTALS	0	40	0	0	0	0	40

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	165
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	36	0	36
Race Unknown	0	0	0	0	0
Total	0	0	40	0	40

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	39	0	39
Ethnicity Unknown	0	0	0	0	0
Total	0	0	40	0	40

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	3.00
Other Health Staff	24.00
Non-Health Staff	14.00
Totals	50.00

PARK PLACE

205 PARK AVENUE
PANA, IL. 62557

Reference Numbers Facility ID 6013015
Health Service Area 003 Planning Service Area 021

Administrator

Randi Leone

Contact Person and Telephone

Michele Cloe
217-562-7023

Registered Agent Information

ROBERTSON,LESTER EUGENE;;JR
2205 BROADWAY
MOUNT VERNON , IL 62864

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/6/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	1		16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0			Residents on 12/31/2006	15
TOTAL BEDS	16	16	16	16	1	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5571	95.4%	0	5571	95.4%	95.4%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	5571	95.4%	0	5571	95.4%	95.4%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	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	8	7	0	0	8	7	15

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.

PARK PLACE

205 PARK AVENUE
 PANA, IL. 62557

Reference Numbers Facility ID 6013015

Health Service Area 003 Planning Service Area 021

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	226	113
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	10.00
Non-Health Staff	0.00
Totals	10.00

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

CRAIN,WILLIAM P.
623 E. BROADWAY
CENTRALIA , IL 62801

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/26/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5725	98.0%	0	5725	98.0%	98.0%	98.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5725	98.0%	0	5725	98.0%	98.0%	98.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	3	0	0	1	3	4
45 to 59	0	0	0	0	3	8	0	0	3	8	11
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	4	12	0	0	4	12	16

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.

PARK PLACE-CENTRALIA332 COUNTRY CLUB ROAD
CENTRALIA, IL. 62801

Reference Numbers Facility ID 6013502

Health Service Area 005 Planning Service Area 121

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	161
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	18.50
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	22.25

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

MAUER,SHERRY
 665 BUSSE HIGHWAY
 PARK RIDGE , IL 60068

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	22
Mental Illness	0
Developmental Disability	8
Circulatory System	0
Respiratory System	9
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	42

Date Completed
 4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	46	46	46	46	42	4	46	46	43
Skilled Under 22	0	0	0	0	0	0	0	0	63
Intermediate DD	0	0	0	0	0	0	0	0	64
Sheltered Care	0	0	0	0	0	0	0	0	42
TOTAL BEDS	46	46	46	46	42	4	46	46	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1635	9.7%	8974	53.4%	4803	15412	91.8%		91.8%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1635	9.7%	8974	53.4%	4803	15412	91.8%		91.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	4	6	0	0	0	0	0	0	4	6	10
60 to 64	4	2	0	0	0	0	0	0	4	2	6
65 to 74	4	7	0	0	0	0	0	0	4	7	11
75 to 84	0	5	0	0	0	0	0	0	0	5	5
85+	2	8	0	0	0	0	0	0	2	8	10
TOTALS	14	28	0	0	0	0	0	0	14	28	42

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.

PARK RIDGE CARE CENTER665 BUSSE HIGHWAY
PARK RIDGE, IL. 60068

Reference Numbers Facility ID 6007157

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	30	0	0	6	0	42
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	30	0	0	6	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	38	0	0	0	38
Race Unknown	0	0	0	0	0
Total	42	0	0	0	42

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	41	0	0	0	41
Ethnicity Unknown	0	0	0	0	0
Total	42	0	0	0	42

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	15.00
Other Health Staff	0.00
Non-Health Staff	17.00
Totals	42.00

PARKVIEW CARE CENTER

301 EAST GARLAND
 WEST FRANKFORT, IL. 62896
Reference Numbers Facility ID 6007249
 Health Service Area 005 Planning Service Area 055

Administrator
 Stephen Miller

Contact Person and Telephone

Stephen Miller
 312-994-2306

Registered Agent Information

BUSINESS FILINGS INC.
 1 W OLD STATE CAPITAL PLZ,#805
 SPRINGFIELD , IL 62701

FACILITY OWNERSHIP
 LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
 4/4/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	Total Admissions 2006
Nursing Care	59	0	0	0	0	59	0	59	Total Discharges 2006	0
Skilled Under 22	0	0	0	0	0	0	0	0	Residents on 12/31/2006	0
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	59	0	0	0	0	59	0	59		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	0	0.0%	0	0	0.0%	0.0%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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

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.

PARKVIEW CARE CENTER

301 EAST GARLAND
 WEST FRANKFORT, IL. 62896

Reference Numbers Facility ID 6007249

Health Service Area 005 Planning Service Area 055

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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

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

Registered Agent Information

ROBEY,M.GERALD;DR.
 1234 SOUTH PARK BOULEVARD
 FREEPORT , IL 61032

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	34
Respiratory System	3
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	0
TOTALS	44

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	28	28	26	28	16	12	0	0	43
Skilled Under 22	0	0	0	0	0	0	0	0	11
Intermediate DD	0	0	0	0	0	0	0	0	10
Sheltered Care	44	34	28	28	28	16	0	0	44
TOTAL BEDS	72	62	54	56	44	28	0	0	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	7472	7472	73.1%		73.1%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					8789	8789	54.7%		70.8%	
TOTALS	0	0.0%	0	0.0%	16261	16261	61.9%		71.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	3	2	5	7
85+	1	12	0	0	0	0	4	20	5	32	37
TOTALS	2	14	0	0	0	0	5	23	7	37	44

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.

PARKVIEW HOME

1234 SOUTH PARK BOULEVARD
 FREEPORT, IL. 61032

Reference Numbers Facility ID 6007231

Health Service Area 001 Planning Service Area 177

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	13	3	16
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	25	3	28
TOTALS	0	0	0	0	38	6	44

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	139
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	68	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	16	0	0	28	44
Race Unknown	0	0	0	0	0
Total	16	0	0	28	44

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	16	0	0	28	44
Ethnicity Unknown	0	0	0	0	0
Total	16	0	0	28	44

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	4.00
Certified Aides	17.00
Other Health Staff	0.00
Non-Health Staff	25.00
Totals	54.00

PARKVIEW HOME

310 WEST ENZ
CISSNA PARK, IL. 60924

Reference Numbers Facility ID 6012082
Health Service Area 004 Planning Service Area 075

Administrator

James Wachtel

Contact Person and Telephone

James Wachtel
815-457-2214

Registered Agent Information

KRCHAK, DAVID E
30 MAIN STREET, P O BOX 560
CHAMPAIGN, IL 61824

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/27/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5640	96.6%	0	5640	96.6%	96.6%	96.6%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5640	96.6%	0	5640	96.6%	96.6%	96.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	5	0	0	3	5	8
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	8	8	0	0	8	8	16

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.

PARKVIEW HOME

310 WEST ENZ

CISSNA PARK, IL. 60924

Reference Numbers Facility ID 6012082

Health Service Area 004 Planning Service Area 075

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	250	150
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	8.25
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	10.75

Parkview Terrace

430 30th Avenue
East Moline, IL. 61244

Reference Numbers Facility ID 6002646
Health Service Area 010 Planning Service Area 161

Administrator

kimberly welton

Contact Person and Telephone

melvin sleger
847-679-0100

Registered Agent Information

GILMAN,PAUL A.
1 IBM PLAZA, SUITE 3000
CHICAGO, IL 60611

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System	6
Alzheimer Disease	19
Mental Illness	16
Developmental Disability	3
Circulatory System	17
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	4
Non-Medical Conditions	1
TOTALS	87

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	120	120	99	120	87	33	72	120	91	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		0		
TOTAL BEDS	120	120	99	120	87	33	72	120		87

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3480	13.2%	25615	58.5%	4515	33610	76.7%		76.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	3480	13.2%	25615	58.5%	4515	33610	76.7%		76.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	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	2	1	0	0	0	0	0	0	2	1	3
65 to 74	7	13	0	0	0	0	0	0	7	13	20
75 to 84	13	17	0	0	0	0	0	0	13	17	30
85+	2	21	0	0	0	0	0	0	2	21	23
TOTALS	30	57	0	0	0	0	0	0	30	57	87

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.

Parkview Terrace

430 30th Avenue
East Moline, IL. 61244

Reference Numbers Facility ID 6002646

Health Service Area 010 Planning Service Area 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	11	68	0	0	8	0	87
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	68	0	0	8	0	87

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pac. Isl.	0	0	0	0	0
White	78	0	0	0	78
Race Unknown	0	0	0	0	0
Total	87	0	0	0	87

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	84	0	0	0	84
Ethnicity Unknown	0	0	0	0	0
Total	87	0	0	0	87

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	26.00
Other Health Staff	1.00
Non-Health Staff	22.00
Totals	66.00

PARKWAY MANOR

3116 WILLIAMSON COUNTY PARKWAY
MARION, IL. 62959

Reference Numbers Facility ID 6014385
Health Service Area 005 Planning Service Area 199

Administrator

TENIA CALHOON

Contact Person and Telephone

Tenia Calhoon
618-993-8600

Registered Agent Information

WILSON, RONALD
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System	4
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	17
Respiratory System	9
Digestive System	2
Genitourinary System Disorders	15
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	21
Other Medical Conditions	29
Non-Medical Conditions	0
TOTALS	112

Date Completed
4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	119	119	117	119	7	83	83	98	264
Skilled Under 22	0	0	0	0	0	0	0		250
Intermediate DD	0	0	0	0	0	0	0		112
Sheltered Care	0	0	0	0	0	0	0		
TOTAL BEDS	119	119	117	119	7	83	83		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	9455	31.2%	9731	32.1%	19637	38823	89.4%	89.4%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	9455	31.2%	9731	32.1%	19637	38823	89.4%	89.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	5	0	0	0	0	0	0	4	5	9
75 to 84	10	25	0	0	0	0	0	0	10	25	35
85+	12	55	0	0	0	0	0	0	12	55	67
TOTALS	27	85	0	0	0	0	0	0	27	85	112

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.

PARKWAY MANOR

3116 WILLIAMSON COUNTY PARKWAY
 MARION, IL. 62959

Reference Numbers Facility ID 6014385

Health Service Area 005 Planning Service Area 199

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	30	26	0	0	56	0	112
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	30	26	0	0	56	0	112

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	164	126
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.75
LPN's	6.25
Certified Aides	54.00
Other Health Staff	26.15
Non-Health Staff	14.75
Totals	104.90

FACILITY NOTES

E-144-05 3/2/2006 Change of ownership occurred.

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

Veronika Wilson
217-728-4357

Registered Agent Information

GRADER,RICHARD L;MR
110 SOUTHBROOKE COURT
DECATUR, IL 62521

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	14
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	3
Intermediate DD	16	16	16	16	15	1	16	Total Discharges 2006	2
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	15
TOTAL BEDS	16	16	16	16	15	1	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5583	95.6%	78	5661	96.9%	96.9%	96.9%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5583	95.6%	78	5661	96.9%	96.9%	96.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	8	3	0	0	8	3	11
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	8	7	0	0	8	7	15

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.

Patterson House

307 East Jefferson
Sullivan, IL. 61951

Reference Numbers Facility ID 6013114

Health Service Area 004 Planning Service Area 139

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	149	124
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	12.50
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	13.00

PAVILION OF WAUKEGAN II

2217 WASHINGTON STREET
WAUKEGAN, IL. 60085

Reference Numbers Facility ID 6009799
Health Service Area 008 Planning Service Area 097

Administrator
AARON SHPAYHER

Contact Person and Telephone

BRENDA SANDOVAL
847-244-4100

Registered Agent Information

THE CORPORATE REGIST.AGENT CO.
111 W. WASHINGTON ST,STE 1900
CHICAGO , IL 60602

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	5
*Nervous System	5
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	2
Circulatory System	26
Respiratory System	11
Digestive System	2
Genitourinary System Disorders	9
Skin Disorders	3
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	83

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	109	109	97	109	83	26	51	109	97	395
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0				83
TOTAL BEDS	109	109	97	109	83	26	51	109		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	6487	34.8%	21790	54.8%	3060	31337	78.8%		78.8%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	6487	34.8%	21790	54.8%	3060	31337	78.8%		78.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	3	3	0	0	0	0	0	0	3	3	6
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	11	11	0	0	0	0	0	0	11	11	22
75 to 84	12	19	0	0	0	0	0	0	12	19	31
85+	4	17	0	0	0	0	0	0	4	17	21
TOTALS	32	51	0	0	0	0	0	0	32	51	83

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.

PAVILION OF WAUKEGAN II

2217 WASHINGTON STREET

WAUKEGAN, IL. 60085

Reference Numbers Facility ID 6009799

Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	17	58	1	0	7	0	83
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	58	1	0	7	0	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	1	0	0	0	1
Black	28	0	0	0	28
Hawaiian/Pac. Isl.	0	0	0	0	0
White	52	0	0	0	52
Race Unknown	0	0	0	0	0
Total	83	0	0	0	83

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	74	0	0	0	74
Ethnicity Unknown	0	0	0	0	0
Total	83	0	0	0	83

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	23.00
Other Health Staff	4.00
Non-Health Staff	6.00
Totals	51.00

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

Gary Griffith
618-833-5344

Registered Agent Information

KELLER, JOHN TIMOTHY
108 WEST JACKSON STREET
MARION, IL 62959

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/30/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	2
Intermediate DD	16	16	16	16	15	1	16	Total Discharges 2006	3
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	15
TOTAL BEDS	16	16	16	16	15	1	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5840	100.0%	0	5840	100.0%	100.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	4	0	0	2	4	6
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	2	2	0	0	2	2	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	7	8	0	0	7	8	15

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.

PEACHTREE ESTATES

1370 STATE ROUTE 127 SOUTH
 JONESBORO, IL. 62952

Reference Numbers Facility ID 6014286

Health Service Area 005 Planning Service Area 181

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	128
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	3.00
Certified Aides	8.50
Other Health Staff	3.50
Non-Health Staff	1.60
Totals	18.60

PEKIN MANOR

1520 EL CAMINO DRIVE
PEKIN, IL. 61554

Reference Numbers Facility ID 6011712
Health Service Area 002 Planning Service Area 179

Administrator
Benny J. Perkins

Contact Person and Telephone
Benny J. Perkins
309-353-1099

Registered Agent Information

WILSON, RONALD J
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System	4
Alzheimer Disease	20
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	9
Digestive System	2
Genitourinary System Disorders	7
Skin Disorders	1
Musculo-skeletal Disorders	12
Injuries and Poisonings	9
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	95

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	120	120	106	120	95	25	120	120	95
Skilled Under 22	0	0	0	0	0	0	0	0	129
Intermediate DD	0	0	0	0	0	0	0	0	129
Sheltered Care	0	0	0	0	0	0	0	0	95
TOTAL BEDS	120	120	106	120	95	25	120	120	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	4555	10.4%	13886	31.7%	17214	35655	81.4%	81.4%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	4555	10.4%	13886	31.7%	17214	35655	81.4%	81.4%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	4	0	0	0	0	0	0	3	4	7
75 to 84	10	26	0	0	0	0	0	0	10	26	36
85+	11	40	0	0	0	0	0	0	11	40	51
TOTALS	25	70	0	0	0	0	0	0	25	70	95

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.

PEKIN MANOR

1520 EL CAMINO DRIVE
 PEKIN, IL. 61554

Reference Numbers Facility ID 6011712

Health Service Area 002 Planning Service Area 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	17	40	0	0	38	0	95
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	40	0	0	38	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	95	0	0	0	95
Total	95	0	0	0	95

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	12.00
Certified Aides	44.00
Other Health Staff	9.00
Non-Health Staff	41.00
Totals	110.00

FACILITY NOTES

- E-003-06 4/26/2006 Change of ownership occurred.
- E-003-06 2/11/2006 Change of ownership exemption approved.

PEKIN MEMORIAL HOSPITAL

600 SOUTH 13TH STREET
PEKIN, IL. 61554

Reference Numbers Facility ID 6013742
Health Service Area 002 Planning Service Area 179

Administrator
Tracy Prewett RN

Contact Person and Telephone

Tracy Prewett RN
309-353-0526

Registered Agent Information

Date Completed
4/11/2006

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	14

FACILITY OWNERSHIP
OTHER NON-PROFIT

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	27	27	21	27	14	13	20	0	12
Skilled Under 22	0	0	0	0	0	0	0	0	519
Intermediate DD	0	0	0	0	0	0	0	0	517
Sheltered Care	0	0	0	0	0	0	0	0	14
TOTAL BEDS	27	27	21	27	14	13	20	0	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	4204	57.6%	0	0.0%	548	4752	48.2%	48.2%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	4204	57.6%	0	0.0%	548	4752	48.2%	48.2%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	9	0	0	0	0	0	0	1	9	10
85+	1	1	0	0	0	0	0	0	1	1	2
TOTALS	3	11	0	0	0	0	0	0	3	11	14

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.

PEKIN MEMORIAL HOSPITAL

600 SOUTH 13TH STREET

PEKIN, IL. 61554

Reference Numbers Facility ID 6013742

Health Service Area 002 Planning Service Area 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	0	0	1	0	0	14
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	0	0	1	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	578	578
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	8.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	22.00

PERSHING CONVALESCENT CENTER

3900 SOUTH OAK PARK AVENUE
BERWYN, IL. 60402

Reference Numbers Facility ID 6007355
Health Service Area 007 Planning Service Area 705

Administrator
Prakash Navni

Contact Person and Telephone

Elena Barlow
708-484-7543

Registered Agent Information

NAVNI,PRAKASH C.
31 PINE NEEDLES DRIVE
LEMONT , IL 60439

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System	7
Alzheimer Disease	2
Mental Illness	7
Developmental Disability	1
Circulatory System	5
Respiratory System	3
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	42

Date Completed
4/25/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	51	51	44	51	42	9	0	51	36
Skilled Under 22	0	0	0	0	0	0	0	0	44
Intermediate DD	0	0	0	0	0	0	0	0	38
Sheltered Care	0	0	0	0	0	0	0	0	42
TOTAL BEDS	51	51	44	51	42	9	0	51	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1220	0.0%	6884	37.0%	5454	13558	72.8%		72.8%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1220	0.0%	6884	37.0%	5454	13558	72.8%		72.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	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	5	2	0	0	0	0	0	0	5	2	7
75 to 84	5	10	0	0	0	0	0	0	5	10	15
85+	3	10	0	0	0	0	0	0	3	10	13
TOTALS	16	26	0	0	0	0	0	0	16	26	42

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.

PERSHING CONVALESCENT CENTER

3900 SOUTH OAK PARK AVENUE
 BERWYN, IL. 60402

Reference Numbers Facility ID 6007355

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	25	0	0	12	0	42
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	25	0	0	12	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	110	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	40	0	0	0	40
Race Unknown	0	0	0	0	0
Total	42	0	0	0	42

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	40	0	0	0	40
Ethnicity Unknown	0	0	0	0	0
Total	42	0	0	0	42

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	14.00
Other Health Staff	3.00
Non-Health Staff	6.00
Totals	31.00

Pershing Estates

1016 West Pershing Road
 DECATUR, IL. 62526

Reference Numbers Facility ID 6007363
 Health Service Area 004 Planning Service Area 115

Administrator

Sheila Herndon

Contact Person and Telephone

Sheila Herndon
 217-875-0833

Registered Agent Information

STRIGLOS,NICK G.;MR.
 122 EAST WILLIAM
 DECATUR, IL 62523

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	107
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	107

Date Completed
 4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK	PEAK	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2006	
Nursing Care	137	137	115	137	107	30	0	127	106
Skilled Under 22	0	0	0	0	0	0	0	0	77
Intermediate DD	0	0	0	0	0	0	0	0	76
Sheltered Care	0	0	0	0	0	0	0	0	107
TOTAL BEDS	137	137	115	137	107	30	0	127	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	37525	81.0%	1445	38970	77.9%		77.9%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	37525	81.0%	1445	38970	77.9%		77.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	21	7	0	0	0	0	0	0	21	7	28
45 to 59	37	24	0	0	0	0	0	0	37	24	61
60 to 64	5	1	0	0	0	0	0	0	5	1	6
65 to 74	3	4	0	0	0	0	0	0	3	4	7
75 to 84	3	1	0	0	0	0	0	0	3	1	4
85+	1	0	0	0	0	0	0	0	1	0	1
TOTALS	70	37	0	0	0	0	0	0	70	37	107

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.

Pershing Estates

1016 West Pershing Road
 DECATUR, IL. 62526

Reference Numbers Facility ID 6007363

Health Service Area 004 Planning Service Area 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	102	3	1	1	0	107
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	102	3	1	1	0	107

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	81	81
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	14	0	0	0	14
Hawaiian/Pac. Isl.	0	0	0	0	0
White	93	0	0	0	93
Race Unknown	0	0	0	0	0
Total	107	0	0	0	107

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	27.00
Other Health Staff	0.00
Non-Health Staff	34.00
Totals	74.00

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

Carol Nally
 309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
 115 EAST SOUTH STREET
 GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
 3/2/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	0	4
Skilled Under 22	0	0	0	0	0	0	0	0	0	0
Intermediate DD	4	4	4	4	4	0	4	4	0	0
Sheltered Care	0	0	0	0	0	0	0	0	0	4
TOTAL BEDS	4	4	4	4	4	0	0	4		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			1460	100.0%	0	1460	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	1460	100.0%	0	1460	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	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	2	2	0	0	2	2	4

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.

PERSHING TERRACE

460 PERSHING
WOOD RIVER, IL. 62095

Reference Numbers Facility ID 6013924

Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	206	206
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	5.25
Other Health Staff	0.10
Non-Health Staff	0.50
Totals	6.10

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
 Menachem M. Shabat

Contact Person and Telephone

Alice Oshinski, B.S.W.
 773-478-2000

Registered Agent Information

SCHULTZ,MARTIN E;REG.AGENT
 7514 NORTH SKOKIE BOULEVARD
 SKOKIE , IL 60077

FACILITY OWNERSHIP
 LIMITED PARTNERSHIP

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-Medicare	1
Ventilator Dependent	0
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	36
Blood Disorders	8
*Nervous System	10
Alzheimer Disease	19
Mental Illness	7
Developmental Disability	0
Circulatory System	24
Respiratory System	26
Digestive System	9
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	24
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	177

Date Completed
 3/21/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	188	188	177	179	11	92	188	Residents on 1/1/2006	174
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	371
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	368
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	177
TOTAL BEDS	188	188	177	179	11	92	188		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	3850	11.5%	56594	82.5%	2866	63310	92.3%	92.3%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	3850	11.5%	56594	82.5%	2866	63310	92.3%	92.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	13	8	0	0	0	0	0	0	13	8	21
60 to 64	16	2	0	0	0	0	0	0	16	2	18
65 to 74	13	22	0	0	0	0	0	0	13	22	35
75 to 84	26	27	0	0	0	0	0	0	26	27	53
85+	13	37	0	0	0	0	0	0	13	37	50
TOTALS	81	96	0	0	0	0	0	0	81	96	177

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.

PETERSON PARK HEALTH CARE CENTER6141 NORTH PULASKI ROAD
CHICAGO, IL. 60646

Reference Numbers Facility ID 6007371

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	10	158	0	0	9	0	177
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	158	0	0	9	0	177

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	46	0	0	0	46
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	126	0	0	0	126
Race Unknown	0	0	0	0	0
Total	177	0	0	0	177

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	168	0	0	0	168
Ethnicity Unknown	0	0	0	0	0
Total	177	0	0	0	177

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	25.00
LPN's	3.00
Certified Aides	53.00
Other Health Staff	8.00
Non-Health Staff	56.00
Totals	147.00

Phoenix Court

17312 Clyde Avenue
SOUTH HOLLAND, IL. 60473

Reference Numbers Facility ID 6012660
Health Service Area 007 Planning Service Area 705

Administrator

Timothy Knapp

Contact Person and Telephone

Anthony Pisterzi
708-841-1071 ext 223

Registered Agent Information

FRAZER,QUINN;;ESQ
321 NORTH CLARK ST, SUITE 3400
CHICAGO , IL 60610

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/23/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	Total Admissions 2006
Nursing Care	0	0	0	0	0	0	0	0	Total Discharges 2006	0
Skilled Under 22	0	0	0	0	0	0	0	0	Residents on 12/31/2006	16
Intermediate DD	16	16	16	16	16	0	0	16		
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5706	97.7%	0	5706	97.7%	97.7%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	5706	97.7%	0	5706	97.7%	97.7%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	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

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.

Phoenix Court

17312 Clyde Avenue
SOUTH HOLLAND, IL. 60473

Reference Numbers Facility ID 6012660

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	15.00
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	19.00

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

Registered Agent Information

CT CORPORATION SYSTEM
208 SOUTH LASALLE STREET
CHICAGO, IL 60604

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
2/28/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	Total Admissions 2006
Nursing Care	0	0	0	0	0	0	0	0	14	3
Skilled Under 22	0	0	0	0	0	0	0	0		
Intermediate DD	16	16	15	15	15	1		16		2
Sheltered Care	0	0	0	0	0	0				15
TOTAL BEDS	16	16	15	15	15	1	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			4695	80.4%	0	4695	80.4%	80.4%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	4695	80.4%	0	4695	80.4%	80.4%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	6	3	0	0	6	3	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	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

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.

Piasa Manor

110 North Alby Court
 GODFREY, IL. 62035

Reference Numbers Facility ID 6000079

Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	106
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	9.00
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	11.00
Totals	21.00

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

Toni Bowdre
217/762-6401

Registered Agent Information

OLSON,K. MAX;BOARD CHAIR.
BOX 150, PIATT CO. COURTHOUSE
MONTICELLO , IL 61856

FACILITY OWNERSHIP
COUNTY

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System	10
Alzheimer Disease	18
Mental Illness	13
Developmental Disability	1
Circulatory System	30
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	3
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	96

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	100	100	100	100	96	4	100	100	99	
Skilled Under 22	0	0	0	0	0	0		0	58	
Intermediate DD	0	0	0	0	0	0		0	61	
Sheltered Care	0	0	0	0	0	0		0	96	
TOTAL BEDS	100	100	100	100	96	4	100	100		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1456	4.0%	18540	50.8%	14516	34512	94.6%		94.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1456	4.0%	18540	50.8%	14516	34512	94.6%		94.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	26	0	0	0	0	0	0	11	26	37
85+	6	48	0	0	0	0	0	0	6	48	54
TOTALS	18	78	0	0	0	0	0	0	18	78	96

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.

PIATT COUNTY NURSING HOME1111 N. STATE STREET
MONTICELLO, IL. 61856

Reference Numbers Facility ID 6007389

Health Service Area 004 Planning Service Area 147

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	48	0	0	43	0	96
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	48	0	0	43	0	96

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	161	137
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	96	0	0	0	96
Race Unknown	0	0	0	0	0
Total	96	0	0	0	96

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	30.00
Other Health Staff	0.00
Non-Health Staff	46.00
Totals	92.00

PILOT HOUSE

1111 WASHINGTON AVENUE
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

RENDELMAN,JOHN S.
2001 WEST MAIN ST,P.O.BOX 1570
CARBONDALE , IL 62903

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	1	1	16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	15
TOTAL BEDS	16	16	16	16	1	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5718	97.9%	0	5718	97.9%	97.9%	97.9%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5718	97.9%	0	5718	97.9%	97.9%	97.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	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	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

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.

PILOT HOUSE

1111 WASHINGTON AVENUE

CAIRO, IL. 62914

Reference Numbers Facility ID 6011548

Health Service Area 005 Planning Service Area 003

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	96	96
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	8	0	8
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	7	0	7
Race Unknown	0	0	0	0	0
Total	0	0	15	0	15

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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

PINCKNEYVILLE COMM HOSP SNF

101 NORTH WALNUT
 PINCKNEYVILLE, IL. 62274
Reference Numbers Facility ID 6007397
 Health Service Area 005 Planning Service Area 145

Administrator
 Thomas Hudgins

Contact Person and Telephone

Kara Jo Carson
 618-357-2187

Registered Agent Information

Date Completed
 4/5/2007

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System	10
Alzheimer Disease	12
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	0
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	42

FACILITY OWNERSHIP
 HOSPITAL DISTRICT

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	50	50	48	50	42	8	7	50	41	80
Skilled Under 22	0	0	0	0	0	0		0		79
Intermediate DD	0	0	0	0	0	0		0		42
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	50	50	48	50	42	8	7	50		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1021	40.0%	5538	30.3%	9360	15919	87.2%		87.2%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1021	40.0%	5538	30.3%	9360	15919	87.2%		87.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	2	5	0	0	0	0	0	0	2	5	7
85+	3	28	0	0	0	0	0	0	3	28	31
TOTALS	8	34	0	0	0	0	0	0	8	34	42

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.

PINCKNEYVILLE COMM HOSP SNF

101 NORTH WALNUT
 PINCKNEYVILLE, IL. 62274

Reference Numbers Facility ID 6007397

Health Service Area 005 Planning Service Area 145

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	2	14	0	1	25	0	42
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	14	0	1	25	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	111	101
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.30
LPN's	7.01
Certified Aides	24.09
Other Health Staff	4.29
Non-Health Staff	7.95
Totals	49.64

Pinckneyville Health Care Center

708 Virginia Court
Pinckneyville, IL 62274

Reference Numbers Facility ID 6005441
Health Service Area 005 Planning Service Area 145

Administrator

Gary D. Albert

Contact Person and Telephone

Gary Albert
618/357-2493

Registered Agent Information

RUSSELL,ROBERT C
5260 SOUTH SIXTH STREET
SPRINGFIELD , IL 62703

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	7
Alzheimer Disease	10
Mental Illness	1
Developmental Disability	0
Circulatory System	3
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	30

Date Completed
3/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	60	54	39	54	30	30	0	60	38	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0	0	0	22	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0	0	0	30	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	60	54	39	54	30	30	0	60		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	7387	33.7%	4565	11952	54.6%	60.6%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	7387	33.7%	4565	11952	54.6%	60.6%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	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+	2	9	0	0	0	0	0	0	2	9	11
TOTALS	6	24	0	0	0	0	0	0	6	24	30

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.

Pinckneyville Health Care Center

708 Virginia Court
Pinckneyville, IL. 62274

Reference Numbers Facility ID 6005441

Health Service Area 005 Planning Service Area 145

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	20	0	0	10	0	30
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	20	0	0	10	0	30

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	102	95
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	29	0	0	0	29
Race Unknown	0	0	0	0	0
Total	30	0	0	0	30

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.50
LPN's	5.00
Certified Aides	10.00
Other Health Staff	1.00
Non-Health Staff	12.00
Totals	31.50

PINE ACRES CARE REHAB & LIVING CTR.

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

STERN, ABRAHAM J
 10 SOUTH WACKER DRIVE, 40TH FL
 CHICAGO, IL 60601

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System	2
Alzheimer Disease	52
Mental Illness	0
Developmental Disability	1
Circulatory System	16
Respiratory System	2
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	96

Date Completed
 4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	119	115	105	115	96	23	15	119	98
Skilled Under 22	0	0	0	0	0	0	0	0	113
Intermediate DD	0	0	0	0	0	0	0	0	115
Sheltered Care	0	0	0	0	0	0	0	0	96
TOTAL BEDS	119	115	105	115	96	23	15	119	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	3475	63.5%	16866	38.8%	15506	35847	82.5%	85.4%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	3475	63.5%	16866	38.8%	15506	35847	82.5%	85.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	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	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	9	23	0	0	0	0	0	0	9	23	32
85+	6	45	0	0	0	0	0	0	6	45	51
TOTALS	21	75	0	0	0	0	0	0	21	75	96

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.

PINE ACRES CARE REHAB & LIVING CTR.

1212 SOUTH SECOND STREET

DEKALB, IL. 60115

Reference Numbers Facility ID 6007413

Health Service Area 001 Planning Service Area 037

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	54	0	0	34	0	96
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	54	0	0	34	0	96

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	168	141
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	96	0	0	0	96
Race Unknown	0	0	0	0	0
Total	96	0	0	0	96

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	95	0	0	0	95
Ethnicity Unknown	0	0	0	0	0
Total	96	0	0	0	96

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.20
LPN's	8.60
Certified Aides	31.80
Other Health Staff	0.00
Non-Health Staff	37.60
Totals	85.20

FACILITY NOTES

Name Change 2/1/2006 Name changed from Pine Acres Care Center.
 E-100-05 2/1/2006 Change of ownership occurred.

PINE TERRACE

2017 PINE STREET
WAUKEGAN, IL. 60085

Reference Numbers Facility ID 6014740
Health Service Area 008 Planning Service Area 097

Administrator

Marianne Hickey-Scaccia

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/6/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5840	100.0%	0	5840	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	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	8	8	0	0	8	8	16

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.

PINE TERRACE

2017 PINE STREET
 WAUKEGAN, IL. 60085

Reference Numbers Facility ID 6014740

Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	131	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	5.96
Other Health Staff	0.31
Non-Health Staff	1.31
Totals	7.83

PINECREST MANOR

414 SOUTH WESLEY AVENUE
MOUNT MORRIS, IL. 61054

Reference Numbers Facility ID 6007447
Health Service Area 001 Planning Service Area 141

Administrator

Carol A Davis

Contact Person and Telephone

Mary Jo Griffin
815-734-4103

Registered Agent Information

DAVIS,CAROL A
414 SOUTH WESLEY AVENUE
MOUNT MORRIS , IL 61054

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	3
*Nervous System	8
Alzheimer Disease	34
Mental Illness	5
Developmental Disability	2
Circulatory System	37
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	1
Other Medical Conditions	23
Non-Medical Conditions	0
TOTALS	129

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	143	143	139	143	14	49	144	Residents on 1/1/2006	136
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	173
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	180
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	129
TOTAL BEDS	143	143	139	143	14	49	144		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	4233	23.7%	26424	50.3%	18345	49002	93.9%	93.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	4233	23.7%	26424	50.3%	18345	49002	93.9%	93.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	5	0	0	0	0	0	0	2	5	7
75 to 84	13	26	0	0	0	0	0	0	13	26	39
85+	19	60	0	0	0	0	0	0	19	60	79
TOTALS	36	93	0	0	0	0	0	0	36	93	129

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.

PINECREST MANOR

414 SOUTH WESLEY AVENUE
MOUNT MORRIS, IL. 61054

Reference Numbers Facility ID 6007447

Health Service Area 001 Planning Service Area 141

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	9	66	0	0	54	0	129
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	66	0	0	54	0	129

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	188	188
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	129	0	0	0	129
Race Unknown	0	0	0	0	0
Total	129	0	0	0	129

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.20
LPN's	16.00
Certified Aides	64.50
Other Health Staff	1.00
Non-Health Staff	71.10
Totals	163.80

PINNACLE HEALTHCARE OF BERWYN

3601 SOUTH HARLEM AVENUE
 BERWYN, IL. 60402
Reference Numbers Facility ID 6003008
 Health Service Area 007 Planning Service Area 704

Administrator

Sue Bohne

Contact Person and Telephone

Sue Bohne
 708-749-4160

Registered Agent Information

GANS,BARRY
 1020 MILWAUKEE AVENUE
 DEERFIELD, IL 60015

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	6
Blood Disorders	2
*Nervous System	3
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	37
Digestive System	6
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	96

Date Completed
 4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	145	145	124	145	96	49	133	145	103
Skilled Under 22	0	0	0	0	0	0	0	0	181
Intermediate DD	0	0	0	0	0	0	0	0	188
Sheltered Care	0	0	0	0	0	0	0	0	96
TOTAL BEDS	145	145	124	145	96	49	133	145	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	6063	12.5%	24030	45.4%	6449	36542	69.0%	69.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	6063	12.5%	24030	45.4%	6449	36542	69.0%	69.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	3	0	0	0	0	0	0	4	3	7
45 to 59	4	8	0	0	0	0	0	0	4	8	12
60 to 64	3	4	0	0	0	0	0	0	3	4	7
65 to 74	5	21	0	0	0	0	0	0	5	21	26
75 to 84	11	13	0	0	0	0	0	0	11	13	24
85+	2	18	0	0	0	0	0	0	2	18	20
TOTALS	29	67	0	0	0	0	0	0	29	67	96

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.

PINNACLE HEALTHCARE OF BERWYN3601 SOUTH HARLEM AVENUE
BERWYN, IL. 60402

Reference Numbers Facility ID 6003008

Health Service Area 007 Planning Service Area 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	11	74	0	1	10	0	96
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	74	0	1	10	0	96

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	1	0	0	0	1
Black	27	0	0	0	27
Hawaiian/Pac. Isl.	0	0	0	0	0
White	65	0	0	0	65
Race Unknown	3	0	0	0	3
Total	96	0	0	0	96

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	85	0	0	0	85
Ethnicity Unknown	3	0	0	0	3
Total	96	0	0	0	96

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	37.00
Other Health Staff	19.00
Non-Health Staff	22.00
Totals	97.00

PITTSFIELD MANOR

610 LOWRY STREET
PITTSFIELD, IL. 62363

Reference Numbers Facility ID 6012470
Health Service Area 003 Planning Service Area 013

Administrator
Vickie Summers

Contact Person and Telephone

Vickie Summers
217-285-5200

Registered Agent Information

WILSON, RONALD J.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	8
*Nervous System	6
Alzheimer Disease	19
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	18
Digestive System	12
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	78

Date Completed
4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	81	81	80	81	78	3	81	81	73	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				96
TOTAL BEDS	81	81	80	81	78	3	81	81		78

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3835	13.0%	13278	44.9%	10926	28039	94.8%		94.8%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	3835	13.0%	13278	44.9%	10926	28039	94.8%		94.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	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	8	15	0	0	0	0	0	0	8	15	23
85+	6	39	0	0	0	0	0	0	6	39	45
TOTALS	20	58	0	0	0	0	0	0	20	58	78

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.

PITTSFIELD MANOR

610 LOWRY STREET
PITTSFIELD, IL. 62363

Reference Numbers Facility ID 6012470

Health Service Area 003 Planning Service Area 013

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	7	36	0	0	35	0	78
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	36	0	0	35	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	78	0	0	0	78
Race Unknown	0	0	0	0	0
Total	78	0	0	0	78

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	78	0	0	0	78
Ethnicity Unknown	0	0	0	0	0
Total	78	0	0	0	78

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	44.00
Other Health Staff	5.00
Non-Health Staff	14.00
Totals	78.00

FACILITY NOTES

- E-004-06 4/26/2006 Change of ownership occurred.
- E-004-06 2/11/2006 Change of ownership exemption approved.

PLAZA TERRACE

3249 WEST 147 STREET
MIDLOTHIAN, IL. 60445

Reference Numbers Facility ID 6001077
Health Service Area 007 Planning Service Area 705

Administrator

Helen Lacek

Contact Person and Telephone

Latonya Davis, RN
708-389-3141

Registered Agent Information

STERN, ABRAHAM J.
10 SOUTH WACKER DRIVE, 40 FL
CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	15
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	10
Mental Illness	20
Developmental Disability	1
Circulatory System	1
Respiratory System	5
Digestive System	10
Genitourinary System Disorders	9
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	81

Date Completed
4/17/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	91	91	81	91	81	10	48	92	79	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				80
TOTAL BEDS	91	91	81	91	81	10	48	92		81

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1969	11.2%	24650	73.4%	1070	27689	83.4%		83.4%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1969	11.2%	24650	73.4%	1070	27689	83.4%		83.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	4	0	0	0	0	0	0	3	4	7
45 to 59	7	5	0	0	0	0	0	0	7	5	12
60 to 64	10	9	0	0	0	0	0	0	10	9	19
65 to 74	10	8	0	0	0	0	0	0	10	8	18
75 to 84	9	7	0	0	0	0	0	0	9	7	16
85+	5	4	0	0	0	0	0	0	5	4	9
TOTALS	44	37	0	0	0	0	0	0	44	37	81

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.

PLAZA TERRACE

3249 WEST 147 STREET
MIDLOTHIAN, IL. 60445

Reference Numbers Facility ID 6001077

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	10	68	0	0	3	0	81
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	68	0	0	3	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	120	105
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	49	0	0	0	49
Hawaiian/Pac. Isl.	0	0	0	0	0
White	32	0	0	0	32
Race Unknown	0	0	0	0	0
Total	81	0	0	0	81

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	79	0	0	0	79
Ethnicity Unknown	0	0	0	0	0
Total	81	0	0	0	81

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	3.00
LPN's	11.00
Certified Aides	38.00
Other Health Staff	7.00
Non-Health Staff	16.00
Totals	76.00

FACILITY NOTES

Bed Change 3/14/2006 Discontinued one nursing care bed, total now 91 nursing care beds.

PLEASANT HILL VILLAGE

1010 WEST NORTH STREET
GIRARD, IL. 62640

Reference Numbers Facility ID 6007470
Health Service Area 003 Planning Service Area 117

Administrator

Paulette Miller

Contact Person and Telephone

Marlena Barnes
217-627-2181

Registered Agent Information

BUCH-MILLER, PAULETTE; MS
1010 WEST NORTH STREET
GIRARD, IL 62640

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	39
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	1
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	81

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	98	98	88	98	81	17	0	98	84	39
Skilled Under 22	0	0	0	0	0	0		0		42
Intermediate DD	0	0	0	0	0	0		0		81
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	98	98	88	98	81	17	0	98		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	17636	49.3%	12445	30081	84.1%		84.1%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	17636	49.3%	12445	30081	84.1%		84.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	2	0	0	0	0	0	0	0	2	2
65 to 74	2	7	0	0	0	0	0	0	2	7	9
75 to 84	6	28	0	0	0	0	0	0	6	28	34
85+	8	25	0	0	0	0	0	0	8	25	33
TOTALS	18	63	0	0	0	0	0	0	18	63	81

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.

PLEASANT HILL VILLAGE

1010 WEST NORTH STREET

GIRARD, IL. 62640

Reference Numbers Facility ID 6007470

Health Service Area 003 Planning Service Area 117

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	50	0	0	31	0	81
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	50	0	0	31	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	109
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.64
LPN's	7.21
Certified Aides	25.26
Other Health Staff	0.00
Non-Health Staff	25.71
Totals	61.82

PLEASANT MEADOWS CHR VILLAGE

400 W WASHINGTON
 CHRISMAN, IL. 61924
Reference Numbers Facility ID 6007488
 Health Service Area 004 Planning Service Area 045

Administrator
 Robert Vincent

Contact Person and Telephone

Robert Vincent
 217-269-2396

Registered Agent Information

PHILLIPPE,TIMOTHY F
 200 N POSTVILLE DR
 LINCOLN , IL 62656

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	35
Blood Disorders	3
*Nervous System	8
Alzheimer Disease	33
Mental Illness	6
Developmental Disability	0
Circulatory System	3
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	102

Date Completed
 4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	109	109	109	102	102	7	109	109	99	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				121
TOTAL BEDS	109	109	109	102	102	7	109	109		102

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	5820	14.6%	18677	46.9%	12529	37026	93.1%		93.1%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	5820	14.6%	18677	46.9%	12529	37026	93.1%		93.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	5	0	0	0	0	0	0	1	5	6
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	4	25	0	0	0	0	0	0	4	25	29
85+	9	49	0	0	0	0	0	0	9	49	58
TOTALS	17	85	0	0	0	0	0	0	17	85	102

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.

PLEASANT MEADOWS CHR VILLAGE400 W WASHINGTON
CHRISMAN, IL. 61924

Reference Numbers Facility ID 6007488

Health Service Area 004 Planning Service Area 045

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	16	38	12	2	34	0	102
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	38	12	2	34	0	102

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	164	151
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	102	0	0	0	102
Ethnicity Unknown	0	0	0	0	0
Total	102	0	0	0	102

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	12.00
Certified Aides	42.00
Other Health Staff	4.00
Non-Health Staff	25.00
Totals	87.00

PLEASANT VIEW

500 NORTH JACKSON STREET
MORRISON, IL. 61270

Reference Numbers Facility ID 6007504
Health Service Area 001 Planning Service Area 195

Administrator

Deane Patten

Contact Person and Telephone

Deane Patten
815-772-7288

Registered Agent Information

GAPINSKI,ALAN JOHN
606 DIAMOND COURT
MORRISON , IL 61270

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	9
Alzheimer Disease	19
Mental Illness	0
Developmental Disability	1
Circulatory System	15
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	5
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	58

Date Completed

4/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	74	74	64	74	58	16	0	74	Residents on 1/1/2006	57
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	42
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006	41
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	58
TOTAL BEDS	74	74	64	74	58	16	0	74		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	699	0.0%	14604	54.1%	6363	21666	80.2%		80.2%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	699	0.0%	14604	54.1%	6363	21666	80.2%		80.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	3	4	0	0	0	0	0	0	3	4	7
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	0	4	0	0	0	0	0	0	0	4	4
75 to 84	5	14	0	0	0	0	0	0	5	14	19
85+	6	17	0	0	0	0	0	0	6	17	23
TOTALS	17	41	0	0	0	0	0	0	17	41	58

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.

PLEASANT VIEW

500 NORTH JACKSON STREET
MORRISON, IL. 61270

Reference Numbers Facility ID 6007504

Health Service Area 001 Planning Service Area 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	4	39	0	0	15	0	58
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	39	0	0	15	0	58

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	58	0	0	0	58
Race Unknown	0	0	0	0	0
Total	58	0	0	0	58

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	57	0	0	0	57
Ethnicity Unknown	0	0	0	0	0
Total	58	0	0	0	58

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.65
LPN's	5.93
Certified Aides	20.13
Other Health Staff	0.00
Non-Health Staff	20.50
Totals	51.21

PLEASANT VIEW LUTHER HOME

505 COLLEGE AVENUE
OTTAWA, IL. 61350
Reference Numbers Facility ID 6007512
Health Service Area 002 Planning Service Area 099

Administrator

Karl Norem

Contact Person and Telephone

Shirley Nelson
815-434-1130, Ext. 1019

Registered Agent Information

NOREM, KARL; MR.
505 COLLEGE AVE
OTTAWA, IL. 61350

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System	1
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	10
Digestive System	3
Genitourinary System Disorders	19
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	12
Other Medical Conditions	66
Non-Medical Conditions	0
TOTALS	147

Date Completed
4/17/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	181	181	163	181	34	122	75	Residents on 1/1/2006	163
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	157
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	173
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	147
TOTAL BEDS	181	181	163	181	34	122	75		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	4791	10.8%	21922	80.1%	18921	45634	69.1%		69.1%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	4791	10.8%	21922	80.1%	18921	45634	69.1%		69.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	8	0	0	0	0	0	0	3	8	11
75 to 84	8	34	0	0	0	0	0	0	8	34	42
85+	13	80	0	0	0	0	0	0	13	80	93
TOTALS	25	122	0	0	0	0	0	0	25	122	147

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.

PLEASANT VIEW LUTHER HOME

505 COLLEGE AVENUE
OTTAWA, IL. 61350

Reference Numbers Facility ID 6007512

Health Service Area 002 Planning Service Area 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	12	72	0	0	63	0	147
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	72	0	0	63	0	147

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	160
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	146	0	0	0	146
Race Unknown	0	0	0	0	0
Total	147	0	0	0	147

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	65.00
Other Health Staff	10.00
Non-Health Staff	49.00
Totals	148.00

FACILITY NOTES

Bed Change 9/1/2006 Discontinued 29 nursing care beds, total now 181 nursing care beds.

PLONKA TERRACE

184 MAPLE AVENUE
GALESBURG, IL. 61401

Reference Numbers Facility ID 6012884
Health Service Area 002 Planning Service Area 095

Administrator

Regina Mason

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLED SOE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/8/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5833	99.9%	0	5833	99.9%	99.9%	99.9%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5833	99.9%	0	5833	99.9%	99.9%	99.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	4	0	0	3	4	7
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	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	8	8	0	0	8	8	16

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.

PLONKA TERRACE184 MAPLE AVENUE
GALESBURG, IL. 61401

Reference Numbers Facility ID 6012884

Health Service Area 002 Planning Service Area 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	8.00
Other Health Staff	0.75
Non-Health Staff	2.10
Totals	11.10

Plum Grove of Palatine

24 South Plum Grove Road
PALATINE, IL. 60067

Reference Numbers Facility ID 6007520
Health Service Area 007 Planning Service Area 701

Administrator

Lyric Cade

Contact Person and Telephone

David Stern
847-677-9823

Registered Agent Information

STERN,DAVID
6677 NORTH LINCOLN, SUITE 226
LINCOLNWOOD , IL 60712

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	16
Mental Illness	2
Developmental Disability	0
Circulatory System	4
Respiratory System	3
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	46

Date Completed
4/18/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	69	69	52	69	46	23	5	69	48	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		0		
TOTAL BEDS	69	69	52	69	46	23	5	69		46

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2146	117.6%	7233	28.7%	7894	17273	68.6%		68.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2146	117.6%	7233	28.7%	7894	17273	68.6%		68.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	0	5	0	0	0	0	0	0	0	5	5
75 to 84	3	8	0	0	0	0	0	0	3	8	11
85+	4	24	0	0	0	0	0	0	4	24	28
TOTALS	7	39	0	0	0	0	0	0	7	39	46

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.

Plum Grove of Palatine

24 South Plum Grove Road
 PALATINE, IL. 60067

Reference Numbers Facility ID 6007520

Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	22	0	1	14	1	46
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	22	0	1	14	1	46

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	149	139
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	44	0	0	0	44
Race Unknown	0	0	0	0	0
Total	46	0	0	0	46

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	5.00
Certified Aides	22.00
Other Health Staff	3.00
Non-Health Staff	17.00
Totals	57.00

FACILITY NOTES

E-098-05 8/7/2006 Change of ownership occurred.

PLYMOUTH PLACE

315 NORTH LAGRANGE ROAD
LAGRANGE PARK, IL. 60526

Reference Numbers Facility ID 6007538
Health Service Area 007 Planning Service Area 705

Administrator

Audrey Klopp

Contact Person and Telephone

Audrey Klopp
708-482-6672

Registered Agent Information

KLOPP,AUDREY L;DR
315 NORTH LA GRANGE RD
LA GRANGE PARK , IL 60526

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System	1
Alzheimer Disease	33
Mental Illness	0
Developmental Disability	0
Circulatory System	36
Respiratory System	0
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	21
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	97

Date Completed
4/12/2006

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	86	55	42	55	35	51	0	0	118
Skilled Under 22	0	0	0	0	0	0	0	0	39
Intermediate DD	0	0	0	0	0	0	0	0	60
Sheltered Care	134	100	75	100	62	72	0	0	97
TOTAL BEDS	220	155	117	155	97	123	0	0	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	14623	14623	46.6%		72.8%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					24502	24502	50.1%		67.1%	
TOTALS	0	0.0%	0	0.0%	39125	39125	48.7%		69.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	0	1	1	2
75 to 84	3	7	0	0	0	0	5	8	8	15	23
85+	4	20	0	0	0	0	10	38	14	58	72
TOTALS	7	28	0	0	0	0	16	46	23	74	97

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.

PLYMOUTH PLACE

315 NORTH LAGRANGE ROAD
LAGRANGE PARK, IL. 60526

Reference Numbers Facility ID 6007538

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	35	0	35
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	62	0	62
TOTALS	0	0	0	0	97	0	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	238	201
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	108	72

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	35	0	0	62	97
Race Unknown	0	0	0	0	0
Total	35	0	0	62	97

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	35	0	0	62	97
Ethnicity Unknown	0	0	0	0	0
Total	35	0	0	62	97

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.38
LPN's	9.44
Certified Aides	21.45
Other Health Staff	7.00
Non-Health Staff	1.00
Totals	44.27

POLK HOUSE

6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6012330
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

CONNELLY,ROSEMARY;SR;RSM
2916 WEST 47TH STREET
CHICAGO, IL 60632

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	12
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	12	12	12	12	0		12	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0			Residents on 12/31/2006	12
TOTAL BEDS	12	12	12	12	0	0	12		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			4319	98.6%	0	4319	98.6%	98.6%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	4319	98.6%	0	4319	98.6%	98.6%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	10	0	0	0	10	0	10
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	12	0	0	0	12	0	12

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.

POLK HOUSE

6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6012330

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	195	195
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	11	0	11
Ethnicity Unknown	0	0	1	0	1
Total	0	0	12	0	12

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.15
LPN's	0.00
Certified Aides	10.24
Other Health Staff	1.80
Non-Health Staff	0.15
Totals	12.59

POLO REHAB & HCC

703 EAST BUFFALO
POLO, IL. 61064

Reference Numbers Facility ID 6007546
Health Service Area 001 Planning Service Area 141

Administrator

Pat Thieben

Contact Person and Telephone

Pat Thieben
815-946-2203

Registered Agent Information

MAHER,DANIEL
926 SOUTH 7TH
SPRINGFIELD , IL 62703

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	2
Alzheimer Disease	8
Mental Illness	3
Developmental Disability	0
Circulatory System	15
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	44

Date Completed
4/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	81	77	55	77	44	37	81	81	51
Skilled Under 22	0	0	0	0	0	0	0	0	52
Intermediate DD	0	0	0	0	0	0	0	0	59
Sheltered Care	0	0	0	0	0	0	0	0	44
TOTAL BEDS	81	77	55	77	44	37	81	81	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	2116	7.2%	8081	27.3%	7977	18174	61.5%	64.7%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2116	7.2%	8081	27.3%	7977	18174	61.5%	64.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	0	3	0	0	0	0	0	0	0	3	3
75 to 84	3	13	0	0	0	0	0	0	3	13	16
85+	3	20	0	0	0	0	0	0	3	20	23
TOTALS	7	37	0	0	0	0	0	0	7	37	44

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.

POLO REHAB & HCC

703 EAST BUFFALO

POLO, IL. 61064

Reference Numbers Facility ID 6007546

Health Service Area 001 Planning Service Area 141

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	3	22	0	0	19	0	44
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	22	0	0	19	0	44

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	118
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.50
LPN's	5.00
Certified Aides	15.00
Other Health Staff	0.00
Non-Health Staff	14.50
Totals	40.00

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

Marsha Broadway
618-683-7711

Registered Agent Information

ROBBS,ALAN L.;MR.
216 ROSALIE STREET,P O BOX#488
GOLCONDA , IL 62938

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System	1
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	33

Date Completed
4/2/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	47	47	33	47	33	14	0	70	30
Skilled Under 22	0	0	0	0	0	0	0	0	21
Intermediate DD	0	0	0	0	0	0	0	0	18
Sheltered Care	0	0	0	0	0	0	0	0	33
TOTAL BEDS	47	47	33	47	33	14	0	70	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1461	0.0%	6767	26.5%	3064	11292	65.8%	65.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	1461	0.0%	6767	26.5%	3064	11292	65.8%	65.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	2	13	0	0	0	0	0	0	2	13	15
85+	3	14	0	0	0	0	0	0	3	14	17
TOTALS	5	28	0	0	0	0	0	0	5	28	33

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	4	20	0	0	9	0	33
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	20	0	0	9	0	33

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	87
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	32	0	0	0	32
Race Unknown	0	0	0	0	0
Total	33	0	0	0	33

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	12.00
Other Health Staff	2.00
Non-Health Staff	13.00
Totals	35.00

FACILITY NOTES

Bed Change 4/1/2006 Discontinued 23 nursing care beds, total now 47 nursing care beds.

PRAIRIE CITY HEALTH CARE CTRE

825 E. MAIN
 PRAIRIE CITY, IL. 61470
Reference Numbers Facility ID 6007561
 Health Service Area 002 Planning Service Area 109

Administrator
 Ed Franciskovich

Contact Person and Telephone
 Ed Franciskovich
 309-775-3313

Registered Agent Information
 BARNHART,GARY E
 121 WEST ELM STREET,P O BOX400
 CANTON , IL 61520

FACILITY OWNERSHIP
 FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	3
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	4
Injuries and Poisonings	4
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	30

Date Completed
 4/23/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	47	47	35	47	30	17	9	47	32	36
Skilled Under 22	0	0	0	0	0	0		0		38
Intermediate DD	0	0	0	0	0	0		0		30
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	47	47	35	47	30	17	9	47		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	900	27.4%	7532	43.9%	3107	11539	67.3%		67.3%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	900	27.4%	7532	43.9%	3107	11539	67.3%		67.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	5	0	0	0	0	0	0	1	5	6
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	6	13	0	0	0	0	0	0	6	13	19
TOTALS	9	21	0	0	0	0	0	0	9	21	30

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.

PRAIRIE CITY HEALTH CARE CTRE

825 E. MAIN
 PRAIRIE CITY, IL. 61470

Reference Numbers Facility ID 6007561

Health Service Area 002 Planning Service Area 109

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	21	1	0	8	0	30
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	21	1	0	8	0	30

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	95	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	29	0	0	0	29
Race Unknown	0	0	0	0	0
Total	30	0	0	0	30

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	10.00
Other Health Staff	1.00
Non-Health Staff	14.00
Totals	32.00

FACILITY NOTES

Bed Change 3/30/2006 Added four nursing care beds, total now 47 nursing care beds.

PRAIRIE ESTATES

403 NORTH STATE STREET
 FLORA, IL. 62839

Reference Numbers Facility ID 6007579
 Health Service Area 005 Planning Service Area 025

Administrator

Teresa Harrell

Contact Person and Telephone

Teresa Harrell
 618-662-9440

Registered Agent Information

SIMMONS,ANGELA;MS.
 122 N. PARAGON RD,P.O. BOX 745
 SALEM , IL 62881

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
 2/28/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	15	1	16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	15
TOTAL BEDS	16	16	16	16	15	1	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5806	99.4%	0	5806	99.4%	99.4%	99.4%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5806	99.4%	0	5806	99.4%	99.4%	99.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	2	0	0	2	2	4
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	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	7	8	0	0	7	8	15

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.

PRAIRIE ESTATES

403 NORTH STATE STREET
 FLORA, IL. 62839

Reference Numbers Facility ID 6007579

Health Service Area 005 Planning Service Area 025

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	107
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	4.00
Other Health Staff	4.00
Non-Health Staff	0.00
Totals	8.00

PRAIRIE HOUSE

1770 SAUK TRAIL
 SAUK VILLAGE, IL. 60411
Reference Numbers Facility ID 6011951
 Health Service Area 007 Planning Service Area 705

Administrator

Whitney Oberlink

Contact Person and Telephone

Carol Nally
 309-343-7777, ext. 5081

Registered Agent Information

BLED SOE, TIMOTHY L
 115 EAST SOUTH STREET
 GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
 3/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5750	98.5%	0	5750	98.5%	98.5%	98.5%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5750	98.5%	0	5750	98.5%	98.5%	98.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	3	0	0	3	3	6
45 to 59	0	0	0	0	5	1	0	0	5	1	6
60 to 64	0	0	0	0	0	4	0	0	0	4	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

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.

PRAIRIE HOUSE

1770 SAUK TRAIL
 SAUK VILLAGE, IL. 60411

Reference Numbers Facility ID 6011951

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	148	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.02
LPN's	0.00
Certified Aides	6.78
Other Health Staff	0.59
Non-Health Staff	1.50
Totals	9.14

FACILITY NOTES

- E-177-05 4/1/2006 Change of ownership occurred.
- E-177-05 2/9/2006 Change of ownership exemption granted.

PRAIRIE MANOR NSG & REHAB CTR

345 DIXIE HIGHWAY
 CHICAGO HEIGHTS, IL. 60411
Reference Numbers Facility ID 6011746
 Health Service Area 007 Planning Service Area 705

Administrator

Darcie Melia

Contact Person and Telephone

Darcie Melia
 708-754-7601

Registered Agent Information

ARONIN,DAVID_
 2201 WEST MAIN STREET
 EVANSTON , IL 60202

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System	9
Alzheimer Disease	2
Mental Illness	17
Developmental Disability	0
Circulatory System	45
Respiratory System	11
Digestive System	6
Genitourinary System Disorders	10
Skin Disorders	4
Musculo-skeletal Disorders	8
Injuries and Poisonings	14
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	137

Date Completed
 4/16/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	148	148	145	148	11	148	148	Residents on 1/1/2006	136
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	328
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	327
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	137
TOTAL BEDS	148	148	145	148	11	148	148		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	14567	27.0%	25193	46.6%	7765	47525	88.0%	88.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	14567	27.0%	25193	46.6%	7765	47525	88.0%	88.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	11	0	0	0	0	0	0	8	11	19
75 to 84	17	40	0	0	0	0	0	0	17	40	57
85+	16	37	0	0	0	0	0	0	16	37	53
TOTALS	45	92	0	0	0	0	0	0	45	92	137

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.

PRAIRIE MANOR NSG & REHAB CTR

345 DIXIE HIGHWAY
CHICAGO HEIGHTS, IL. 60411

Reference Numbers Facility ID 6011746

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	47	67	0	2	21	0	137
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	47	67	0	2	21	0	137

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	45	0	0	0	45
Hawaiian/Pac. Isl.	0	0	0	0	0
White	84	0	0	0	84
Race Unknown	8	0	0	0	8
Total	137	0	0	0	137

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	129	0	0	0	129
Ethnicity Unknown	0	0	0	0	0
Total	137	0	0	0	137

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	19.00
Certified Aides	60.00
Other Health Staff	3.00
Non-Health Staff	40.00
Totals	132.00

FACILITY NOTES

Bed Change 11/22/2006 Added two nursing care beds, total now 148 nursing care beds.

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

SNYDER, MARIKAY L.
 830 WEST TRAILCREEK DRIVE
 PEORIA, IL 61614

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System	1
Alzheimer Disease	6
Mental Illness	7
Developmental Disability	4
Circulatory System	9
Respiratory System	14
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	4
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	61

Date Completed
 4/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	121	106	78	106	61	60	121	121	67	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0		0	74	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0		0	61	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	121	106	78	106	61	60	121	121		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2478	5.6%	18879	42.7%	4592	25949	58.8%	67.1%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	2478	5.6%	18879	42.7%	4592	25949	58.8%	67.1%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	5	2	0	0	0	0	0	0	5	2	7
45 to 59	5	4	0	0	0	0	0	0	5	4	9
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	3	6	0	0	0	0	0	0	3	6	9
75 to 84	4	9	0	0	0	0	0	0	4	9	13
85+	3	16	0	0	0	0	0	0	3	16	19
TOTALS	21	40	0	0	0	0	0	0	21	40	61

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.

PRAIRIE ROSE HEALTHCARE CENTER

900 SOUTH CHESTNUT STREET

PANA, IL. 62557

Reference Numbers Facility ID 6007082

Health Service Area 003 Planning Service Area 021

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	2	48	0	0	11	0	61
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	48	0	0	11	0	61

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	116	106
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	1	0	0	0	1
White	58	0	0	0	58
Race Unknown	0	0	0	0	0
Total	61	0	0	0	61

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	3.00
Non-Health Staff	17.00
Totals	57.00

PRAIRIE VIEW CR CTR-LEWISTOWN

175 EAST SYCAMORE DRIVE
LEWISTOWN, IL. 61542

Reference Numbers Facility ID 6001812
Health Service Area 002 Planning Service Area 057

Administrator
Christine Hopson

Contact Person and Telephone

Christine Hopson
309-547-2267

Registered Agent Information

SHERWIN,JUDITH S.
111 E. WACKER DR., STE. 2800
CHICAGO , IL 60601

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System	9
Alzheimer Disease	21
Mental Illness	12
Developmental Disability	0
Circulatory System	13
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	70

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	99	91	78	91	70	29	50	99	77
Skilled Under 22	0	0	0	0	0	0	0	0	53
Intermediate DD	0	0	0	0	0	0	0	0	60
Sheltered Care	0	0	0	0	0	0	0	0	70
TOTAL BEDS	99	91	78	91	70	29	50	99	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1745	9.6%	21025	58.2%	3438	26208	72.5%	78.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	1745	9.6%	21025	58.2%	3438	26208	72.5%	78.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	2	0	0	0	0	0	0	3	2	5
45 to 59	4	4	0	0	0	0	0	0	4	4	8
60 to 64	8	7	0	0	0	0	0	0	8	7	15
65 to 74	7	4	0	0	0	0	0	0	7	4	11
75 to 84	9	6	0	0	0	0	0	0	9	6	15
85+	3	13	0	0	0	0	0	0	3	13	16
TOTALS	34	36	0	0	0	0	0	0	34	36	70

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.

PRAIRIE VIEW CR CTR-LEWISTOWN

175 EAST SYCAMORE DRIVE
LEWISTOWN, IL. 61542

Reference Numbers Facility ID 6001812

Health Service Area 002 Planning Service Area 057

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	55	2	0	7	0	70
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	55	2	0	7	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	68	0	0	0	68
Race Unknown	0	0	0	0	0
Total	70	0	0	0	70

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	28.00
Other Health Staff	2.00
Non-Health Staff	42.00
Totals	86.00

PRAIRIE VIEW HEALTHCARE

16827 1410 NORTH AVENUE
PRINCETON, IL. 61356

Reference Numbers Facility ID 6007587
Health Service Area 002 Planning Service Area 011

Administrator

Lori Walsh

Contact Person and Telephone

Lori Walsh
815-875-1196

Registered Agent Information

LILLEY, JAMES
COUNTY CLERK'S OFFICE, BOX 366
PRINCETON, IL 61356

FACILITY OWNERSHIP

COUNTY

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	1
Mental Illness	6
Developmental Disability	0
Circulatory System	29
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	0
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	62

Date Completed
3/29/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	123	123	83	123	62	61	10	149	76	33
Skilled Under 22	0	0	0	0	0	0		0		47
Intermediate DD	0	0	0	0	0	0		0		62
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	123	123	83	123	62	61	10	149		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1960	53.7%	19674	36.2%	7180	28814	64.2%		64.2%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1960	53.7%	19674	36.2%	7180	28814	64.2%		64.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	5	0	0	0	0	0	0	2	5	7
65 to 74	10	3	0	0	0	0	0	0	10	3	13
75 to 84	6	15	0	0	0	0	0	0	6	15	21
85+	4	15	0	0	0	0	0	0	4	15	19
TOTALS	22	40	0	0	0	0	0	0	22	40	62

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.

PRAIRIE VIEW HEALTHCARE16827 1410 NORTH AVENUE
PRINCETON, IL. 61356

Reference Numbers Facility ID 6007587

Health Service Area 002 Planning Service Area 011

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	44	0	0	13	0	62
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	44	0	0	13	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	39.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	55.00

PRAIRIE VILLAGE HEALTHCARE CTR

1024 WEST WALNUT
 JACKSONVILLE, IL. 62650
Reference Numbers Facility ID 6006027
 Health Service Area 003 Planning Service Area 137

Administrator
 Pamela Rooney-Brown

Contact Person and Telephone

Pamela Rooney - Brown
 217-245-5175

Registered Agent Information

MAGENCE,MEYER
 8320 SKOKIE BOULEVARD
 SKOKIE, IL 60077

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	10
Blood Disorders	2
*Nervous System	4
Alzheimer Disease	2
Mental Illness	7
Developmental Disability	1
Circulatory System	13
Respiratory System	13
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	75

Date Completed
 4/6/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	126	126	78	126	75	51	53	126	81	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0	0	0	54	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0	0	0	60	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0	0	0	75	
TOTAL BEDS	126	126	78	126	75	51	53	126		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3035	15.7%	24202	52.6%	4009	31246	67.9%	67.9%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	3035	15.7%	24202	52.6%	4009	31246	67.9%	67.9%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	1	0	0	0	0	0	0	4	1	5
45 to 59	4	7	0	0	0	0	0	0	4	7	11
60 to 64	1	7	0	0	0	0	0	0	1	7	8
65 to 74	9	12	0	0	0	0	0	0	9	12	21
75 to 84	0	12	0	0	0	0	0	0	0	12	12
85+	4	14	0	0	0	0	0	0	4	14	18
TOTALS	22	53	0	0	0	0	0	0	22	53	75

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.

PRAIRIE VILLAGE HEALTHCARE CTR

1024 WEST WALNUT

JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6006027

Health Service Area 003 Planning Service Area 137

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	7	60	0	0	8	0	75
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	60	0	0	8	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	116
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	22.00
Other Health Staff	0.00
Non-Health Staff	28.00
Totals	69.00

PRAIRIEVIEW LUTHERAN HOME

403 NORTH 4TH STREET
 DANFORTH, IL. 60930
Reference Numbers Facility ID 6007595
 Health Service Area 004 Planning Service Area 075

Administrator

Carol Peters

Contact Person and Telephone

Carol Peters
 815-269-2970

Registered Agent Information

PETERS,CAROL E.;MS.
 NORTH AND 4TH STS, P. O. BOX 4
 DANFORTH , IL 60930

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System	7
Alzheimer Disease	38
Mental Illness	0
Developmental Disability	0
Circulatory System	22
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	84

Date Completed
 4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	92	92	92	92	8	20	25	82	88
Skilled Under 22	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0		0		
TOTAL BEDS	92	92	92	92	8	20	25	86	84

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	2092	28.7%	7559	82.8%	20400	30051	89.5%	89.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2092	28.7%	7559	82.8%	20400	30051	89.5%	89.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	5	0	0	0	0	0	0	0	5	5
75 to 84	5	18	0	0	0	0	0	0	5	18	23
85+	10	45	0	0	0	0	0	0	10	45	55
TOTALS	15	69	0	0	0	0	0	0	15	69	84

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.

PRAIRIEVIEW LUTHERAN HOME403 NORTH 4TH STREET
DANFORTH, IL. 60930

Reference Numbers Facility ID 6007595

Health Service Area 004 Planning Service Area 075

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	21	0	0	57	0	84
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	21	0	0	57	0	84

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	167	160
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	38.00
Other Health Staff	0.00
Non-Health Staff	41.00
Totals	100.00

PRAIRIEVIEW NURSING UNIT

6000 GARLANDS LANE
 BARRINGTON, IL. 60010
Reference Numbers Facility ID 6016158
 Health Service Area 008 Planning Service Area 097

Administrator

Denise Dale

Contact Person and Telephone

Denise Dale
 847-756-3106

Registered Agent Information

C.T. CORPORATION SYSTEM
 208 S. LASALLE STREET
 CHICAGO, IL 60604

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	1
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	0
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	5

Date Completed
 7/17/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	20	20	20	20	5	15	0	0	Total Admissions 2006	10
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2006	5
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2006	5
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	20	20	20	20	5	15	0	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	327	327	4.5%		4.5%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	0	0.0%	327	327	4.5%		4.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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+	1	2	0	0	0	0	0	0	1	2	3
TOTALS	2	3	0	0	0	0	0	0	2	3	5

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.

PRAIRIEVIEW NURSING UNIT

6000 GARLANDS LANE
 BARRINGTON, IL. 60010

Reference Numbers Facility ID 6016158

Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	5	0	5
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	5	0	5

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	235
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	5	0	0	0	5
Race Unknown	0	0	0	0	0
Total	5	0	0	0	5

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	5	0	0	0	5
Ethnicity Unknown	0	0	0	0	0
Total	5	0	0	0	5

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	0.00
Certified Aides	4.00
Other Health Staff	0.00
Non-Health Staff	7.00
Totals	17.00

FACILITY NOTES

Licensure 7/27/2006 Facility licensed on 7-27-2006.

PRESIDENTIAL PAVILION

8001 SOUTH WESTERN AVENUE
CHICAGO, IL. 60620

Reference Numbers Facility ID 6000954
Health Service Area 006 Planning Service Area 603

Administrator
MICHAEL ROSEN

Contact Person and Telephone

Michael Rosen
773-436-6600

Registered Agent Information

SCHWARTZ,LAWRENCE
7366 NORTH LINCOLN, SUITE 404
LINCOLNWOOD , IL 60712

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	82
Blood Disorders	8
*Nervous System	19
Alzheimer Disease	2
Mental Illness	147
Developmental Disability	1
Circulatory System	3
Respiratory System	42
Digestive System	14
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	1
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	327

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	328	328	327	328	327	1	108	328	Residents on 1/1/2006	328
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	483
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006	484
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	327
TOTAL BEDS	328	328	327	328	327	1	108	328		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	15282	38.8%	94681	79.1%	8451	118414	98.9%	98.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	15282	38.8%	94681	79.1%	8451	118414	98.9%	98.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	42	31	0	0	0	0	0	0	42	31	73
45 to 59	114	42	0	0	0	0	0	0	114	42	156
60 to 64	12	9	0	0	0	0	0	0	12	9	21
65 to 74	37	10	0	0	0	0	0	0	37	10	47
75 to 84	12	11	0	0	0	0	0	0	12	11	23
85+	1	6	0	0	0	0	0	0	1	6	7
TOTALS	218	109	0	0	0	0	0	0	218	109	327

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.

PRESIDENTIAL PAVILION

8001 SOUTH WESTERN AVENUE
 CHICAGO, IL. 60620

Reference Numbers Facility ID 6000954

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	31	268	27	0	1	0	327
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	31	268	27	0	1	0	327

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	110	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	312	0	0	0	312
Hawaiian/Pac. Isl.	0	0	0	0	0
White	15	0	0	0	15
Race Unknown	0	0	0	0	0
Total	327	0	0	0	327

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	327	0	0	0	327
Ethnicity Unknown	0	0	0	0	0
Total	327	0	0	0	327

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	36.00
Certified Aides	101.00
Other Health Staff	0.00
Non-Health Staff	103.00
Totals	248.00

PROCTOR HOSPITAL/Skilled Nursing

5409 NORTH KNOXVILLE AVENUE
PEORIA, IL. 61614

Reference Numbers Facility ID 6010813
Health Service Area 002 Planning Service Area 143

Administrator
Dawn Stambaugh

Contact Person and Telephone

Dawn Stambaugh
309-691-1044

Registered Agent Information

Date Completed
4/10/2007

, 0

FACILITY OWNERSHIP
OTHER NON-PROFIT

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	4
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	15

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	30	20	20	20	15	15	36	0	Total Admissions 2006	566
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2006	565
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2006	15
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	30	20	20	20	15	15	36	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	5948	45.3%	0	0.0%	268	6216	56.8%	85.2%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	5948	45.3%	0	0.0%	268	6216	56.8%	85.2%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	4	0	0	0	0	0	0	3	4	7
85+	1	5	0	0	0	0	0	0	1	5	6
TOTALS	5	10	0	0	0	0	0	0	5	10	15

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.

PROCTOR HOSPITAL/Skilled Nursing

5409 NORTH KNOXVILLE AVENUE
 PEORIA, IL. 61614

Reference Numbers Facility ID 6010813

Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	13	0	0	2	0	0	15
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	0	0	2	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	440	440
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	15	0	0	0	15
Race Unknown	0	0	0	0	0
Total	15	0	0	0	15

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	15	0	0	0	15
Ethnicity Unknown	0	0	0	0	0
Total	15	0	0	0	15

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.25
LPN's	1.60
Certified Aides	5.40
Other Health Staff	1.00
Non-Health Staff	2.80
Totals	22.05

PROPHET'S RIVERVIEW NURSING

310 MOSHER DRIVE
 PROPHETSTOWN, IL. 61277
Reference Numbers Facility ID 6007637
 Health Service Area 001 Planning Service Area 195

Administrator

Jeanette DeFrieze

Contact Person and Telephone

Angela Smith
 815-537-5175

Registered Agent Information

C T CORPORATION SYSTEM
 208 SOUTH LASALLE STREET
 CHICAGO , IL 60604

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	11
Mental Illness	7
Developmental Disability	0
Circulatory System	23
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	66

Date Completed
 4/2/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	70	70	70	70	66	4	20	70	59
Skilled Under 22	0	0	0	0	0	0	0	0	81
Intermediate DD	0	0	0	0	0	0	0	0	74
Sheltered Care	0	0	0	0	0	0	0	0	66
TOTAL BEDS	70	70	70	70	66	4	20	70	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	2158	29.6%	9383	36.7%	10847	22388	87.6%	87.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2158	29.6%	9383	36.7%	10847	22388	87.6%	87.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	7	0	0	0	0	0	0	2	7	9
75 to 84	8	16	0	0	0	0	0	0	8	16	24
85+	3	30	0	0	0	0	0	0	3	30	33
TOTALS	13	53	0	0	0	0	0	0	13	53	66

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.

PROPHET'S RIVERVIEW NURSING

310 MOSHER DRIVE
 PROPHETSTOWN, IL. 61277

Reference Numbers Facility ID 6007637

Health Service Area 001 Planning Service Area 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	7	32	0	0	27	0	66
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	32	0	0	27	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	158	144
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	0.00
Non-Health Staff	24.00
Totals	60.00

PROVENA 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

Sandra Fuller
815-986-7528

Registered Agent Information

KIEFFER,M. MEGHAN
19065 HICKORY CREEK DRIVE
MOKENA , IL 60448

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	0
Mental Illness	7
Developmental Disability	0
Circulatory System	17
Respiratory System	14
Digestive System	11
Genitourinary System Disorders	7
Skin Disorders	3
Musculo-skeletal Disorders	5
Injuries and Poisonings	12
Other Medical Conditions	13
Non-Medical Conditions	17
TOTALS	117

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	73	73	67	73	61	12	73	12	Residents on 1/1/2006 118
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006 424
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006 425
Sheltered Care	61	61	59	61	56	5			Residents on 12/31/2006 117
TOTAL BEDS	134	134	126	134	117	17	73	12	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	9263	34.8%	3762	85.9%	11430	24455	91.8%	91.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					21535	21535	96.7%	96.7%	
TOTALS	9263	34.8%	3762	85.9%	32965	45990	94.0%	94.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	0	0	0	0	0	0	1	2	1	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	2	0	0	0	0	1	0	4	2	6
75 to 84	5	15	0	0	0	0	3	19	8	34	42
85+	9	25	0	0	0	0	10	22	19	47	66
TOTALS	19	42	0	0	0	0	14	42	33	84	117

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.

PROVENA COR MARIAE CENTER

3330 MARIA LINDEN DRIVE
 ROCKFORD, IL. 61114

Reference Numbers Facility ID 6005771

Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	20	9	0	5	27	0	61
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	56	0	56
TOTALS	20	9	0	5	83	0	117

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	226	185
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	92	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	61	0	0	56	117
Race Unknown	0	0	0	0	0
Total	61	0	0	56	117

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	60	0	0	56	116
Ethnicity Unknown	0	0	0	0	0
Total	61	0	0	56	117

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.20
LPN's	13.80
Certified Aides	36.70
Other Health Staff	13.00
Non-Health Staff	40.00
Totals	112.70

PROVENA GENEVA CARE CENTER

1101 EAST STATE STREET
 GENEVA, IL. 60134
Reference Numbers Facility ID 6003503
 Health Service Area 008 Planning Service Area 089

Administrator

Stephen Harris

Contact Person and Telephone

Stephen Harris
 630-397-5401

Registered Agent Information

KIEFFER,M. MEGHAN
 19065 HICKORY CREEK DRIVE
 MOKENA , IL 60448

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	4
Alzheimer Disease	29
Mental Illness	14
Developmental Disability	0
Circulatory System	14
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	6
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	103

Date Completed
 3/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	107	107	107	107	4	34	84	Residents on 1/1/2006	93
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	152
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	142
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	103
TOTAL BEDS	107	107	107	107	4	34	84		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3225	26.0%	23565	76.9%	8875	35665	91.3%		91.3%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	3225	26.0%	23565	76.9%	8875	35665	91.3%		91.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	4	0	0	0	0	0	0	3	4	7
75 to 84	8	24	0	0	0	0	0	0	8	24	32
85+	8	56	0	0	0	0	0	0	8	56	64
TOTALS	19	84	0	0	0	0	0	0	19	84	103

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.

PROVENA GENEVA CARE CENTER

1101 EAST STATE STREET

GENEVA, IL. 60134

Reference Numbers Facility ID 6003503

Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	14	65	0	0	24	0	103
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	65	0	0	24	0	103

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	246	197
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	103	0	0	0	103
Race Unknown	0	0	0	0	0
Total	103	0	0	0	103

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.50
Director of Nursing	1.00
Registered Nurses	10.24
LPN's	6.04
Certified Aides	35.98
Other Health Staff	3.20
Non-Health Staff	29.56
Totals	87.52

PROVENA HERITAGE VILLAGE

901 NORTH ENTRANCE
KANKAKEE, IL. 60901
Reference Numbers Facility ID 6004246
Health Service Area 009 Planning Service Area 091

Administrator
Carol D. McIntyre

Contact Person and Telephone
Carol D McIntyre
815-939-4506

Registered Agent Information

KIEFFER,M. MEGHAN
19065 HICKORY CREEK DRIVE
MOKENA , IL 60448

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	19
Mental Illness	0
Developmental Disability	0
Circulatory System	29
Respiratory System	11
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	2
TOTALS	69

Date Completed
4/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	51	51	46	51	46	5	51	0	61	261
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	79	79	23	36	23	56				253
TOTAL BEDS	130	130	69	87	69	61	51	0		69

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	7836	42.1%	0	0.0%	8954	16790	90.2%		90.2%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					8395	8395	29.1%		29.1%	
TOTALS	7836	42.1%	0	0.0%	17349	25185	53.1%		53.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	2	6	0	0	0	0	0	4	2	10	12
75 to 84	5	12	0	0	0	0	2	8	7	20	27
85+	5	15	0	0	0	0	2	6	7	21	28
TOTALS	12	34	0	0	0	0	4	19	16	53	69

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.

PROVENA HERITAGE VILLAGE

901 NORTH ENTRANCE

KANKAKEE, IL. 60901

Reference Numbers Facility ID 6004246

Health Service Area 009 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	21	0	0	1	24	0	46
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	23	0	23
TOTALS	21	0	0	1	47	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	169
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	97	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	1	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	43	0	0	22	65
Race Unknown	0	0	0	0	0
Total	46	0	0	23	69

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	46	0	0	23	69
Ethnicity Unknown	0	0	0	0	0
Total	46	0	0	23	69

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	19.00
Other Health Staff	3.00
Non-Health Staff	33.00
Totals	69.00

PROVENA MCAULEY MANOR

400 WEST SULLIVAN ROAD
AURORA, IL. 60506

Reference Numbers Facility ID 6005912
Health Service Area 008 Planning Service Area 089

Administrator

Jennifer Roach

Contact Person and Telephone

Jennifer Roach
630-859-3700

Registered Agent Information

KIEFFER,M. MEGHAN
19065 HICKORY CREEK DRIVE
MOKENA , IL 60448

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System	4
Alzheimer Disease	1
Mental Illness	6
Developmental Disability	0
Circulatory System	6
Respiratory System	5
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	22
Non-Medical Conditions	0
TOTALS	66

Date Completed
4/12/2006

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	87	87	76	87	66	21	42	4	65	548
Skilled Under 22	0	0	0	0	0	0		0		547
Intermediate DD	0	0	0	0	0	0		0		66
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	87	87	76	87	66	21	42	4		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	8713	56.8%	1095	75.0%	13397	23205	73.1%		73.1%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	8713	56.8%	1095	75.0%	13397	23205	73.1%		73.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	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	5	12	0	0	0	0	0	0	5	12	17
85+	8	32	0	0	0	0	0	0	8	32	40
TOTALS	14	52	0	0	0	0	0	0	14	52	66

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.

PROVENA MCAULEY MANOR

400 WEST SULLIVAN ROAD
 AURORA, IL. 60506

Reference Numbers Facility ID 6005912

Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	22	3	0	2	39	0	66
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	22	3	0	2	39	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	211	191
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.10
LPN's	4.00
Certified Aides	32.90
Other Health Staff	5.90
Non-Health Staff	45.98
Totals	96.88

PROVENA OUR LADY OF VICTORY

20 BRIARCLIFF LANE
BOURBONNAIS, IL. 60914
Reference Numbers Facility ID 6007009
Health Service Area 009 Planning Service Area 091

Administrator

Mark Fedyk

Contact Person and Telephone

Mark Fedyk
815-937-2022

Registered Agent Information

KIEFFER,MEGHAN M.
19065 HICKORY CREEK DRIVE
MOKENA, IL 60448

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System	3
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	13
Digestive System	6
Genitourinary System Disorders	8
Skin Disorders	2
Musculo-skeletal Disorders	10
Injuries and Poisonings	14
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	94

Date Completed
4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	107	106	101	106	94	13	55	90	83
Skilled Under 22	0	0	0	0	0	0	0	0	99
Intermediate DD	0	0	0	0	0	0	0	0	88
Sheltered Care	0	0	0	0	0	0	0	0	94
TOTAL BEDS	107	106	101	106	94	13	55	90	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	6935	34.5%	24820	75.6%	2190	33945	86.9%		87.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	6935	34.5%	24820	75.6%	2190	33945	86.9%		87.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	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	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	6	27	0	0	0	0	0	0	6	27	33
85+	3	36	0	0	0	0	0	0	3	36	39
TOTALS	19	75	0	0	0	0	0	0	19	75	94

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.

PROVENA OUR LADY OF VICTORY

20 BRIARCLIFF LANE

BOURBONNAIS, IL. 60914

Reference Numbers Facility ID 6007009

Health Service Area 009 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	23	68	0	0	3	0	94
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	23	68	0	0	3	0	94

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	152
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pac. Isl.	0	0	0	0	0
White	85	0	0	0	85
Race Unknown	0	0	0	0	0
Total	94	0	0	0	94

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.70
LPN's	10.76
Certified Aides	32.26
Other Health Staff	2.00
Non-Health Staff	37.88
Totals	96.60

PROVENA 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
 Mary Pat Wright

Contact Person and Telephone

Mary Pat Wright
 630-377-2211

Registered Agent Information

KIEFFER, M. MEGHAN
 19065 HICKORY CREEK DRIVE
 MOKENA, IL 60448

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	14
Blood Disorders	2
*Nervous System	13
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	16
Digestive System	10
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	7
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	104

Date Completed
 4/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	120	120	120	104	16	120	60	Residents on 1/1/2006	105
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	327
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	328
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	104
TOTAL BEDS	120	120	120	104	16	120	60		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	7858	17.9%	18310	83.6%	12436	38604	88.1%	88.1%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	7858	17.9%	18310	83.6%	12436	38604	88.1%	88.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	2	0	0	0	0	0	0	0	2	2
65 to 74	1	24	0	0	0	0	0	0	1	24	25
75 to 84	11	26	0	0	0	0	0	0	11	26	37
85+	6	30	0	0	0	0	0	0	6	30	36
TOTALS	20	84	0	0	0	0	0	0	20	84	104

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.

PROVENA PINE VIEW CARE CENTER

611 ALLEN LANE

ST. CHARLES, IL. 60174

Reference Numbers Facility ID 6007439

Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	15	57	1	1	29	1	104
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	57	1	1	29	1	104

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	299	199
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	102	0	0	0	102
Race Unknown	0	0	0	0	0
Total	104	0	0	0	104

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	102	0	0	0	102
Ethnicity Unknown	0	0	0	0	0
Total	104	0	0	0	104

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	35.00
Other Health Staff	0.00
Non-Health Staff	47.00
Totals	109.00

PROVENA 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

KIEFFER, M. MEGHAN
19065 HICKORY CREEK DRIVE
MOKENA, IL 60448

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System	16
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	42
Respiratory System	14
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	32
Injuries and Poisonings	21
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	153

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	179	179	171	179	26	119	60	154	796
Skilled Under 22	0	0	0	0	0		0		797
Intermediate DD	0	0	0	0	0		0		153
Sheltered Care	0	0	0	0	0		0		
TOTAL BEDS	179	179	171	179	26	119	60		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	16008	36.9%	19953	91.1%	22981	58942	90.2%	90.2%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	16008	36.9%	19953	91.1%	22981	58942	90.2%	90.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	6	4	0	0	0	0	0	0	6	4	10
75 to 84	15	25	0	0	0	0	0	0	15	25	40
85+	17	83	0	0	0	0	0	0	17	83	100
TOTALS	41	112	0	0	0	0	0	0	41	112	153

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.

PROVENA ST. ANNE CENTER

4405 HIGHCREST ROAD
 ROCKFORD, IL. 61107

Reference Numbers Facility ID 6008817

Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	36	48	0	8	61	0	153
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	36	48	0	8	61	0	153

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	198	167
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	150	0	0	0	150
Race Unknown	0	0	0	0	0
Total	153	0	0	0	153

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	153	0	0	0	153
Ethnicity Unknown	0	0	0	0	0
Total	153	0	0	0	153

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	37.00
Certified Aides	76.00
Other Health Staff	5.00
Non-Health Staff	61.00
Totals	195.00

PROVENA ST. JOSEPH CENTER

659 EAST JEFFERSON STREET
 FREEPORT, IL. 61032

Reference Numbers Facility ID 6008973
 Health Service Area 001 Planning Service Area 177

Administrator
 Theresa Parsek

Contact Person and Telephone

Roberta DeHaven
 815-232-6181

Registered Agent Information

KIEFFER,M. MEGHAN
 19065 HICKORY CREEK DRIVE
 MOKENA, IL 60448

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System	5
Alzheimer Disease	9
Mental Illness	3
Developmental Disability	0
Circulatory System	24
Respiratory System	10
Digestive System	17
Genitourinary System Disorders	6
Skin Disorders	2
Musculo-skeletal Disorders	3
Injuries and Poisonings	21
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	105

Date Completed
 4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	120	120	105	120	15	120	94	Residents on 1/1/2006	117
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	160
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	172
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	105
TOTAL BEDS	120	120	105	120	15	120	94		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	2920	6.7%	18615	54.3%	16790	38325	87.5%	87.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2920	6.7%	18615	54.3%	16790	38325	87.5%	87.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	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	2	7	0	0	0	0	0	0	2	7	9
75 to 84	9	25	0	0	0	0	0	0	9	25	34
85+	12	49	0	0	0	0	0	0	12	49	61
TOTALS	23	82	0	0	0	0	0	0	23	82	105

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.

PROVENA ST. JOSEPH CENTER

659 EAST JEFFERSON STREET
 FREEPORT, IL. 61032

Reference Numbers Facility ID 6008973

Health Service Area 001 Planning Service Area 177

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	51	0	0	46	0	105
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	51	0	0	46	0	105

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	177	148
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	37.00
Other Health Staff	3.00
Non-Health Staff	41.00
Totals	103.00

PROVENA ST. MARY'S HOSPITAL

500 WEST COURT STREET
KANKAKEE, IL. 60901

Reference Numbers Facility ID 6009088
Health Service Area 009 Planning Service Area 091

Administrator
Jeffrey L. Brickman

Contact Person and Telephone

Jessica Molter
815-937-2401

Registered Agent Information

Date Completed
4/10/2007

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

FACILITY OWNERSHIP
CHURCH OPER OR AFF

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	24	8	8	0	24	24	0	8	
Skilled Under 22	0	0	0	0	0	0	0	137	
Intermediate DD	0	0	0	0	0	0	0	145	
Sheltered Care	0	0	0	0	0	0	0	0	
TOTAL BEDS	24	8	8	0	24	24	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1458	16.6%	0	0.0%	0	1458	16.6%	49.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	1458	16.6%	0	0.0%	0	1458	16.6%	49.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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

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.

PROVENA ST. MARY'S HOSPITAL

500 WEST COURT STREET
KANKAKEE, IL. 60901

Reference Numbers Facility ID 6009088

Health Service Area 009 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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

FACILITY NOTES

- P-06-037 9/18/2006 Project completed 8-18-2006.
- P-06-037 7/19/2006 Permit issued to discontinue the 24 bed nursing care category of service.

PROVENA VILLA FRANCISCAN

210 NORTH SPRINGFIELD AVENUE
JOLIET, IL. 60435

Reference Numbers Facility ID 6012678
Health Service Area 009 Planning Service Area 197

Administrator

Ann M. Dodge

Contact Person and Telephone

Melissa Adams
815-725-3400

Registered Agent Information

KIEFFER,M. MEGAN
19065 HICKORY CREEK DRIVE
MOKENA , IL 60448

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	7
Blood Disorders	1
*Nervous System	5
Alzheimer Disease	15
Mental Illness	25
Developmental Disability	1
Circulatory System	30
Respiratory System	20
Digestive System	10
Genitourinary System Disorders	10
Skin Disorders	4
Musculo-skeletal Disorders	14
Injuries and Poisonings	11
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	169

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	176	176	171	176	7	114	176	Residents on 1/1/2006	156
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	549
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	536
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	169
TOTAL BEDS	176	176	171	176	7	114	176		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	13330	32.0%	22248	34.6%	19012	54590	85.0%	85.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	13330	32.0%	22248	34.6%	19012	54590	85.0%	85.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	5	11	0	0	0	0	0	0	5	11	16
75 to 84	13	40	0	0	0	0	0	0	13	40	53
85+	19	75	0	0	0	0	0	0	19	75	94
TOTALS	41	128	0	0	0	0	0	0	41	128	169

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.

PROVENA VILLA FRANCISCAN

210 NORTH SPRINGFIELD AVENUE

JOLIET, IL. 60435

Reference Numbers Facility ID 6012678

Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	44	66	0	3	56	0	169
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	44	66	0	3	56	0	169

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	212	189
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	165	0	0	0	165
Race Unknown	0	0	0	0	0
Total	169	0	0	0	169

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	167	0	0	0	167
Ethnicity Unknown	0	0	0	0	0
Total	169	0	0	0	169

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	19.00
Certified Aides	41.00
Other Health Staff	6.00
Non-Health Staff	54.00
Totals	139.00

QUINCY TERRACE

1233 NORTH SIXTH STREET
QUINCY, IL. 62301

Reference Numbers Facility ID 6007660
Health Service Area 003 Planning Service Area 001

Administrator

Debra Arnett

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLED SOE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/7/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5792	99.2%	0	5792	99.2%	99.2%	99.2%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5792	99.2%	0	5792	99.2%	99.2%	99.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	0	0	0	1	0	1
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	10	6	0	0	10	6	16

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.

QUINCY TERRACE

1233 NORTH SIXTH STREET

QUINCY, IL. 62301

Reference Numbers Facility ID 6007660

Health Service Area 003 Planning Service Area 001

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	7.50
Other Health Staff	0.75
Non-Health Staff	2.00
Totals	10.50

Rachuy House

605 North Main Street
Stockton, IL. 61085

Reference Numbers Facility ID 6013528
Health Service Area 001 Planning Service Area 085

Administrator

Colleen Keleher

Contact Person and Telephone

Colleen Keleher
815-777-9525 ext 104

Registered Agent Information

MCCLAIN,ARLAN
500 ANCHOR ROAD
DIXON , IL 61021

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	2
Intermediate DD	15	15	15	15	14	1		15	Total Discharges 2006	3
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2006	14
TOTAL BEDS	15	15	15	15	14	1	0	15		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5240	95.7%	49	5289	96.6%	96.6%	96.6%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5240	95.7%	49	5289	96.6%	96.6%	96.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	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	7	0	0	7	7	14

Rachuy House

605 North Main Street
Stockton, IL. 61085

Reference Numbers Facility ID 6013528

Health Service Area 001 Planning Service Area 085

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	109
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	8.50
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	10.25

FACILITY NOTES

E-015-06 7/1/2006 Change of ownership occurred.
E-015-06 4/21/2006 Change of ownership exemption approved.

RAI dba 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

Registered Agent Information

BIBO,J.MICHAEL
239 SOUTH CHERRY STREET
GALESBURG , IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	14
Blood Disorders	0
*Nervous System	4
Alzheimer Disease	28
Mental Illness	0
Developmental Disability	3
Circulatory System	29
Respiratory System	5
Digestive System	9
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	1
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	125

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	54	54	52	54	47	7	54	8	124
Skilled Under 22	0	0	0	0	0	0	0	0	199
Intermediate DD	0	0	0	0	0	0	0	0	198
Sheltered Care	86	86	84	86	78	8	0	0	125
TOTAL BEDS	140	140	136	140	125	15	54	8	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	4497	22.8%	2317	79.3%	10202	17016	86.3%	86.3%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					27375	27375	87.2%	87.2%		
TOTALS	4497	22.8%	2317	79.3%	37577	44391	86.9%	86.9%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	1	1	1	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	3	0	0	0	0	0	18	1	21	22
75 to 84	3	15	0	0	0	0	4	14	7	29	36
85+	4	20	0	0	0	0	5	36	9	56	65
TOTALS	9	38	0	0	0	0	9	69	18	107	125

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.

RAI dba HAWTHORNE INN OF DANVILLE

3222 INDEPENDENCE DRIVE
 DANVILLE, IL. 61832

Reference Numbers Facility ID 6015317

Health Service Area 004 Planning Service Area 183

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	6	0	0	28	0	47
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	78	0	78
TOTALS	13	6	0	0	106	0	125

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	105	90

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	1	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	46	0	0	77	123
Race Unknown	0	0	0	0	0
Total	47	0	0	78	125

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	47	0	0	78	125
Ethnicity Unknown	0	0	0	0	0
Total	47	0	0	78	125

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	28.00
Other Health Staff	30.00
Non-Health Staff	38.00
Totals	108.00

RAINBOW BEACH CARE CENTER

7325 SOUTH EXCHANGE
CHICAGO, IL. 60649

Reference Numbers Facility ID 6008734
Health Service Area 006 Planning Service Area 603

Administrator
Charlene Hill-Jeon

Contact Person and Telephone

Charlene Hill-Jeon
773-731-7300 x12

Registered Agent Information

ARONIN,DAVID
2201 WEST MAIN STREET
EVANSTON , IL 60202

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	204
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	204

Date Completed
4/16/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	211	211	211	204	7	0	211	Residents on 1/1/2006	190
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	175
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	161
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	204
TOTAL BEDS	211	211	211	204	7	0	211		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	72666	94.4%	631	73297	95.2%	95.2%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	0	0.0%	72666	94.4%	631	73297	95.2%	95.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	53	23	0	0	0	0	0	0	53	23	76
45 to 59	61	43	0	0	0	0	0	0	61	43	104
60 to 64	4	7	0	0	0	0	0	0	4	7	11
65 to 74	8	3	0	0	0	0	0	0	8	3	11
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	128	76	0	0	0	0	0	0	128	76	204

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.

RAINBOW BEACH CARE CENTER7325 SOUTH EXCHANGE
CHICAGO, IL. 60649

Reference Numbers Facility ID 6008734

Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	203	0	0	1	0	204
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	203	0	0	1	0	204

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	107	107
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	184	0	0	0	184
Hawaiian/Pac. Isl.	0	0	0	0	0
White	17	0	0	0	17
Race Unknown	2	0	0	0	2
Total	204	0	0	0	204

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	202	0	0	0	202
Ethnicity Unknown	0	0	0	0	0
Total	204	0	0	0	204

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	2.00
LPN's	9.00
Certified Aides	32.00
Other Health Staff	10.00
Non-Health Staff	51.00
Totals	107.00

RAINTREE TERRACE

501 EAST CHESTNUT
CARBONDALE, IL. 62901

Reference Numbers Facility ID 6007694
Health Service Area 005 Planning Service Area 077

Administrator
Karen Shaw

Contact Person and Telephone

Robert S. Buffington
618-457-4423

Registered Agent Information

SANDERS,J.LAWRENCE
208 NORTH MARKET
MARION , IL 62959

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/6/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	14
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	14	16	2		16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0			Residents on 12/31/2006	14
TOTAL BEDS	16	16	14	16	2	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%		0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			5110	87.5%	0	5110	87.5%		87.5%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	5110	87.5%	0	5110	87.5%		87.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	8	3	0	0	8	3	11
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	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	4	0	0	10	4	14

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.

RAINTREE TERRACE

501 EAST CHESTNUT
 CARBONDALE, IL. 62901

Reference Numbers Facility ID 6007694

Health Service Area 005 Planning Service Area 077

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	106
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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

RANDOLPH COUNTY CARE CENTER

312 WEST BELMONT
SPARTA, IL. 62286

Reference Numbers Facility ID 6007702
Health Service Area 005 Planning Service Area 157

Administrator
Elizabeth Dilday

Contact Person and Telephone

Elizabeth Dilday
618-443-4351

Registered Agent Information

MOORE, TERRY
#1 TAYLOR STREET
CHESTER, IL 62233

FACILITY OWNERSHIP
COUNTY

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	14
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	5
Mental Illness	1
Developmental Disability	0
Circulatory System	20
Respiratory System	2
Digestive System	5
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	64

Date Completed
4/23/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2006	
Nursing Care	100	100	75	100	36	26	100	Residents on 1/1/2006	72
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	114
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	122
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	64
TOTAL BEDS	100	100	75	100	36	26	100		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	2420	25.5%	10835	29.7%	9423	22678	62.1%	62.1%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2420	25.5%	10835	29.7%	9423	22678	62.1%	62.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	3	0	0	0	0	0	0	2	3	5
75 to 84	8	16	0	0	0	0	0	0	8	16	24
85+	7	26	0	0	0	0	0	0	7	26	33
TOTALS	19	45	0	0	0	0	0	0	19	45	64

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.

RANDOLPH COUNTY CARE CENTER

312 WEST BELMONT
 SPARTA, IL. 62286

Reference Numbers Facility ID 6007702

Health Service Area 005 Planning Service Area 157

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	36	0	0	22	0	64
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	36	0	0	22	0	64

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	96
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	63	0	0	0	63
Race Unknown	0	0	0	0	0
Total	64	0	0	0	64

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	2.00
LPN's	9.00
Certified Aides	31.00
Other Health Staff	4.00
Non-Health Staff	23.00
Totals	74.00

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

ARMBRUST,RITA;MS.
122 N PARAGON RD PO BOX 871
SALEM , IL 62881

FACILITY OWNERSHIP

IND PROPRIETORSHIP

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-Medicare	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	2
Intermediate DD	16	16	16	16	16	0	0	16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5640	96.6%	0	5640	96.6%	96.6%	96.6%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5640	96.6%	0	5640	96.6%	96.6%	96.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	2	0	0	0	2	2
75 to 84	0	0	0	0	1	3	0	0	1	3	4
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	8	0	0	8	8	16

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.

RANDOLPH HOUSE

404 SOUTH FIRST STREET
 VANDALIA, IL. 62471

Reference Numbers Facility ID 6007710

Health Service Area 005 Planning Service Area 051

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	108	108
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
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	2.00
Totals	14.25

RAVISLOE TERRACE

18227 RAVISLOE
COUNTRY CLUB HILLS, IL. 60478
Reference Numbers Facility ID 6013817
Health Service Area 007 Planning Service Area 705

Administrator

Sarah Simons

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	6
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	6	6	6	6	6	0	6	6	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	6
TOTAL BEDS	6	6	6	6	6	0	0	6		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			2190	100.0%	0	2190	100.0%	100.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	2190	100.0%	0	2190	100.0%	100.0%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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

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.

RAVISLOE TERRACE

18227 RAVISLOE
 COUNTRY CLUB HILLS, IL. 60478

Reference Numbers Facility ID 6013817

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	204	204
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.13
LPN's	0.00
Certified Aides	6.11
Other Health Staff	0.27
Non-Health Staff	0.87
Totals	7.63

RED BUD NURSING HOME

350 WEST SOUTH 1ST STREET
RED BUD, IL. 62278

Reference Numbers Facility ID 6007751
Health Service Area 005 Planning Service Area 157

Administrator

Barbara Mertz

Contact Person and Telephone

Barbara Mertz
618-282-3891

Registered Agent Information

NATIONAL REGISTERED AGENTS INC
208 S. LASALLE, SUITE 1855
CHICAGO, IL 60604

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	13
Alzheimer Disease	25
Mental Illness	6
Developmental Disability	2
Circulatory System	39
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	2
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	104

Date Completed
4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK	PEAK	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2006	
Nursing Care	115	115	113	115	104	11	20	115	109
Skilled Under 22	0	0	0	0	0	0	0	0	110
Intermediate DD	0	0	0	0	0	0	0	0	115
Sheltered Care	0	0	0	0	0	0	0	0	104
TOTAL BEDS	115	115	113	115	104	11	20	115	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	2489	34.1%	17293	41.2%	19630	39412	93.9%	93.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2489	34.1%	17293	41.2%	19630	39412	93.9%	93.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	2	0	0	0	0	0	0	2	2	4
75 to 84	8	22	0	0	0	0	0	0	8	22	30
85+	15	51	0	0	0	0	0	0	15	51	66
TOTALS	28	76	0	0	0	0	0	0	28	76	104

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.

RED BUD NURSING HOME

350 WEST SOUTH 1ST STREET
 RED BUD, IL. 62278

Reference Numbers Facility ID 6007751

Health Service Area 005 Planning Service Area 157

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	4	50	0	0	50	0	104
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	50	0	0	50	0	104

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	103	0	0	0	103
Race Unknown	0	0	0	0	0
Total	104	0	0	0	104

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	47.00
Other Health Staff	5.00
Non-Health Staff	26.00
Totals	102.00

REGAL HEALTH AND REHAB CENTER

9525 SOUTH MAYFIELD
 OAK LAWN, IL. 60453
Reference Numbers Facility ID 6006779
 Health Service Area 007 Planning Service Area 705

Administrator

Sandy Williams

Contact Person and Telephone

Sandy Williams
 708-636-7000

Registered Agent Information

LERNER, MICHAEL
 3553 WEST PETERSON AVE, STE 101
 CHICAGO, IL 60659

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	43
Blood Disorders	3
*Nervous System	2
Alzheimer Disease	0
Mental Illness	8
Developmental Disability	2
Circulatory System	28
Respiratory System	6
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	94

Date Completed
 4/19/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	144	144	105	144	94	50	54	143	89
Skilled Under 22	0	0	0	0	0	0	0	0	139
Intermediate DD	0	0	0	0	0	0	0	0	134
Sheltered Care	0	0	0	0	0	0	0	0	94
TOTAL BEDS	144	144	105	144	94	50	54	143	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1551	7.9%	31688	60.7%	1259	34498	65.6%	65.6%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	1551	7.9%	31688	60.7%	1259	34498	65.6%	65.6%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	9	4	0	0	0	0	0	0	9	4	13
45 to 59	5	4	0	0	0	0	0	0	5	4	9
60 to 64	6	5	0	0	0	0	0	0	6	5	11
65 to 74	13	23	0	0	0	0	0	0	13	23	36
75 to 84	8	9	0	0	0	0	0	0	8	9	17
85+	5	3	0	0	0	0	0	0	5	3	8
TOTALS	46	48	0	0	0	0	0	0	46	48	94

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.

REGAL HEALTH AND REHAB CENTER

9525 SOUTH MAYFIELD

OAK LAWN, IL. 60453

Reference Numbers Facility ID 6006779

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	85	0	0	4	0	94
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	85	0	0	4	0	94

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	104
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	41	0	0	0	41
Hawaiian/Pac. Isl.	0	0	0	0	0
White	53	0	0	0	53
Race Unknown	0	0	0	0	0
Total	94	0	0	0	94

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	93	0	0	0	93
Ethnicity Unknown	0	0	0	0	0
Total	94	0	0	0	94

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	29.00
Other Health Staff	38.00
Non-Health Staff	0.00
Totals	90.00

REGENCY HEALTHCARE & REHAB CTR

6631 MILWAUKEE AVENUE
 NILES, IL. 60714
Reference Numbers Facility ID 6007793
 Health Service Area 007 Planning Service Area 702

Administrator

Miron Tabic

Contact Person and Telephone

Candy Rothstein
 847-588-4132

Registered Agent Information

NEIMAN,IRA S.;MS.
 30 NORTH LASALLE ST.,STE. 2600
 CHICAGO , IL 60602

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

Date Completed
 4/4/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	12
Blood Disorders	7
*Nervous System	6
Alzheimer Disease	11
Mental Illness	14
Developmental Disability	0
Circulatory System	36
Respiratory System	14
Digestive System	6
Genitourinary System Disorders	8
Skin Disorders	4
Musculo-skeletal Disorders	7
Injuries and Poisonings	10
Other Medical Conditions	57
Non-Medical Conditions	0
TOTALS	192

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	300	300	216	300	108	87	300	Residents on 1/1/2006	198
Skilled Under 22	0	0	0	0	0		0	Total Admissions 2006	544
Intermediate DD	0	0	0	0	0		0	Total Discharges 2006	550
Sheltered Care	0	0	0	0	0		0	Residents on 12/31/2006	192
TOTAL BEDS	300	300	216	300	108	87	300		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	10181	32.1%	45094	41.2%	19070	74345	67.9%	67.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	10181	32.1%	45094	41.2%	19070	74345	67.9%	67.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	2	5	0	0	0	0	0	0	2	5	7
60 to 64	3	2	0	0	0	0	0	0	3	2	5
65 to 74	16	14	0	0	0	0	0	0	16	14	30
75 to 84	28	50	0	0	0	0	0	0	28	50	78
85+	15	55	0	0	0	0	0	0	15	55	70
TOTALS	65	127	0	0	0	0	0	0	65	127	192

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.

REGENCY HEALTHCARE & REHAB CTR

6631 MILWAUKEE AVENUE

NILES, IL. 60714

Reference Numbers Facility ID 6007793

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	30	118	0	0	44	0	192
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	30	118	0	0	44	0	192

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	155
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	188	0	0	0	188
Race Unknown	0	0	0	0	0
Total	192	0	0	0	192

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	181	0	0	0	181
Ethnicity Unknown	0	0	0	0	0
Total	192	0	0	0	192

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	9.00
Certified Aides	84.00
Other Health Staff	36.00
Non-Health Staff	43.00
Totals	194.00

REGENCY NURSING CARE RESIDENCE

2120 WEST WASHINGTON
 SPRINGFIELD, IL 62702
Reference Numbers Facility ID 6008239
 Health Service Area 003 Planning Service Area 167

Administrator
 Maryann Walker

Contact Person and Telephone

Maryann Walker
 217-793-4880

Registered Agent Information

MCDERMOTT, KEVIN
 15 SOUTH OLD STATE CAPITOL PLZ
 SPRINGFIELD, IL 62701

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	1
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

Date Completed
 4/12/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	2
Mental Illness	2
Developmental Disability	0
Circulatory System	0
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	56
TOTALS	66

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	95	95	83	95	64	31	1	0	82	67
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	2	2				
TOTAL BEDS	99	99	86	99	66	33	1	0	83	66

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	26050	26050	75.1%		75.1%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					883	883	60.5%		60.5%	
TOTALS	0	0.0%	0	0.0%	26933	26933	74.5%		74.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	3	1	4
75 to 84	8	14	0	0	0	0	0	0	8	14	22
85+	4	35	0	0	0	0	0	1	4	36	40
TOTALS	15	49	0	0	0	0	0	2	15	51	66

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.

REGENCY NURSING CARE RESIDENCE2120 WEST WASHINGTON
SPRINGFIELD, IL. 62702

Reference Numbers Facility ID 6008239

Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	64	0	64
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	2	0	2
TOTALS	0	0	0	0	66	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	302	179
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	250	139

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	62	0	0	2	64
Race Unknown	0	0	0	0	0
Total	64	0	0	2	66

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	64	0	0	2	66
Ethnicity Unknown	0	0	0	0	0
Total	64	0	0	2	66

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	12.00
Certified Aides	39.00
Other Health Staff	0.00
Non-Health Staff	30.00
Totals	85.00

REHAB & CARE CTR - JACKSON CO.

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

Debbie Mayer
618-684-2136

Registered Agent Information

JACKSON COUNTY BOARD CHAIRMAN
JACKSON COUNTY COURTHOUSE
MURPHYSBORO, IL 62966

FACILITY OWNERSHIP
COUNTY

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System	5
Alzheimer Disease	16
Mental Illness	11
Developmental Disability	0
Circulatory System	15
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	26
Injuries and Poisonings	0
Other Medical Conditions	53
Non-Medical Conditions	0
TOTALS	138

Date Completed
4/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	202	202	157	202	138	64	54	202	144
Skilled Under 22	0	0	0	0	0	0	0	0	198
Intermediate DD	0	0	0	0	0	0	0	0	204
Sheltered Care	0	0	0	0	0	0	0	0	138
TOTAL BEDS	202	202	157	202	138	64	54	202	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	6428	32.6%	29701	40.3%	16992	53121	72.0%	72.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	6428	32.6%	29701	40.3%	16992	53121	72.0%	72.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	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	1	0	0	0	0	0	0	0	1	1
65 to 74	4	14	0	0	0	0	0	0	4	14	18
75 to 84	9	25	0	0	0	0	0	0	9	25	34
85+	18	65	0	0	0	0	0	0	18	65	83
TOTALS	32	106	0	0	0	0	0	0	32	106	138

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.

REHAB & CARE CTR - JACKSON CO.

1441 NORTH 14TH STREET
 MURPHYSBORO, IL. 62966

Reference Numbers Facility ID 6004816

Health Service Area 005 Planning Service Area 077

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	18	75	1	1	43	0	138
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	75	1	1	43	0	138

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	119	90
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pac. Isl.	0	0	0	0	0
White	130	0	0	0	130
Race Unknown	0	0	0	0	0
Total	138	0	0	0	138

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	138	0	0	0	138
Ethnicity Unknown	0	0	0	0	0
Total	138	0	0	0	138

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	72.00
Other Health Staff	6.00
Non-Health Staff	42.00
Totals	144.00

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
Thomas A. Smith

Contact Person and Telephone

Thomas A. Smith
773-434-8787

Registered Agent Information

STERN, ABRAHAM J
10 SOUTH WACKER DRIVE, 40TH FL
CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	45
Blood Disorders	2
*Nervous System	55
Alzheimer Disease	23
Mental Illness	0
Developmental Disability	0
Circulatory System	40
Respiratory System	30
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	201

Date Completed
4/17/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	210	210	208	210	201	9	210	210	195	217
Skilled Under 22	0	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	210	210	208	210	201	9	210	210	211	201

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	13918	18.2%	52356	68.3%	7074	73348	95.7%		95.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	13918	18.2%	52356	68.3%	7074	73348	95.7%		95.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	1	4	0	0	0	0	0	0	1	4	5
60 to 64	4	2	0	0	0	0	0	0	4	2	6
65 to 74	8	14	0	0	0	0	0	0	8	14	22
75 to 84	28	61	0	0	0	0	0	0	28	61	89
85+	14	63	0	0	0	0	0	0	14	63	77
TOTALS	56	145	0	0	0	0	0	0	56	145	201

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.

Renaissance At 87th Street

2940 West 87th Street

Chicago, IL. 60652

Reference Numbers Facility ID 6014831

Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	37	147	0	0	17	0	201
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	37	147	0	0	17	0	201

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	155
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	193	0	0	0	193
Hawaiian/Pac. Isl.	0	0	0	0	0
White	6	0	0	0	6
Race Unknown	2	0	0	0	2
Total	201	0	0	0	201

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	199	0	0	0	199
Ethnicity Unknown	0	0	0	0	0
Total	201	0	0	0	201

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	77.00
Other Health Staff	0.00
Non-Health Staff	74.00
Totals	192.00

Renaissance at Midway

4437 South Cicero
CHICAGO, IL. 60632

Reference Numbers Facility ID 6014641
Health Service Area 006 Planning Service Area 603

Administrator

Mark Berger

Contact Person and Telephone

Debra Flowers
773-884-0484

Registered Agent Information

STERN, ABRAHAM J
10 SOUTH WACKER DRIVE, 40TH FL.
CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	31
Endocrine/Metabolic	69
Blood Disorders	11
*Nervous System	2
Alzheimer Disease	62
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	19
Digestive System	9
Genitourinary System Disorders	5
Skin Disorders	6
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	234

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	249	249	244	249	234	15	249	249	232	349
Skilled Under 22	0	0	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	244	249	234	15	249	249		234

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	11440	12.6%	71542	78.7%	3239	86221	94.9%	94.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	11440	12.6%	71542	78.7%	3239	86221	94.9%	94.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	23	18	0	0	0	0	0	0	23	18	41
60 to 64	21	9	0	0	0	0	0	0	21	9	30
65 to 74	10	9	0	0	0	0	0	0	10	9	19
75 to 84	31	42	0	0	0	0	0	0	31	42	73
85+	29	37	0	0	0	0	0	0	29	37	66
TOTALS	117	117	0	0	0	0	0	0	117	117	234

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.

Renaissance at Midway4437 South Cicero
CHICAGO, IL. 60632**Reference Numbers** Facility ID 6014641

Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	23	197	0	5	9	0	234
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	23	197	0	5	9	0	234

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	154	0	0	0	154
Hawaiian/Pac. Isl.	0	0	0	0	0
White	79	0	0	0	79
Race Unknown	0	0	0	0	0
Total	234	0	0	0	234

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	32	0	0	0	32
Non-Hispanic	202	0	0	0	202
Ethnicity Unknown	0	0	0	0	0
Total	234	0	0	0	234

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	5.00
LPN's	29.00
Certified Aides	78.00
Other Health Staff	27.00
Non-Health Staff	87.00
Totals	229.00

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
Dave Schechter

Contact Person and Telephone

Brent Fitzgerald
773-721-5000

Registered Agent Information

STERN, ABRAHAM J
10 SOUTH WACKER DRIVE, 40TH FL
CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	0
Blood Disorders	70
*Nervous System	0
Alzheimer Disease	32
Mental Illness	0
Developmental Disability	0
Circulatory System	21
Respiratory System	73
Digestive System	10
Genitourinary System Disorders	1
Skin Disorders	5
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	223

Date Completed
4/23/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	246	246	243	246	223	23	244	244	222	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	246	246	243	246	223	23	244	244	222	311

**FACILITY UTILIZATION - 2006
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	14332	16.1%	63071	70.8%	7262	84665	94.3%		94.3%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	14332	16.1%	63071	70.8%	7262	84665	94.3%		94.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	2	0	0	0	0	0	0	3	2	5
45 to 59	7	8	0	0	0	0	0	0	7	8	15
60 to 64	5	6	0	0	0	0	0	0	5	6	11
65 to 74	10	18	0	0	0	0	0	0	10	18	28
75 to 84	24	54	0	0	0	0	0	0	24	54	78
85+	25	61	0	0	0	0	0	0	25	61	86
TOTALS	74	149	0	0	0	0	0	0	74	149	223

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.

RENAISSANCE AT SOUTH SHORE2425 EAST 71ST STREET
CHICAGO, IL. 60649

Reference Numbers Facility ID 6014823

Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	28	174	16	0	5	0	223
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	28	174	16	0	5	0	223

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	217	0	0	0	217
Hawaiian/Pac. Isl.	0	0	0	0	0
White	6	0	0	0	6
Race Unknown	0	0	0	0	0
Total	223	0	0	0	223

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	223	0	0	0	223
Ethnicity Unknown	0	0	0	0	0
Total	223	0	0	0	223

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	30.00
Certified Aides	90.00
Other Health Staff	0.00
Non-Health Staff	22.00
Totals	150.00

Renaissance Care Center

1675 East Ash Street
CANTON, IL. 61520

Reference Numbers Facility ID 6006712
Health Service Area 002 Planning Service Area 057

Administrator

Tina Batterton

Contact Person and Telephone

Tina Batterton
309-647-5631

Registered Agent Information

SHERWIN, JUDITH S.
111 E. WACKER DR., STE. 2800
CHICAGO, IL 60601

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System	2
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	25
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	61

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	132	103	62	103	61	71	132	132	52	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				41
TOTAL BEDS	132	103	62	103	61	71	132	132		61

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	1021	2.1%	17295	35.9%	2592	20908	43.4%		55.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1021	2.1%	17295	35.9%	2592	20908	43.4%		55.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	6	5	0	0	0	0	0	0	6	5	11
60 to 64	3	2	0	0	0	0	0	0	3	2	5
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+	4	21	0	0	0	0	0	0	4	21	25
TOTALS	22	39	0	0	0	0	0	0	22	39	61

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.

Renaissance Care Center

1675 East Ash Street
 CANTON, IL. 61520

Reference Numbers Facility ID 6006712

Health Service Area 002 Planning Service Area 057

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	2	49	0	0	10	0	61
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	49	0	0	10	0	61

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	129	119
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	0	0	0	0	0
Total	61	0	0	0	61

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	3.00
LPN's	6.00
Certified Aides	25.00
Other Health Staff	3.00
Non-Health Staff	25.00
Totals	65.00

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

Tina Batterton

Contact Person and Telephone

Tina Batterton
309-647-5631

Registered Agent Information

SHERWIN,JUDITH S
111 E. WACKER DR., STE. 2800
CHICAGO , IL 60601

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	57
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	57

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	56
Skilled Under 22	60	60	57	60	57	3		50	Total Admissions 2006	10
Intermediate DD	0	0	0	0	0	0		0	Total Discharges 2006	9
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2006	57
TOTAL BEDS	60	60	57	60	57	3	0	50		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%		0.0%	
Skilled Under 22			20432	112.0%	0	20432	93.3%		93.3%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	20432	112.0%	0	20432	93.3%		93.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	7	8	0	0	0	0	7	8	15
18 to 44	0	0	21	20	0	0	0	0	21	20	41
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	28	29	0	0	0	0	28	29	57

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.

Renaissance Care Center-DD1675 East Ash Street
CANTON, IL. 61520

Reference Numbers Facility ID 6016083

Health Service Area 002 Planning Service Area 057

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	57	0	0	0	0	57
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	57	0	0	0	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	189	189
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	1	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	25	0	0	25
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	31	0	0	31
Race Unknown	0	0	0	0	0
Total	0	57	0	0	57

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	3	0	0	3
Non-Hispanic	0	54	0	0	54
Ethnicity Unknown	0	0	0	0	0
Total	0	57	0	0	57

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	5.00
LPN's	4.00
Certified Aides	27.00
Other Health Staff	3.00
Non-Health Staff	25.00
Totals	67.00

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

ARMBRUST,RITA;MS.
122 PARAGON RD P O BOX 871
SALEM , IL 62881

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/13/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5840	100.0%	0	5840	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	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	1	0	0	0	1	0	1
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	7	9	0	0	7	9	16

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	114	114
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	8.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	12.25

REST HAVEN CENTRAL

13259 SOUTH CENTRAL AVENUE
PALOS HEIGHTS, IL. 60463

Reference Numbers Facility ID 6007843
Health Service Area 007 Planning Service Area 705

Administrator

Johanna Zandstra

Contact Person and Telephone

Johanna Zandstra
708-597-1000

Registered Agent Information

RUSSELL,JOHN R.
18601 N. CREEK DRIVE
TINLEY PARK , IL 60477

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System	12
Alzheimer Disease	30
Mental Illness	10
Developmental Disability	7
Circulatory System	36
Respiratory System	3
Digestive System	4
Genitourinary System Disorders	7
Skin Disorders	2
Musculo-skeletal Disorders	30
Injuries and Poisonings	24
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	179

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	193	193	192	193	14	95	193	Residents on 1/1/2006	192
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	641
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	654
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	179
TOTAL BEDS	193	193	192	193	14	95	193		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	15661	45.2%	35913	51.0%	14127	65701	93.3%	93.3%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	15661	45.2%	35913	51.0%	14127	65701	93.3%	93.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	3	0	0	0	0	0	0	1	3	4
65 to 74	8	8	0	0	0	0	0	0	8	8	16
75 to 84	11	39	0	0	0	0	0	0	11	39	50
85+	15	87	0	0	0	0	0	0	15	87	102
TOTALS	37	142	0	0	0	0	0	0	37	142	179

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.

REST HAVEN CENTRAL

13259 SOUTH CENTRAL AVENUE
 PALOS HEIGHTS, IL. 60463

Reference Numbers Facility ID 6007843

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	49	85	0	6	39	0	179
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	49	85	0	6	39	0	179

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	193
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	173	0	0	0	173
Race Unknown	0	0	0	0	0
Total	179	0	0	0	179

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	177	0	0	0	177
Ethnicity Unknown	0	0	0	0	0
Total	179	0	0	0	179

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	25.00
LPN's	17.00
Certified Aides	101.00
Other Health Staff	11.00
Non-Health Staff	45.00
Totals	201.00

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

Registered Agent Information

CUNNINGHAM, ROSCOE D.; MR.
 BOX 511 11TH @ STATE ST
 LAWRENCEVILLE, IL 62439

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	23
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	33

Date Completed
 4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	49	40	38	40	33	16	0	49	Residents on 1/1/2006	36
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	16
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006	19
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	33
TOTAL BEDS	49	40	38	40	33	16	0	49		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	5632	31.5%	6650	12282	68.7%	84.1%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	5632	31.5%	6650	12282	68.7%	84.1%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	7	0	0	0	0	0	0	0	7	7
85+	3	23	0	0	0	0	0	0	3	23	26
TOTALS	3	30	0	0	0	0	0	0	3	30	33

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.

REST HAVEN MANOR

120 WEST MAIN
ALBION, IL. 62806

Reference Numbers Facility ID 6007850

Health Service Area 005 Planning Service Area 047

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	13	0	0	20	0	33
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	13	0	0	20	0	33

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	108	88
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.50
LPN's	2.00
Certified Aides	15.00
Other Health Staff	1.00
Non-Health Staff	7.00
Totals	30.50

REST HAVEN SOUTH

16300 WAUSAU STREET
 SOUTH HOLLAND, IL. 60473
Reference Numbers Facility ID 6007868
 Health Service Area 007 Planning Service Area 705

Administrator

Evelyn Hanna

Contact Person and Telephone

Dawn Drwiega
 708-596-5500

Registered Agent Information

RUSSELL,JOHN R
 18601 NORTH CREEK DRIVE
 TINLEY PARK , IL 60477

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	19
Blood Disorders	0
*Nervous System	11
Alzheimer Disease	33
Mental Illness	0
Developmental Disability	0
Circulatory System	47
Respiratory System	6
Digestive System	9
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	147

Date Completed
 4/14/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	171	170	162	170	24	171	171	Residents on 1/1/2006	156
Skilled Under 22	0	0	0	0	0		0	Total Admissions 2006	289
Intermediate DD	0	0	0	0	0		0	Total Discharges 2006	298
Sheltered Care	0	0	0	0	0		0	Residents on 12/31/2006	147
TOTAL BEDS	171	170	162	170	24	171	171		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	8294	13.3%	25274	40.5%	21792	55360	88.7%	89.2%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	8294	13.3%	25274	40.5%	21792	55360	88.7%	89.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	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	6	33	0	0	0	0	0	0	6	33	39
85+	14	78	0	0	0	0	0	0	14	78	92
TOTALS	26	121	0	0	0	0	0	0	26	121	147

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.

REST HAVEN SOUTH

16300 WAUSAU STREET
SOUTH HOLLAND, IL. 60473

Reference Numbers Facility ID 6007868

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	34	61	0	0	52	0	147
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	34	61	0	0	52	0	147

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	215	188
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	1	0	0	0	1
Black	22	0	0	0	22
Hawaiian/Pac. Isl.	0	0	0	0	0
White	124	0	0	0	124
Race Unknown	0	0	0	0	0
Total	147	0	0	0	147

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	145	0	0	0	145
Ethnicity Unknown	0	0	0	0	0
Total	147	0	0	0	147

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	63.00
Other Health Staff	10.00
Non-Health Staff	35.00
Totals	142.00

REST HAVEN WEST

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

Registered Agent Information

RUSSELL,JOHN R.
 18601 NORTH CREEK DRIVE
 TINLEY PARK , IL 60477

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System	5
Alzheimer Disease	21
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	6
Digestive System	8
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	39
Injuries and Poisonings	5
Other Medical Conditions	25
Non-Medical Conditions	71
TOTALS	196

Date Completed
 4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	145	141	140	141	20	145	145	Residents on 1/1/2006	211
Skilled Under 22	0	0	0	0	0		0	Total Admissions 2006	625
Intermediate DD	0	0	0	0	0		0	Total Discharges 2006	640
Sheltered Care	96	91	79	91	25			Residents on 12/31/2006	196
TOTAL BEDS	241	232	219	232	45	145	145		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	10619	20.1%	17417	32.9%	19186	47222	89.2%	91.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					27375	27375	78.1%	82.4%	
TOTALS	10619	20.1%	17417	32.9%	46561	74597	84.8%	88.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	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	2	0	0	0	0	0	2	0	4	4
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	11	32	0	0	0	0	3	13	14	45	59
85+	14	54	0	0	0	0	13	40	27	94	121
TOTALS	31	94	0	0	0	0	16	55	47	149	196

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.

REST HAVEN WEST

3450 SARATOGA AVENUE
 DOWNERS GROVE, IL. 60515

Reference Numbers Facility ID 6007876

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	38	43	0	5	39	0	125
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	71	0	71
TOTALS	38	43	0	5	110	0	196

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	200
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	63

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	1	2
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	123	0	0	70	193
Race Unknown	0	0	0	0	0
Total	125	0	0	71	196

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	123	0	0	71	194
Ethnicity Unknown	0	0	0	0	0
Total	125	0	0	71	196

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	23.00
LPN's	11.00
Certified Aides	47.00
Other Health Staff	58.00
Non-Health Staff	0.00
Totals	142.00

RESTHAVE HOME - WHITESIDE CO

408 MAPLE AVENUE
MORRISON, IL. 61270

Reference Numbers Facility ID 6007884
Health Service Area 001 Planning Service Area 195

Administrator
James A. Huber

Contact Person and Telephone

Eva Dyskra
815-772-4021

Registered Agent Information

HUBER,JAMES A.;MR.
408 MAPLE AVE
MORRISON , 61270

FACILITY OWNERSHIP

NON-PROF CORPORATION

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	1
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System	4
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	25
Non-Medical Conditions	0
TOTALS	67

Date Completed
3/29/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	49	49	49	49	46	3	0	49	68
Skilled Under 22	0	0	0	0	0	0	0	0	23
Intermediate DD	0	0	0	0	0	0	0	0	24
Sheltered Care	25	22	21	22	21	4	0	0	67
TOTAL BEDS	74	71	70	71	67	7	0	49	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	6668	37.3%	10592	17260	96.5%	96.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					7611	7611	83.4%	94.8%	
TOTALS	0	0.0%	6668	37.3%	18203	24871	92.1%	96.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	3	6	0	0	0	0	0	3	3	9	12
85+	4	31	0	0	0	0	4	14	8	45	53
TOTALS	8	38	0	0	0	0	4	17	12	55	67

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.

RESTHAVE HOME - WHITESIDE CO

408 MAPLE AVENUE
MORRISON, IL. 61270

Reference Numbers Facility ID 6007884

Health Service Area 001 Planning Service Area 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	18	0	0	28	0	46
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	21	0	21
TOTALS	0	18	0	0	49	0	67

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	68	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	46	0	0	21	67
Race Unknown	0	0	0	0	0
Total	46	0	0	21	67

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	46	0	0	21	67
Ethnicity Unknown	0	0	0	0	0
Total	46	0	0	21	67

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	22.00
Other Health Staff	7.00
Non-Health Staff	21.00
Totals	61.00

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

Nancy Razo
773/594-7400

Registered Agent Information

TOOMEY, JOSEPH F
7435 WEST TALCOTT AVENUE
CHICAGO, IL 60631

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System	12
Alzheimer Disease	8
Mental Illness	6
Developmental Disability	0
Circulatory System	25
Respiratory System	7
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	5
Musculo-skeletal Disorders	28
Injuries and Poisonings	3
Other Medical Conditions	46
Non-Medical Conditions	0
TOTALS	158

Date Completed
3/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	127	127	127	127	0	83	117	Residents on 1/1/2006	156
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	200
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	198
Sheltered Care	32	32	31	32	1			Residents on 12/31/2006	158
TOTAL BEDS	159	159	158	159	1	83	117		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	4541	15.0%	24463	57.3%	17180	46184	99.6%	99.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					11315	11315	96.9%	96.9%	
TOTALS	4541	15.0%	24463	57.3%	28495	57499	99.1%	99.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	1	4	3	7
75 to 84	4	15	0	0	0	0	0	9	4	24	28
85+	16	86	0	0	0	0	1	19	17	105	122
TOTALS	24	103	0	0	0	0	2	29	26	132	158

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.

Resurrection Life Center7370 WEST TALCOTT
CHICAGO, IL. 60631**Reference Numbers** Facility ID 6014575

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	14	65	0	0	48	0	127
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	31	0	31
TOTALS	14	65	0	0	79	0	158

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	230	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	147	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	126	0	0	31	157
Race Unknown	0	0	0	0	0
Total	127	0	0	31	158

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	127	0	0	31	158
Ethnicity Unknown	0	0	0	0	0
Total	127	0	0	31	158

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.76
LPN's	7.00
Certified Aides	46.50
Other Health Staff	11.77
Non-Health Staff	30.40
Totals	116.43

FACILITY NOTES

Bed Change 12/7/2006 Added three nursing care beds, total now 130 nursing care beds and 32 sheltered care beds.

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

Anthony Madl

Contact Person and Telephone

Anthony Madl
847-692-5600

Registered Agent Information

TOOMEY, JOSEPH F
7435 WEST TALCOTT AVENUE
CHICAGO, IL 60631

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	13
Endocrine/Metabolic	10
Blood Disorders	3
*Nervous System	9
Alzheimer Disease	1
Mental Illness	2
Developmental Disability	0
Circulatory System	66
Respiratory System	14
Digestive System	10
Genitourinary System Disorders	14
Skin Disorders	7
Musculo-skeletal Disorders	13
Injuries and Poisonings	50
Other Medical Conditions	45
Non-Medical Conditions	0
TOTALS	257

Date Completed
4/25/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	298	291	275	291	41	298	298	247	1227
Skilled Under 22	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0		
TOTAL BEDS	298	291	275	291	41	298	298	1217	257

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	25761	23.7%	39822	36.6%	28274	93857	86.3%	88.4%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	25761	23.7%	39822	36.6%	28274	93857	86.3%	88.4%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	8	0	0	0	0	0	0	1	8	9
60 to 64	3	5	0	0	0	0	0	0	3	5	8
65 to 74	7	12	0	0	0	0	0	0	7	12	19
75 to 84	34	66	0	0	0	0	0	0	34	66	100
85+	15	106	0	0	0	0	0	0	15	106	121
TOTALS	60	197	0	0	0	0	0	0	60	197	257

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	64	121	0	3	67	2	257
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	64	121	0	3	67	2	257

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	234	200
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	2	0	0	0	2
White	252	0	0	0	252
Race Unknown	0	0	0	0	0
Total	257	0	0	0	257

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	252	0	0	0	252
Ethnicity Unknown	0	0	0	0	0
Total	257	0	0	0	257

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	41.00
LPN's	5.00
Certified Aides	106.00
Other Health Staff	23.00
Non-Health Staff	76.00
Totals	253.00

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

CONNELLY,ROSEMARY;SR.;RSM
2916 WEST 47TH STREET
CHICAGO , IL 60632

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	12
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	12	12	12	12	0	0	12	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	12
TOTAL BEDS	12	12	12	12	0	0	12		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			4380	100.0%	0	4380	100.0%	100.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	4380	100.0%	0	4380	100.0%	100.0%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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

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.

RICE HOUSE

6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6013247

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	195	195
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.15
LPN's	0.00
Certified Aides	7.75
Other Health Staff	1.80
Non-Health Staff	0.15
Totals	10.10

RICHLAND CARE & REHAB

410 EAST MACK
 OLNEY, IL. 62450
Reference Numbers Facility ID 6006910
 Health Service Area 005 Planning Service Area 159

Administrator
 Robb Shipley

Contact Person and Telephone

Robb Shipley
 618-395-7421

Registered Agent Information

CAPITOL CORPORATE SERVICES
 118 W. EDWARDS ST., SUITE 200
 SPRINGFIELD, IL 62704

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System	6
Alzheimer Disease	5
Mental Illness	5
Developmental Disability	3
Circulatory System	22
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	3
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	80

Date Completed
 4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	118	85	85	80	80	38	118	118	75	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		0		
TOTAL BEDS	118	85	85	80	80	38	118	118		89
										80

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3105	7.2%	19930	46.3%	4771	27806	64.6%		89.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	3105	7.2%	19930	46.3%	4771	27806	64.6%		89.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	3	0	0	0	0	0	0	0	3	3
45 to 59	3	3	0	0	0	0	0	0	3	3	6
60 to 64	5	2	0	0	0	0	0	0	5	2	7
65 to 74	13	6	0	0	0	0	0	0	13	6	19
75 to 84	9	20	0	0	0	0	0	0	9	20	29
85+	4	12	0	0	0	0	0	0	4	12	16
TOTALS	34	46	0	0	0	0	0	0	34	46	80

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.

RICHLAND CARE & REHAB

410 EAST MACK
 OLNEY, IL. 62450

Reference Numbers Facility ID 6006910

Health Service Area 005 Planning Service Area 159

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	12	53	0	0	15	0	80
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	53	0	0	15	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	100	105
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	24.00
Other Health Staff	0.00
Non-Health Staff	23.00
Totals	61.00

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

Registered Agent Information

SIMMONS,ANGELA;MS.
122 N. PARAGON RD, P.O.BOX 745
SALEM , IL 62881

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	2
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5346	91.5%	0	5346	91.5%	91.5%	91.5%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5346	91.5%	0	5346	91.5%	91.5%	91.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	3	0	0	4	3	7
45 to 59	0	0	0	0	2	2	0	0	2	2	4
60 to 64	0	0	0	0	1	3	0	0	1	3	4
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	8	8	0	0	8	8	16

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	130
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.50
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	8.25
Other Health Staff	0.00
Non-Health Staff	4.75
Totals	14.75

RICHLAND MEMORIAL HOSPITAL

800 EAST LOCUST

OLNEY, IL. 62450

Reference Numbers Facility ID 6010581

Health Service Area 005 Planning Service Area 159

Administrator

Cathy Briscoe, RN, LNHA

Contact Person and Telephone

Cathy Briscoe, RN, LNHA

618-395-2131 ext. 4336

Registered Agent Information

Date Completed

4/17/2007

, 0

FACILITY OWNERSHIP

TOWNSHIP

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	1
Circulatory System	3
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	28

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	34	34	31	34	28	6	14	0	24
Skilled Under 22	0	0	0	0	0	0	0	0	193
Intermediate DD	0	0	0	0	0	0	0	0	189
Sheltered Care	0	0	0	0	0	0	0	0	28
TOTAL BEDS	34	34	31	34	28	6	14	0	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3585	70.2%	0	0.0%	6520	10105	81.4%		81.4%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	3585	70.2%	0	0.0%	6520	10105	81.4%		81.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	7	0	0	0	0	0	0	1	7	8
85+	3	14	0	0	0	0	0	0	3	14	17
TOTALS	5	23	0	0	0	0	0	0	5	23	28

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.

RICHLAND MEMORIAL HOSPITAL

800 EAST LOCUST

OLNEY, IL. 62450

Reference Numbers Facility ID 6010581

Health Service Area 005 Planning Service Area 159

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	10	0	0	0	18	0	28
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	0	0	0	18	0	28

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	105	105
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.40
LPN's	1.30
Certified Aides	10.50
Other Health Staff	1.90
Non-Health Staff	1.00
Totals	23.10

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

Carol Nally
 309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
 115 EAST SOUTH STREET
 GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
 3/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5840	100.0%	0	5840	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	5	0	0	6	5	11
45 to 59	0	0	0	0	0	3	0	0	0	3	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	10	0	0	6	10	16

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.

RIDGE TERRACE

2911 HIGHLANDVIEW DRIVE
FREEPORT, IL. 61032

Reference Numbers Facility ID 6010847

Health Service Area 001 Planning Service Area 177

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	16	0	0	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	0	16	0	0	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	123	123
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	6.30
Other Health Staff	0.62
Non-Health Staff	1.11
Totals	8.28

RIDGELAND NRSG & REHAB CENTER

12550 SOUTH RIDGELAND AVENUE
 PALOS HEIGHTS, IL. 60463
Reference Numbers Facility ID 6007934
 Health Service Area 007 Planning Service Area 705

Administrator

Daniel Elkaim

Contact Person and Telephone

Daniel Elkaim
 708-597-9300

Registered Agent Information

ARONIN, DAVID
 2201 MAIN STREET
 EVANSTON, IL 60202

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System	20
Alzheimer Disease	4
Mental Illness	1
Developmental Disability	0
Circulatory System	17
Respiratory System	10
Digestive System	5
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	17
Injuries and Poisonings	0
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	96

Date Completed
 4/16/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	101	101	101	101	96	5	101	101	94
Skilled Under 22	0	0	0	0	0	0	0	0	179
Intermediate DD	0	0	0	0	0	0	0	0	177
Sheltered Care	0	0	0	0	0	0	0	0	96
TOTAL BEDS	101	101	101	101	96	5	101	101	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	7118	19.3%	19169	52.0%	7454	33741	91.5%	91.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	7118	19.3%	19169	52.0%	7454	33741	91.5%	91.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	2	0	0	0	0	0	0	1	2	3
65 to 74	2	9	0	0	0	0	0	0	2	9	11
75 to 84	11	16	0	0	0	0	0	0	11	16	27
85+	14	34	0	0	0	0	0	0	14	34	48
TOTALS	30	66	0	0	0	0	0	0	30	66	96

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.

RIDGELAND NRSG & REHAB CENTER

12550 SOUTH RIDGELAND AVENUE
 PALOS HEIGHTS, IL. 60463

Reference Numbers Facility ID 6007934

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	19	58	0	0	19	0	96
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	58	0	0	19	0	96

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	192	172
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	89	0	0	0	89
Race Unknown	0	0	0	0	0
Total	96	0	0	0	96

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	91	0	0	0	91
Ethnicity Unknown	0	0	0	0	0
Total	96	0	0	0	96

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	29.00
Other Health Staff	2.00
Non-Health Staff	25.00
Totals	70.00

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

Registered Agent Information

CUNNINGHAM, J.C.
 413 RIDGE LANE
 OBLONG, IL 62449

FACILITY OWNERSHIP
 IND PROPRIETORSHIP

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System	0
Alzheimer Disease	6
Mental Illness	4
Developmental Disability	0
Circulatory System	7
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	35

Date Completed
 4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	50	50	39	15	35	15	0	70	26	34
Skilled Under 22	0	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	50	50	39	15	35	15	0	70	25	35

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	650	0.0%	6764	26.5%	3064	10478	57.4%	57.4%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	650	0.0%	6764	26.5%	3064	10478	57.4%	57.4%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	0	0	0	0	0	0	1	2	3
65 to 74	0	3	0	0	0	0	0	0	0	3	3
75 to 84	5	6	0	0	0	0	0	0	5	6	11
85+	4	10	0	0	0	0	0	0	4	10	14
TOTALS	12	23	0	0	0	0	0	0	12	23	35

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.

RIDGEVIEW CARE CENTER

413 RIDGE LANE
 OBLONG, IL. 62449

Reference Numbers Facility ID 6007942

Health Service Area 005 Planning Service Area 033

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	7	18	0	2	8	0	35
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	18	0	2	8	0	35

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	85	80
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	13.00
Other Health Staff	0.00
Non-Health Staff	16.00
Totals	37.00

Ridgeview Rehab & Nursing Center

6450 North Ridge Avenue
CHICAGO, IL. 60626

Reference Numbers Facility ID 6003453
Health Service Area 006 Planning Service Area 601

Administrator

Shimon Webster

Contact Person and Telephone

Shimon Webster
773-743-8700

Registered Agent Information

STERN, ABRAHAM J., ESQ.
10 SOUTH WACKER DR., 40TH FL.
CHICAGO, IL 60606

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	20
Blood Disorders	6
*Nervous System	9
Alzheimer Disease	9
Mental Illness	31
Developmental Disability	0
Circulatory System	12
Respiratory System	15
Digestive System	9
Genitourinary System Disorders	1
Skin Disorders	2
Musculo-skeletal Disorders	11
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	127

Date Completed
4/7/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	136	136	134	136	9	20	136	Residents on 1/1/2006	126
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	296
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	295
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	127
TOTAL BEDS	136	136	134	136	9	20	136		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1296	17.8%	44949	90.5%	954	47199	95.1%	95.1%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	1296	17.8%	44949	90.5%	954	47199	95.1%	95.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	7	6	0	0	0	0	0	0	7	6	13
45 to 59	30	11	0	0	0	0	0	0	30	11	41
60 to 64	8	4	0	0	0	0	0	0	8	4	12
65 to 74	22	11	0	0	0	0	0	0	22	11	33
75 to 84	8	10	0	0	0	0	0	0	8	10	18
85+	5	5	0	0	0	0	0	0	5	5	10
TOTALS	80	47	0	0	0	0	0	0	80	47	127

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.

Ridgeview Rehab & Nursing Center6450 North Ridge Avenue
CHICAGO, IL. 60626

Reference Numbers Facility ID 6003453

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	4	121	0	0	2	0	127
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	121	0	0	2	0	127

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	0	0	0	0	0
Black	53	0	0	0	53
Hawaiian/Pac. Isl.	0	0	0	0	0
White	70	0	0	0	70
Race Unknown	0	0	0	0	0
Total	127	0	0	0	127

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	121	0	0	0	121
Ethnicity Unknown	0	0	0	0	0
Total	127	0	0	0	127

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.00
LPN's	13.00
Certified Aides	49.00
Other Health Staff	4.00
Non-Health Staff	63.00
Totals	152.00

FACILITY NOTES

Name Change	9/1/2006	Name changed from Garden View Nursing & Reh. Ctr.
E-178-05	9/1/2006	Change of ownership occurred.
E-178-05	2/9/2006	Change of ownership exemption approved.

Ridgway Manor

900 West Race Street
RIDGWAY, IL. 62979

Reference Numbers Facility ID 6007975
Health Service Area 005 Planning Service Area 059

Administrator

Stephanie Wise

Contact Person and Telephone

Erin Hines
618-272-8831

Registered Agent Information

STERN, ABRAHAM J.
10 SOUTH WACKER DRIVE, 40TH FL
CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	4
Circulatory System	12
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	37

Date Completed
4/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	71	63	45	63	37	34	0	71	44	19
Skilled Under 22	0	0	0	0	0	0	0	0		26
Intermediate DD	0	0	0	0	0	0	0	0		37
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	71	63	45	63	37	34	0	71		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1991	0.0%	10119	39.0%	2313	14423	55.7%		62.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1991	0.0%	10119	39.0%	2313	14423	55.7%		62.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	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	7	3	0	0	0	0	0	0	7	3	10
85+	3	13	0	0	0	0	0	0	3	13	16
TOTALS	16	21	0	0	0	0	0	0	16	21	37

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.

Ridgway Manor

900 West Race Street
RIDGWAY, IL. 62979

Reference Numbers Facility ID 6007975

Health Service Area 005 Planning Service Area 059

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	4	27	0	0	6	0	37
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	27	0	0	6	0	37

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	84	74
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	35	0	0	0	35
Race Unknown	0	0	0	0	0
Total	37	0	0	0	37

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	37	0	0	0	37
Ethnicity Unknown	0	0	0	0	0
Total	37	0	0	0	37

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	15.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	25.00

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
Phyllis Schwebke

Contact Person and Telephone
Phyllis Schwebke
815-877-8061

Registered Agent Information

CHRISTIANSEN,SCOTT
404 ELM STREET, ROOM 504
ROCKFORD , IL 61101

FACILITY OWNERSHIP
COUNTY

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	20
Blood Disorders	0
*Nervous System	14
Alzheimer Disease	109
Mental Illness	3
Developmental Disability	0
Circulatory System	53
Respiratory System	5
Digestive System	3
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	8
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	251

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	304	296	260	296	53	76	304	247	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	0		
TOTAL BEDS	304	296	260	296	53	76	304	251	133

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	2756	9.9%	74537	67.2%	10836	88129	79.4%	81.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2756	9.9%	74537	67.2%	10836	88129	79.4%	81.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	2	0	0	0	0	0	0	1	2	3
45 to 59	7	5	0	0	0	0	0	0	7	5	12
60 to 64	3	5	0	0	0	0	0	0	3	5	8
65 to 74	7	19	0	0	0	0	0	0	7	19	26
75 to 84	24	54	0	0	0	0	0	0	24	54	78
85+	27	97	0	0	0	0	0	0	27	97	124
TOTALS	69	182	0	0	0	0	0	0	69	182	251

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.

RIVER BLUFF NURSING HOME4401 NORTH MAIN STREET
ROCKFORD, IL. 61103

Reference Numbers Facility ID 6008007

Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	9	180	3	0	59	0	251
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	180	3	0	59	0	251

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	151	131
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	20	0	0	0	20
Hawaiian/Pac. Isl.	0	0	0	0	0
White	231	0	0	0	231
Race Unknown	0	0	0	0	0
Total	251	0	0	0	251

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	247	0	0	0	247
Ethnicity Unknown	0	0	0	0	0
Total	251	0	0	0	251

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	24.00
LPN's	26.00
Certified Aides	125.00
Other Health Staff	11.00
Non-Health Staff	99.00
Totals	288.00

RIVER BLUFFS OF CAHOKIA NSG.

3354 JEROME LANE
 CAHOKIA, IL. 62206
Reference Numbers Facility ID 6007983
 Health Service Area 011 Planning Service Area 163

Administrator

Daniel Weiss

Contact Person and Telephone

Kenya Washington
 618-337-9823

Registered Agent Information

ARYEH,DAVID(MOSHE)
 6116 NORTH MONTICELLO AVENUE
 CHICAGO , IL 60659

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System	5
Alzheimer Disease	15
Mental Illness	40
Developmental Disability	1
Circulatory System	3
Respiratory System	4
Digestive System	5
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	20
Non-Medical Conditions	0
TOTALS	101

Date Completed
 4/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	130	124	107	120	101	29	130	88	
Skilled Under 22	0	0	0	0	0	0	0	85	
Intermediate DD	0	0	0	0	0	0	0	72	
Sheltered Care	0	0	0	0	0	0	0	101	
TOTAL BEDS	130	124	107	120	101	29	130		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1517	14.3%	33112	69.8%	595	35224	74.2%	77.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	1517	14.3%	33112	69.8%	595	35224	74.2%	77.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	11	6	0	0	0	0	0	0	11	6	17
45 to 59	16	11	0	0	0	0	0	0	16	11	27
60 to 64	5	4	0	0	0	0	0	0	5	4	9
65 to 74	7	10	0	0	0	0	0	0	7	10	17
75 to 84	9	10	0	0	0	0	0	0	9	10	19
85+	3	9	0	0	0	0	0	0	3	9	12
TOTALS	51	50	0	0	0	0	0	0	51	50	101

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.

RIVER BLUFFS OF CAHOKIA NSG.3354 JEROME LANE
CAHOKIA, IL. 62206

Reference Numbers Facility ID 6007983

Health Service Area 011 Planning Service Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	9	90	0	0	2	0	101
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	90	0	0	2	0	101

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	95
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	60	0	0	0	60
Hawaiian/Pac. Isl.	0	0	0	0	0
White	41	0	0	0	41
Race Unknown	0	0	0	0	0
Total	101	0	0	0	101

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	38.00
Other Health Staff	5.00
Non-Health Staff	54.00
Totals	117.00

RIVER COURT

760 EAST RIVER STREET
KANKAKEE, IL. 60901

Reference Numbers Facility ID 6013718
Health Service Area 009 Planning Service Area 091

Administrator

Anna Corso

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/7/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	4
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	4	4	4	4	0	0	4	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	4
TOTAL BEDS	4	4	4	4	0	0	4		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			1112	76.2%	0	1112	76.2%	76.2%	76.2%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	1112	76.2%	0	1112	76.2%	76.2%	76.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	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	4	0	0	0	4	4

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.

RIVER COURT

760 EAST RIVER STREET
KANKAKEE, IL. 60901

Reference Numbers Facility ID 6013718

Health Service Area 009 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	229	229
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	2	0	2
Ethnicity Unknown	0	0	0	0	0
Total	0	0	4	0	4

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.12
LPN's	0.00
Certified Aides	4.01
Other Health Staff	0.25
Non-Health Staff	0.64
Totals	5.27

RIVER OAKS

121 DIVISION STREET
 MOUNT CARMEL, IL. 62863
Reference Numbers Facility ID 6010375
 Health Service Area 005 Planning Service Area 047

Administrator

David M. Roberts

Contact Person and Telephone

DIANN BLACK
 618-262-8614

Registered Agent Information

ROBERTS, DAVID M.; MR.
 1310 W. THIRD STR, P.O. BOX 487
 MT CARMEL, IL. 62863

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
 4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	15	16	2		16	Total Discharges 2006	2
Sheltered Care	0	0	0	0	0			Residents on 12/31/2006	14
TOTAL BEDS	16	16	15	16	2	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			4874	83.5%	0	4874	83.5%	83.5%	83.5%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	4874	83.5%	0	4874	83.5%	83.5%	83.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	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	1	3	0	0	1	3	4
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	7	7	0	0	7	7	14

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.

RIVER OAKS

121 DIVISION STREET
MOUNT CARMEL, IL. 62863

Reference Numbers Facility ID 6010375

Health Service Area 005 Planning Service Area 047

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	109
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	1.25
Certified Aides	13.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	16.25

RIVER PARK HEALTH CARE 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

Registered Agent Information

MAGENCE,MEYER
 8320 SKOKIE BOULEVARD
 SKOKIE, IL 60077

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	68
Blood Disorders	1
*Nervous System	4
Alzheimer Disease	15
Mental Illness	2
Developmental Disability	0
Circulatory System	46
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	1
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	143

Date Completed
 4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	177	177	147	177	34	177	177	142	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	0		
TOTAL BEDS	177	177	147	177	34	177	177	115	143

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	3571	5.5%	38565	59.7%	6033	48169	74.6%	74.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	3571	5.5%	38565	59.7%	6033	48169	74.6%	74.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	3	0	0	0	0	0	0	4	3	7
45 to 59	16	14	0	0	0	0	0	0	16	14	30
60 to 64	7	6	0	0	0	0	0	0	7	6	13
65 to 74	15	12	0	0	0	0	0	0	15	12	27
75 to 84	14	18	0	0	0	0	0	0	14	18	32
85+	10	24	0	0	0	0	0	0	10	24	34
TOTALS	66	77	0	0	0	0	0	0	66	77	143

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.

RIVER PARK HEALTH CARE CENTER

2545 24TH STREET

ROCK ISLAND, IL. 61201

Reference Numbers Facility ID 6008130

Health Service Area 010 Planning Service Area 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	13	100	1	0	11	18	143
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	100	1	0	11	18	143

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	143	131
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	39	0	0	0	39
Hawaiian/Pac. Isl.	0	0	0	0	0
White	99	0	0	0	99
Race Unknown	4	0	0	0	4
Total	143	0	0	0	143

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	139	0	0	0	139
Ethnicity Unknown	0	0	0	0	0
Total	143	0	0	0	143

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	33.00
Other Health Staff	6.00
Non-Health Staff	33.00
Totals	95.00

RIVER SHORE REHAB & NURSING CTR

578 WEST COMMERCIAL STREET
 MARSEILLES, IL. 61341

Reference Numbers Facility ID 6008015
 Health Service Area 002 Planning Service Area 099

Administrator
 Dan DeVine

Contact Person and Telephone

Laurie Forth
 815-795-5121

Registered Agent Information

SCHWARTZ,LAWRENCE
 7366 NORTH LINCOLN, SUITE 404
 LINCOLNWOOD , IL 60712

FACILITY OWNERSHIP
 LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System	4
Alzheimer Disease	4
Mental Illness	2
Developmental Disability	0
Circulatory System	21
Respiratory System	13
Digestive System	8
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	8
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	79

Date Completed
 4/6/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	103	93	87	93	79	24	103	102	78
Skilled Under 22	0	0	0	0	0	0	0	0	126
Intermediate DD	0	0	0	0	0	0	0	0	125
Sheltered Care	0	0	0	0	0	0	0	0	79
TOTAL BEDS	103	93	87	93	79	24	103	102	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	4636	12.3%	19259	51.7%	4971	28866	76.8%	85.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	4636	12.3%	19259	51.7%	4971	28866	76.8%	85.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	9	6	0	0	0	0	0	0	9	6	15
75 to 84	9	20	0	0	0	0	0	0	9	20	29
85+	6	26	0	0	0	0	0	0	6	26	32
TOTALS	26	53	0	0	0	0	0	0	26	53	79

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.

RIVER SHORE REHAB & NURSING CTR

578 WEST COMMERCIAL STREET
 MARSEILLES, IL. 61341

Reference Numbers Facility ID 6008015

Health Service Area 002 Planning Service Area 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	15	49	0	0	15	0	79
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	49	0	0	15	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	161	136
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	6.00
Certified Aides	31.00
Other Health Staff	0.00
Non-Health Staff	19.00
Totals	66.00

RIVERSIDE FOUNDATION

14588 WEST HIGHWAY 22
LINCOLNSHIRE, IL. 60069

Reference Numbers Facility ID 6008023
Health Service Area 008 Planning Service Area 097

Administrator
Patricia T. Weisser

Contact Person and Telephone

Terri Drewniak
847-634-3973

Registered Agent Information

MULE,PETER;MR.
14588 W HWY 22
LINCOLNSHIRE , IL 60069

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	97
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	6
Intermediate DD	97	97	97	97	97	0	0	97	Total Discharges 2006	6
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	97
TOTAL BEDS	97	97	97	97	97	0	0	97		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			34715	98.1%	0	34715	98.1%	98.1%	98.1%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	34715	98.1%	0	34715	98.1%	98.1%	98.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	17	20	0	0	17	20	37
45 to 59	0	0	0	0	20	22	0	0	20	22	42
60 to 64	0	0	0	0	5	4	0	0	5	4	9
65 to 74	0	0	0	0	6	3	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	0	0	48	49	0	0	48	49	97

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.

RIVERSIDE FOUNDATION

14588 WEST HIGHWAY 22

LINCOLNSHIRE, IL. 60069

Reference Numbers Facility ID 6008023

Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		96	0	0	1	0	97
Sheltered Care			0	0	0	0	0
TOTALS	0	96	0	0	1	0	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	139	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	11	0	11
Hawaiian/Pac. Isl.	0	0	2	0	2
White	0	0	83	0	83
Race Unknown	0	0	0	0	0
Total	0	0	97	0	97

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	96	0	96
Total	0	0	97	0	97

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	4.00
Certified Aides	31.00
Other Health Staff	0.00
Non-Health Staff	35.00
Totals	76.00

RIVERVIEW - A SR LVG COMMUNITY

500 CENTENNIAL DRIVE
EAST PEORIA, IL. 61611

Reference Numbers Facility ID 6008056
Health Service Area 002 Planning Service Area 179

Administrator

Candy White

Contact Person and Telephone

Candy White
309-694-9865

Registered Agent Information

C T CORPORATION SYSTEM
208 SOUTH LASALLE STREET
CHICAGO , IL 60604

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	2
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	5
Digestive System	5
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	13
Injuries and Poisonings	5
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	56

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	67	67	64	67	56	11	67	2	62
Skilled Under 22	0	0	0	0	0	0	0	0	376
Intermediate DD	0	0	0	0	0	0	0	0	382
Sheltered Care	0	0	0	0	0	0	0	0	56
TOTAL BEDS	67	67	64	67	56	11	67	2	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	7665	31.3%	72	9.9%	12775	20512	83.9%	83.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	7665	31.3%	72	9.9%	12775	20512	83.9%	83.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	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	8	5	0	0	0	0	0	0	8	5	13
85+	8	22	0	0	0	0	0	0	8	22	30
TOTALS	21	35	0	0	0	0	0	0	21	35	56

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.

RIVERVIEW - A SR LVG COMMUNITY

500 CENTENNIAL DRIVE
EAST PEORIA, IL. 61611

Reference Numbers Facility ID 6008056

Health Service Area 002 Planning Service Area 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	21	0	0	10	25	0	56
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	0	0	10	25	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	206	165
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	55	0	0	0	55
Race Unknown	0	0	0	0	0
Total	56	0	0	0	56

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	18.00
Certified Aides	25.00
Other Health Staff	10.00
Non-Health Staff	15.00
Totals	79.00

Riviera Manor Nursing Home

490 West 16th Place
CHICAGO HEIGHTS, IL. 60411

Reference Numbers Facility ID 6008064
Health Service Area 007 Planning Service Area 705

Administrator

Richard Potekin

Contact Person and Telephone

Michael Wartman
708-481-4444

Registered Agent Information

POTEKIN,RICHARD
490 WEST 16TH PLACE
CHICAGO HEIGHTS , IL 60411

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	15
Blood Disorders	14
*Nervous System	4
Alzheimer Disease	2
Mental Illness	58
Developmental Disability	0
Circulatory System	15
Respiratory System	10
Digestive System	5
Genitourinary System Disorders	3
Skin Disorders	3
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	135

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	200	160	149	160	65	45	190	Residents on 1/1/2006	143
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	80
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	88
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	135
TOTAL BEDS	200	160	149	160	65	45	190		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	50716	73.1%	1219	51935	71.1%		88.9%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	50716	73.1%	1219	51935	71.1%		88.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	30	11	0	0	0	0	0	0	30	11	41
45 to 59	47	13	0	0	0	0	0	0	47	13	60
60 to 64	7	1	0	0	0	0	0	0	7	1	8
65 to 74	9	3	0	0	0	0	0	0	9	3	12
75 to 84	5	4	0	0	0	0	0	0	5	4	9
85+	1	4	0	0	0	0	0	0	1	4	5
TOTALS	99	36	0	0	0	0	0	0	99	36	135

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.

Riviera Manor Nursing Home

490 West 16th Place

CHICAGO HEIGHTS, IL. 60411

Reference Numbers Facility ID 6008064

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	131	0	0	4	0	135
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	131	0	0	4	0	135

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	88	0	0	0	88
Hawaiian/Pac. Isl.	0	0	0	0	0
White	40	0	0	0	40
Race Unknown	6	0	0	0	6
Total	135	0	0	0	135

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	129	0	0	0	129
Ethnicity Unknown	0	0	0	0	0
Total	135	0	0	0	135

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	32.00
Other Health Staff	23.00
Non-Health Staff	48.00
Totals	125.00

ROBING'S MANOR REHAB & HEALTH CR

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

SNYDER, MARIKAY L.
830 WEST TRAILCREEK DRIVE
PEORIA, IL 61614

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System	6
Alzheimer Disease	8
Mental Illness	7
Developmental Disability	3
Circulatory System	12
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	14
TOTALS	68

Date Completed
4/3/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	75	75	73	75	68	7	25	75	64	64
Skilled Under 22	0	0	0	0	0	0		0	65	65
Intermediate DD	0	0	0	0	0	0		0	61	61
Sheltered Care	0	0	0	0	0	0		0	68	68
TOTAL BEDS	75	75	73	75	68	7	25	75		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1994	21.9%	17434	63.7%	4178	23606	86.2%		86.2%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1994	21.9%	17434	63.7%	4178	23606	86.2%		86.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	4	6	0	0	0	0	0	0	4	6	10
75 to 84	4	17	0	0	0	0	0	0	4	17	21
85+	3	24	0	0	0	0	0	0	3	24	27
TOTALS	15	53	0	0	0	0	0	0	15	53	68

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.

ROBING'S MANOR REHAB & HEALTH CR

502 NORTH MAIN

BRIGHTON, IL. 62012

Reference Numbers Facility ID 6008072

Health Service Area 003 Planning Service Area 117

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	3	52	0	0	13	0	68
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	52	0	0	13	0	68

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	25.00
Other Health Staff	1.00
Non-Health Staff	20.00
Totals	58.00

FACILITY NOTES

Bed Change 1/27/2006 Added seven nursing care beds, total now 75 nursing care beds.

ROCHELLE NURSING & REHAB

1021 CARON ROAD
ROCHELLE, IL. 61068

Reference Numbers Facility ID 6008098
Health Service Area 001 Planning Service Area 141

Administrator

Amrit M. Jacob

Contact Person and Telephone

Marikay Snyder
309-689-5880

Registered Agent Information

SNYDER, MARIKAY
830 W. TRAILCREEK DRIVE
PEORIA, IL 61614

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System	2
Alzheimer Disease	4
Mental Illness	8
Developmental Disability	1
Circulatory System	9
Respiratory System	3
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	35

Date Completed
4/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	74	67	47	67	35	39	0	74	44	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0	0	0	39	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0	0	0	48	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0	0	0	35	
TOTAL BEDS	74	67	47	67	35	39	0	74		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	6523	24.2%	8013	14536	53.8%	59.4%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	6523	24.2%	8013	14536	53.8%	59.4%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	0	4	0	0	0	0	0	0	0	4	4
75 to 84	2	8	0	0	0	0	0	0	2	8	10
85+	8	11	0	0	0	0	0	0	8	11	19
TOTALS	11	24	0	0	0	0	0	0	11	24	35

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.

ROCHELLE NURSING & REHAB

1021 CARON ROAD
 ROCHELLE, IL. 61068

Reference Numbers Facility ID 6008098

Health Service Area 001 Planning Service Area 141

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	23	0	0	12	0	35
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	23	0	0	12	0	35

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	193	119
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	34	0	0	0	34
Ethnicity Unknown	0	0	0	0	0
Total	35	0	0	0	35

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	3.00
Certified Aides	15.00
Other Health Staff	0.00
Non-Health Staff	15.00
Totals	37.00

ROCHELLE REHAB & HEALTH CARE CENTER

900 NORTH 3RD STREET
ROCHELLE, IL. 61068

Reference Numbers Facility ID 6008106
Health Service Area 001 Planning Service Area 141

Administrator
Cindy White

Contact Person and Telephone

Marikay Snyder
309-689-5880

Registered Agent Information

SNYDER, MARIKAY
830 W. TRAILCREEK DRIVE
PEORIA, IL 61614

FACILITY OWNERSHIP
LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	2
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	0
Digestive System	4
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	5
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	27

Date Completed
4/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	50	50	44	50	27	23	50	50	41	Total Admissions 2006 75
Skilled Under 22	0	0	0	0	0	0		0		Total Discharges 2006 89
Intermediate DD	0	0	0	0	0	0		0		Residents on 12/31/2006 27
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	50	50	44	50	27	23	50	50		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3192	17.5%	4176	22.9%	3684	11052	60.6%		60.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	3192	17.5%	4176	22.9%	3684	11052	60.6%		60.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	5	6	0	0	0	0	0	0	5	6	11
85+	2	13	0	0	0	0	0	0	2	13	15
TOTALS	7	20	0	0	0	0	0	0	7	20	27

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.

ROCHELLE REHAB & HEALTH CARE CENTER

900 NORTH 3RD STREET

ROCHELLE, IL. 61068

Reference Numbers Facility ID 6008106

Health Service Area 001 Planning Service Area 141

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	13	0	0	8	0	27
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	13	0	0	8	0	27

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	142	119
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	3.00
Certified Aides	14.00
Other Health Staff	4.00
Non-Health Staff	8.00
Totals	33.00

ROCK FALLS REHABILITATION & HEALTH CARE

430 MARTIN ROAD
 ROCK FALLS, IL. 61071
Reference Numbers Facility ID 6008114
 Health Service Area 001 Planning Service Area 195

Administrator
 Austin Coggins

Contact Person and Telephone

Marikay Snyder
 309-689-5880

Registered Agent Information

SNYDER,MARIKAY L
 830 WEST TRAILCREEK DRIVE
 PEORIA , IL 61614

FACILITY OWNERSHIP
 LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System	2
Alzheimer Disease	11
Mental Illness	11
Developmental Disability	0
Circulatory System	2
Respiratory System	3
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	1
TOTALS	40

Date Completed
 4/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	57	52	47	52	40	17	0	57	41
Skilled Under 22	0	0	0	0	0	0	0	0	42
Intermediate DD	0	0	0	0	0	0	0	0	43
Sheltered Care	0	0	0	0	0	0	0	0	40
TOTAL BEDS	57	52	47	52	40	17	0	57	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	11893	57.2%	3346	15239	73.2%		80.3%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	11893	57.2%	3346	15239	73.2%		80.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	1	0	0	0	0	0	0	2	1	3
45 to 59	2	2	0	0	0	0	0	0	2	2	4
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	5	4	0	0	0	0	0	0	5	4	9
75 to 84	4	8	0	0	0	0	0	0	4	8	12
85+	1	10	0	0	0	0	0	0	1	10	11
TOTALS	14	26	0	0	0	0	0	0	14	26	40

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.

ROCK FALLS REHABILITATION & HEALTH CARE

430 MARTIN ROAD
ROCK FALLS, IL. 61071

Reference Numbers Facility ID 6008114

Health Service Area 001 Planning Service Area 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	30	0	0	10	0	40
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	30	0	0	10	0	40

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	123	105
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	38	0	0	0	38
Ethnicity Unknown	0	0	0	0	0
Total	40	0	0	0	40

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	1.00
Non-Health Staff	7.00
Totals	31.00

ROCKTON COURT

2615 NORTH ROCKTON AVENUE
ROCKFORD, IL. 61101

Reference Numbers Facility ID 6013841
Health Service Area 001 Planning Service Area 201

Administrator

Susan Sunderlin

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLED SOE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	6
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	6
Intermediate DD	6	6	6	6	0	6	6	Total Discharges 2006	6
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	6
TOTAL BEDS	6	6	6	6	0	0	6		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			2190	100.0%	0	2190	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	2190	100.0%	0	2190	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	2	0	0	0	2	2
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	6	0	0	0	6	6

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.

ROCKTON COURT

2615 NORTH ROCKTON AVENUE
 ROCKFORD, IL. 61101

Reference Numbers Facility ID 6013841

Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	182	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	5.45
Other Health Staff	0.26
Non-Health Staff	0.77
Totals	6.73

ROLLING HILLS MANOR NSG HOME

3615 16TH STREET
 ZION, IL. 60099
Reference Numbers Facility ID 6008163
 Health Service Area 008 Planning Service Area 097

Administrator
 Carolyn A. Lofland

Contact Person and Telephone

Carolyn Lofland
 847-746-8382

Registered Agent Information

STEFANO, JAMES S., JR.
 3521 16TH ST., #110
 ZION, IL 60099

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System	7
Alzheimer Disease	33
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	21
Digestive System	0
Genitourinary System Disorders	10
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	119

Date Completed
 4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	127	125	123	125	8	127	99	111	451
Skilled Under 22	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0		
TOTAL BEDS	127	125	123	125	8	127	99	119	443

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	9349	20.2%	19399	53.7%	14826	43574	94.0%	95.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	9349	20.2%	19399	53.7%	14826	43574	94.0%	95.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	4	0	0	0	0	0	0	2	4	6
75 to 84	8	33	0	0	0	0	0	0	8	33	41
85+	6	65	0	0	0	0	0	0	6	65	71
TOTALS	16	103	0	0	0	0	0	0	16	103	119

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.

ROLLING HILLS MANOR NSG HOME

3615 16TH STREET

ZION, IL. 60099

Reference Numbers Facility ID 6008163

Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	28	51	0	0	40	0	119
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	28	51	0	0	40	0	119

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	170
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	115	0	0	0	115
Race Unknown	0	0	0	0	0
Total	119	0	0	0	119

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	54.00
Other Health Staff	10.00
Non-Health Staff	39.00
Totals	126.00

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
 708-458-3040

Registered Agent Information

SISTER M. CARMELIA
 9000 WEST 81ST ST
 JUSTICE, IL 60458

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	10
Blood Disorders	2
*Nervous System	1
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	22
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	58

Date Completed
 4/17/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	29	29	27	0	27	2	0	0	47	21
Skilled Under 22	0	0	0	0	0	0	0	0	10	10
Intermediate DD	0	0	0	0	0	0	0	0	58	58
Sheltered Care	31	31	31	0	31	0	0	0		
TOTAL BEDS	60	60	58	0	58	2	0	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	10220	10220	96.6%	96.6%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					10650	10650	94.1%	94.1%		
TOTALS	0	0.0%	0	0.0%	20870	20870	95.3%	95.3%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	7	0	9	9
85+	0	13	0	0	0	0	0	36	0	49	49
TOTALS	0	15	0	0	0	0	0	43	0	58	58

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.

ROSARY HILL HOME

9000 WEST 81ST STREET

JUSTICE, IL. 60458

Reference Numbers Facility ID 6008247

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	15	0	15
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	43	0	43
TOTALS	0	0	0	0	58	0	58

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	66	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	60	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	15	0	0	43	58
Race Unknown	0	0	0	0	0
Total	15	0	0	43	58

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	15	0	0	43	58
Ethnicity Unknown	0	0	0	0	0
Total	15	0	0	43	58

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	8.00
Other Health Staff	3.00
Non-Health Staff	9.00
Totals	25.00

ROSE ANGELA HALL

4200 NORTH AUSTIN
CHICAGO, IL. 60634

Reference Numbers Facility ID 6011530
Health Service Area 006 Planning Service Area 601

Administrator
Sr. Janet Kosman

Contact Person and Telephone

Beverly Sorensen
773-545-8300

Registered Agent Information

BUTLER,RITA;SR.
4200 NORTH AUSTIN
CHICAGO , IL 60634

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	80
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	2
Intermediate DD	80	80	80	80	80	0	0	80	Total Discharges 2006	2
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	80
TOTAL BEDS	80	80	80	80	80	0	0	80		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			29197	100.0%	0	29197	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	29197	100.0%	0	29197	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	61	0	0	0	61	61
45 to 59	0	0	0	0	0	19	0	0	0	19	19
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	80	0	0	0	80	80

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.

ROSE ANGELA HALL4200 NORTH AUSTIN
CHICAGO, IL. 60634

Reference Numbers Facility ID 6011530

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	129
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	3	0	3
Amer. Indian	0	0	0	0	0
Black	0	0	14	0	14
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	62	0	62
Race Unknown	0	0	1	0	1
Total	0	0	80	0	80

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.50
LPN's	3.00
Certified Aides	37.50
Other Health Staff	0.00
Non-Health Staff	16.00
Totals	62.00

ROSE GARDEN CONVALESCENT CTR

1629 GARDNER LANE
 PEORIA HEIGHTS, IL. 61616
Reference Numbers Facility ID 6004147
 Health Service Area 002 Planning Service Area 143

Administrator

Lorene Foust

Contact Person and Telephone

Lorene Foust
 309-685-1545

Registered Agent Information

MAGENCE,MEYER
 8320 SKOKIE BOULEVARD
 SKOKIE, IL 60077

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System	9
Alzheimer Disease	6
Mental Illness	4
Developmental Disability	0
Circulatory System	25
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	11
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	81

Date Completed
 4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	110	110	110	81	29	24	110	59	109
Skilled Under 22	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0		0		
TOTAL BEDS	110	110	110	81	29	24	110		87
									Residents on 12/31/2006
									81

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2919	33.3%	20425	50.9%	3066	26410	65.8%		65.8%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2919	33.3%	20425	50.9%	3066	26410	65.8%		65.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	7	2	0	0	0	0	0	0	7	2	9
45 to 59	12	6	0	0	0	0	0	0	12	6	18
60 to 64	3	4	0	0	0	0	0	0	3	4	7
65 to 74	6	8	0	0	0	0	0	0	6	8	14
75 to 84	7	15	0	0	0	0	0	0	7	15	22
85+	1	10	0	0	0	0	0	0	1	10	11
TOTALS	36	45	0	0	0	0	0	0	36	45	81

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.

ROSE GARDEN CONVALESCENT CTR

1629 GARDNER LANE
 PEORIA HEIGHTS, IL. 61616

Reference Numbers Facility ID 6004147

Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	69	0	0	5	0	81
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	69	0	0	5	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	121
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	29	0	0	0	29
Hawaiian/Pac. Isl.	0	0	0	0	0
White	52	0	0	0	52
Race Unknown	0	0	0	0	0
Total	81	0	0	0	81

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	32.00
Other Health Staff	3.00
Non-Health Staff	27.00
Totals	86.00

ROSE HOUSE

7301 34TH AVENUE
MOLINE, IL. 61265

Reference Numbers Facility ID 6008254
Health Service Area 010 Planning Service Area 161

Administrator

Amanda Deucker

Contact Person and Telephone

Regina Mason
309-796-2959

Registered Agent Information

BLEDSONE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/16/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	Total Admissions 2006
Nursing Care	0	0	0	0	0	0	0	0	Total Discharges 2006	0
Skilled Under 22	0	0	0	0	0	0	0	0	Residents on 12/31/2006	16
Intermediate DD	16	16	16	16	16	0	0	16		
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	5840	5840	100.0%	100.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	0	0.0%	5840	5840	100.0%	100.0%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	3	0	0	5	3	8
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	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	10	6	0	0	10	6	16

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.

ROSE HOUSE

7301 34TH AVENUE
MOLINE, IL. 61265

Reference Numbers Facility ID 6008254

Health Service Area 010 Planning Service Area 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	6.22
Other Health Staff	0.74
Non-Health Staff	2.15
Totals	9.36

Roseville Country Manor

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

ETHEL LOGUE
309-426-2134

Registered Agent Information

ILLINOIS CORPORATION SERVICE C
801 ADLAI STEVENSON DRIVE
SPRINGFIELD, IL 62703

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	5
Mental Illness	2
Developmental Disability	3
Circulatory System	23
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	61

Date Completed
4/25/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	99	99	82	99	61	38	99	99	Total Admissions 2006	174
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2006	188
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2006	61
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	99	99	82	99	61	38	99	99		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	4119	11.4%	14434	39.9%	7271	25824	71.5%		71.5%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	4119	11.4%	14434	39.9%	7271	25824	71.5%		71.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	4	0	0	0	0	0	0	2	4	6
75 to 84	10	15	0	0	0	0	0	0	10	15	25
85+	4	21	0	0	0	0	0	0	4	21	25
TOTALS	17	44	0	0	0	0	0	0	17	44	61

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.

Roseville Country Manor

145 S. CHAMBERLAIN
ROSEVILLE, IL. 61473

Reference Numbers Facility ID 6005136

Health Service Area 002 Planning Service Area 071

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	11	30	0	0	20	0	61
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	30	0	0	20	0	61

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	26.00
Other Health Staff	0.00
Non-Health Staff	33.00
Totals	78.00

ROSEWOOD CARE CENTER

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

Registered Agent Information

MAHER,DANIEL L;MR.
926 SOUTH 7TH
SPRINGFIELD , IL 62703

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

Date Completed
4/4/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System	6
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	3
Musculo-skeletal Disorders	19
Injuries and Poisonings	11
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	88

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	120	120	104	120	88	32	58	10	99	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0		0	539	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0		0	550	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0		0	88	
TOTAL BEDS	120	120	104	120	88	32	58	10		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	13827	65.3%	2836	77.7%	19227	35890	81.9%	81.9%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	13827	65.3%	2836	77.7%	19227	35890	81.9%	81.9%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	4	0	0	0	0	0	0	3	4	7
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	9	12	0	0	0	0	0	0	9	12	21
85+	7	47	0	0	0	0	0	0	7	47	54
TOTALS	22	66	0	0	0	0	0	0	22	66	88

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.

ROSEWOOD CARE CENTER

3401 HENNEPIN DRIVE

JOLIET, IL. 60431

Reference Numbers Facility ID 6012835

Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	33	9	0	1	45	0	88
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	33	9	0	1	45	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	154	136
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	1	0	0	0	1
White	83	0	0	0	83
Race Unknown	0	0	0	0	0
Total	88	0	0	0	88

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	47.00
Other Health Staff	9.00
Non-Health Staff	44.00
Totals	130.00

ROSEWOOD CARE CENTER - ALTON

3490 HUMBERT ROAD
ALTON, IL. 62002

Reference Numbers Facility ID 6012074
Health Service Area 011 Planning Service Area 119

Administrator
Mary Joann Newell

Contact Person and Telephone

Jan Poelker
618/236-1391 or 314-994-9070

Registered Agent Information

MAHER,DANIEL L;MR.
926 SOUTH 7TH
SPRINGFIELD , IL 62703

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System	11
Alzheimer Disease	3
Mental Illness	1
Developmental Disability	2
Circulatory System	22
Respiratory System	9
Digestive System	5
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	8
Injuries and Poisonings	15
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	92

Date Completed
4/3/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	180	180	128	180	92	88	48	20	115
Skilled Under 22	0	0	0	0	0	0	0	0	509
Intermediate DD	0	0	0	0	0	0	0	0	532
Sheltered Care	0	0	0	0	0	0	0	0	92
TOTAL BEDS	180	180	128	180	92	88	48	20	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	10684	61.0%	5808	79.6%	23683	40175	61.1%	61.1%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	10684	61.0%	5808	79.6%	23683	40175	61.1%	61.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	6	9	0	0	0	0	0	0	6	9	15
75 to 84	7	29	0	0	0	0	0	0	7	29	36
85+	7	32	0	0	0	0	0	0	7	32	39
TOTALS	21	71	0	0	0	0	0	0	21	71	92

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.

ROSEWOOD CARE CENTER - ALTON

3490 HUMBERT ROAD
ALTON, IL. 62002

Reference Numbers Facility ID 6012074

Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	28	14	0	0	50	0	92
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	28	14	0	0	50	0	92

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	152	127
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	90	0	0	0	90
Race Unknown	0	0	0	0	0
Total	92	0	0	0	92

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	55.00
Other Health Staff	8.00
Non-Health Staff	40.00
Totals	135.00

ROSEWOOD CARE CENTER - INVERNESS

1800 COLONIAL PARKWAY
 INVERNESS, IL. 60067
Reference Numbers Facility ID 6014633
 Health Service Area 007 Planning Service Area 701

Administrator
 Gwen Toney

Contact Person and Telephone

Jan Poelker
 314-994-9070X3025

Registered Agent Information

MAHER,DANIEL
 926 SOUTH 7TH STREET
 SPRINGFIELD , IL 62703

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System	3
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	9
Digestive System	5
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	18
Injuries and Poisonings	0
Other Medical Conditions	30
Non-Medical Conditions	0
TOTALS	91

Date Completed
 4/3/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	142	142	118	142	91	51	58	15	117
Skilled Under 22	0	0	0	0	0	0	0	0	703
Intermediate DD	0	0	0	0	0	0	0	0	729
Sheltered Care	0	0	0	0	0	0	0	0	91
TOTAL BEDS	142	142	118	142	91	51	58	15	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	11884	56.1%	4425	80.8%	23350	39659	76.5%	76.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	11884	56.1%	4425	80.8%	23350	39659	76.5%	76.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	5	0	0	0	0	0	0	1	5	6
75 to 84	6	16	0	0	0	0	0	0	6	16	22
85+	13	47	0	0	0	0	0	0	13	47	60
TOTALS	20	71	0	0	0	0	0	0	20	71	91

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.

ROSEWOOD CARE CENTER - INVERNESS

1800 COLONIAL PARKWAY

INVERNESS, IL. 60067

Reference Numbers Facility ID 6014633

Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	22	11	0	1	57	0	91
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	22	11	0	1	57	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	123	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	22.00
LPN's	1.00
Certified Aides	43.00
Other Health Staff	6.00
Non-Health Staff	41.00
Totals	114.00

ROSEWOOD CARE CENTER AT 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

Registered Agent Information

MAHER,DANIEL L;MR.
 926 SOUTH 7TH
 SPRINGFIELD , IL 62703

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

Date Completed
 4/4/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System	7
Alzheimer Disease	8
Mental Illness	2
Developmental Disability	0
Circulatory System	42
Respiratory System	8
Digestive System	3
Genitourinary System Disorders	7
Skin Disorders	2
Musculo-skeletal Disorders	9
Injuries and Poisonings	14
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	120

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	139	135	122	135	19	42	41	109	502
Skilled Under 22	0	0	0	0	0		0		491
Intermediate DD	0	0	0	0	0		0		120
Sheltered Care	0	0	0	0	0				
TOTAL BEDS	139	135	122	135	19	42	41		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	9668	63.1%	11133	74.4%	21180	41981	82.7%	85.2%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	9668	63.1%	11133	74.4%	21180	41981	82.7%	85.2%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	9	0	0	0	0	0	0	5	9	14
75 to 84	10	22	0	0	0	0	0	0	10	22	32
85+	11	61	0	0	0	0	0	0	11	61	72
TOTALS	26	94	0	0	0	0	0	0	26	94	120

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.

ROSEWOOD CARE CENTER AT ELGIN

2355 ROYAL BOULEVARD

ELGIN, IL. 60123

Reference Numbers Facility ID 6014237

Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	26	32	0	1	61	0	120
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	26	32	0	1	61	0	120

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	133	152
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	116	0	0	0	116
Race Unknown	0	0	0	0	0
Total	120	0	0	0	120

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	119	0	0	0	119
Ethnicity Unknown	0	0	0	0	0
Total	120	0	0	0	120

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	13.00
Certified Aides	43.00
Other Health Staff	8.00
Non-Health Staff	44.00
Totals	125.00

ROSEWOOD CARE CENTER, INC. OF SWANSEA

100 ROSEWOOD VILLAGE DRIVE
SWANSEA, IL. 62226

Reference Numbers Facility ID 6010391
Health Service Area 011 Planning Service Area 163

Administrator

Ken Kabureck

Contact Person and Telephone

Jan Poelker
314/994-9070x3025

Registered Agent Information

MAHER,DANIEL L;MR
926 SOUTH 7TH
SPRINGFIELD , IL 62703

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	33
Mental Illness	0
Developmental Disability	0
Circulatory System	26
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	21
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	101

Date Completed
4/2/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	94
Nursing Care	120	120	120	120	101	19	48	10	Total Admissions 2006	574
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2006	567
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2006	101
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	120	120	120	120	101	19	48	10		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	12722	72.6%	2932	80.3%	21651	37305	85.2%	85.2%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	12722	72.6%	2932	80.3%	21651	37305	85.2%	85.2%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	11	0	0	0	0	0	0	0	11	11
75 to 84	7	37	0	0	0	0	0	0	7	37	44
85+	12	34	0	0	0	0	0	0	12	34	46
TOTALS	19	82	0	0	0	0	0	0	19	82	101

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.

ROSEWOOD CARE CENTER, INC. OF SWANSEA

100 ROSEWOOD VILLAGE DRIVE

SWANSEA, IL. 62226

Reference Numbers Facility ID 6010391

Health Service Area 011 Planning Service Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	39	8	0	2	52	0	101
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	39	8	0	2	52	0	101

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	201	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	98	0	0	0	98
Race Unknown	0	0	0	0	0
Total	101	0	0	0	101

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	8.00
Non-Health Staff	44.00
Totals	122.00

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

Sandra Fenn

Contact Person and Telephone

Jan Poelker
314-994-9070X3025

Registered Agent Information

MAHER,DANIEL L;MR.
926 SOUTH 7TH
SPRINGFIELD , IL 62703

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System	6
Alzheimer Disease	14
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	54
Non-Medical Conditions	0
TOTALS	91

Date Completed
4/4/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	120	120	120	91	29	36	40	Residents on 1/1/2006	79
Skilled Under 22	0	0	0	0	0		0	Total Admissions 2006	267
Intermediate DD	0	0	0	0	0		0	Total Discharges 2006	255
Sheltered Care	0	0	0	0	0		0	Residents on 12/31/2006	91
TOTAL BEDS	120	120	120	91	29	36	40		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	7031	53.5%	13077	89.6%	10643	30751	70.2%	70.2%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	7031	53.5%	13077	89.6%	10643	30751	70.2%	70.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	7	0	0	0	0	0	0	0	7	7
65 to 74	4	4	0	0	0	0	0	0	4	4	8
75 to 84	14	20	0	0	0	0	0	0	14	20	34
85+	5	36	0	0	0	0	0	0	5	36	41
TOTALS	23	68	0	0	0	0	0	0	23	68	91

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	23	36	0	6	26	0	91
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	23	36	0	6	26	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	157	134
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	88	0	0	0	88
Race Unknown	0	0	0	0	0
Total	91	0	0	0	91

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	9.00
Certified Aides	34.00
Other Health Staff	8.00
Non-Health Staff	41.00
Totals	102.00

ROSEWOOD CARE CENTER-EDWARDSVILLE

6277 CENTER GROVE ROAD
EDWARDSVILLE, IL. 62025

Reference Numbers Facility ID 6014401
Health Service Area 011 Planning Service Area 119

Administrator

Sara Arbogast

Contact Person and Telephone

Jan Poelker
618/236-1391 or 314-994-9070

Registered Agent Information

MAHER,DANIEL L;MR.
926 SOUTH 7TH
SPRINGFIELD , IL 62703

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	28
Respiratory System	10
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	2
Musculo-skeletal Disorders	3
Injuries and Poisonings	11
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	78

Date Completed

4/3/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	120	120	109	120	78	42	58	12	87
Skilled Under 22	0	0	0	0	0	0	0	0	442
Intermediate DD	0	0	0	0	0	0	0	0	451
Sheltered Care	0	0	0	0	0	0	0	0	78
TOTAL BEDS	120	120	109	120	78	42	58	12	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	11466	54.2%	3626	82.8%	16678	31770	72.5%	72.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	11466	54.2%	3626	82.8%	16678	31770	72.5%	72.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	5	0	0	0	0	0	0	3	5	8
75 to 84	7	19	0	0	0	0	0	0	7	19	26
85+	9	34	0	0	0	0	0	0	9	34	43
TOTALS	19	59	0	0	0	0	0	0	19	59	78

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.

ROSEWOOD CARE CENTER-EDWARDSVILLE6277 CENTER GROVE ROAD
EDWARDSVILLE, IL. 62025

Reference Numbers Facility ID 6014401

Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	28	10	0	0	40	0	78
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	28	10	0	0	40	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	152	127
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	78	0	0	0	78
Race Unknown	0	0	0	0	0
Total	78	0	0	0	78

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	78	0	0	0	78
Ethnicity Unknown	0	0	0	0	0
Total	78	0	0	0	78

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	43.00
Other Health Staff	8.00
Non-Health Staff	42.00
Totals	111.00

ROSEWOOD CARE CENTER-MOLINE

7300 34TH AVENUE
MOLINE, IL. 61265

Reference Numbers Facility ID 6012587
Health Service Area 010 Planning Service Area 161

Administrator
Kathy Seeforth

Contact Person and Telephone

Jan Poelker
314-994-9070x3025

Registered Agent Information

MAHER,DANIEL L;MR.
926 SOUTH 7TH
SPRINGFIELD , IL 62703

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System	3
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	17
Respiratory System	8
Digestive System	2
Genitourinary System Disorders	10
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	10
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	73

Date Completed
4/3/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	120	120	120	73	47	58	12	Residents on 1/1/2006	83
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	539
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	549
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	73
TOTAL BEDS	120	120	120	73	47	58	12		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	13025	61.5%	4226	96.5%	14984	32235	73.6%	73.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	13025	61.5%	4226	96.5%	14984	32235	73.6%	73.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	0	2	7	9
75 to 84	7	9	0	0	0	0	0	0	7	9	16
85+	10	35	0	0	0	0	0	0	10	35	45
TOTALS	20	53	0	0	0	0	0	0	20	53	73

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.

ROSEWOOD CARE CENTER-MOLINE

7300 34TH AVENUE
MOLINE, IL. 61265

Reference Numbers Facility ID 6012587

Health Service Area 010 Planning Service Area 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	24	7	0	2	40	0	73
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	7	0	2	40	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	147	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	2	0	0	0	2
Black	2	0	0	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	9.00
Non-Health Staff	44.00
Totals	112.00

ROSEWOOD CARE CENTER-PEORIA

1500 WEST NORTHMOOR ROAD
 PEORIA, IL. 61614
Reference Numbers Facility ID 6012165
 Health Service Area 002 Planning Service Area 143

Administrator
 Julie Schmidgall

Contact Person and Telephone

Jan Poelker
 314-994-9070x3025

Registered Agent Information

MAHER,DANIEL L;MR.
 926 SOUTH 7TH
 SPRINGFIELD , IL 62703

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System	3
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	19
Respiratory System	10
Digestive System	9
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	14
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	77

Date Completed
 4/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	120	120	95	120	77	43	58	10	83
Skilled Under 22	0	0	0	0	0	0	0	0	367
Intermediate DD	0	0	0	0	0	0	0	0	373
Sheltered Care	0	0	0	0	0	0	0	0	77
TOTAL BEDS	120	120	95	120	77	43	58	10	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	10206	48.2%	2931	80.3%	17758	30895	70.5%	70.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	10206	48.2%	2931	80.3%	17758	30895	70.5%	70.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	6	8	0	0	0	0	0	0	6	8	14
75 to 84	8	24	0	0	0	0	0	0	8	24	32
85+	5	25	0	0	0	0	0	0	5	25	30
TOTALS	20	57	0	0	0	0	0	0	20	57	77

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.

ROSEWOOD CARE CENTER-PEORIA

1500 WEST NORTHMOOR ROAD
 PEORIA, IL. 61614

Reference Numbers Facility ID 6012165

Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	9	0	1	42	0	77
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	25	9	0	1	42	0	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	157	134
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	70	0	0	0	70
Race Unknown	1	0	0	0	1
Total	77	0	0	0	77

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	77	0	0	0	77
Total	77	0	0	0	77

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	41.00
Other Health Staff	6.00
Non-Health Staff	36.00
Totals	103.00

ROSEWOOD CARE CENTER-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

Registered Agent Information

MAHER,DANIEL L;MR
 926 SOUTH 7TH
 SPRINGFIELD , IL 62703

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System	4
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	25
Respiratory System	8
Digestive System	2
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	75

Date Completed
 4/4/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	120	120	103	120	75	45	58	36	89	522
Skilled Under 22	0	0	0	0	0	0		0		536
Intermediate DD	0	0	0	0	0	0		0		75
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	120	120	103	120	75	45	58	36		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	10020	47.3%	10163	77.3%	11806	31989	73.0%		73.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	10020	47.3%	10163	77.3%	11806	31989	73.0%		73.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	0	0	0	0	0	0	2	1	3
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	9	19	0	0	0	0	0	0	9	19	28
85+	8	30	0	0	0	0	0	0	8	30	38
TOTALS	22	53	0	0	0	0	0	0	22	53	75

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.

ROSEWOOD CARE CENTER-ROCKFORD

1660 SOUTH MULFORD
ROCKFORD, IL. 61108

Reference Numbers Facility ID 6014658

Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	22	31	0	4	18	0	75
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	22	31	0	4	18	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	131
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	72	0	0	0	72
Race Unknown	0	0	0	0	0
Total	75	0	0	0	75

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	20.00
Certified Aides	45.00
Other Health Staff	8.00
Non-Health Staff	42.00
Totals	129.00

ROSEWOOD CARE CTR ST. CHARLES

850 DUNHAM ROAD
 ST. CHARLES, IL 60174
Reference Numbers Facility ID 6014666
 Health Service Area 008 Planning Service Area 089

Administrator
 Sheila Shafer

Contact Person and Telephone

Jan Poelker
 314-994-9070x3025

Registered Agent Information

MAHER,DANIEL ;MR
 926 S 7TH STREET
 SPRINGFIELD , IL 62703

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System	9
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	9
Respiratory System	0
Digestive System	4
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	43
Injuries and Poisonings	2
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	82

Date Completed
 4/4/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	109	109	109	109	27	38	10	74	
Skilled Under 22	0	0	0	0	0		0	312	
Intermediate DD	0	0	0	0	0		0	304	
Sheltered Care	0	0	0	0	0		0	82	
TOTAL BEDS	109	109	109	109	27	38	10		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	5716	41.2%	6751	185.0%	17269	29736	74.7%	74.7%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	5716	41.2%	6751	185.0%	17269	29736	74.7%	74.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	3	0	0	0	0	0	0	1	3	4
75 to 84	5	21	0	0	0	0	0	0	5	21	26
85+	7	43	0	0	0	0	0	0	7	43	50
TOTALS	14	68	0	0	0	0	0	0	14	68	82

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.

ROSEWOOD CARE CTR ST. CHARLES

850 DUNHAM ROAD
ST. CHARLES, IL. 60174

Reference Numbers Facility ID 6014666

Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	22	18	0	1	41	0	82
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	22	18	0	1	41	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	157	136
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	15.00
LPN's	4.00
Certified Aides	39.00
Other Health Staff	8.00
Non-Health Staff	36.00
Totals	103.00

ROSEWOOD CARE CTR-GALESBURG

1250 WEST CARL SANDBURG DRIVE
GALESBURG, IL. 61401

Reference Numbers Facility ID 6010466
Health Service Area 002 Planning Service Area 095

Administrator
Sandy Kendrick

Contact Person and Telephone

Jan Poelker
618/236-1391 or 314-994-9070

Registered Agent Information

MAHER,DANIEL L;MR.
926 SOUTH 7TH
SPRINGFIELD , IL 62703

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System	14
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	17
Respiratory System	12
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	5
Injuries and Poisonings	9
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	95

Date Completed
4/3/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	180	180	106	180	95	85	32	92	100	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		0		
TOTAL BEDS	180	180	106	180	95	85	32	92	209	95

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3771	32.3%	23454	69.8%	9315	36540	55.6%		55.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	3771	32.3%	23454	69.8%	9315	36540	55.6%		55.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	2	0	0	0	0	0	0	1	2	3
65 to 74	5	9	0	0	0	0	0	0	5	9	14
75 to 84	9	19	0	0	0	0	0	0	9	19	28
85+	12	34	0	0	0	0	0	0	12	34	46
TOTALS	27	68	0	0	0	0	0	0	27	68	95

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.

ROSEWOOD CARE CTR-GALESBURG

1250 WEST CARL SANDBURG DRIVE
 GALESBURG, IL. 61401

Reference Numbers Facility ID 6010466

Health Service Area 002 Planning Service Area 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	11	61	0	0	23	0	95
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	61	0	0	23	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	144	121
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	57.00
Other Health Staff	11.00
Non-Health Staff	49.00
Totals	137.00

ROSEWOOD CARE CTR-NORTHBROOK

4101 LAKE COOK ROAD
 NORTHBROOK, IL. 60062
Reference Numbers Facility ID 6019723
 Health Service Area 007 Planning Service Area 702

Administrator

Sarah Bradford

Contact Person and Telephone

Jan Poelker
 314/994-9070x3025

Registered Agent Information

MAHER,DANIEL
 926 SOUTH 7TH
 SPRINGFIELD , IL 62703

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System	8
Alzheimer Disease	9
Mental Illness	1
Developmental Disability	0
Circulatory System	26
Respiratory System	15
Digestive System	7
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	20
Injuries and Poisonings	3
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	92

Date Completed
 4/3/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	147	110	110	92	55	30	96	Residents on 1/1/2006	94
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	180
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	182
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	92
TOTAL BEDS	147	110	110	92	55	30	96		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2608	23.8%	25844	73.8%	6908	35360	65.9%	88.1%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	2608	23.8%	25844	73.8%	6908	35360	65.9%	88.1%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	3	0	0	0	0	0	0	3	3	6
75 to 84	4	22	0	0	0	0	0	0	4	22	26
85+	6	50	0	0	0	0	0	0	6	50	56
TOTALS	13	79	0	0	0	0	0	0	13	79	92

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.

ROSEWOOD CARE CTR-NORTHBROOK

4101 LAKE COOK ROAD
 NORTHBROOK, IL. 60062

Reference Numbers Facility ID 6019723

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	7	70	0	0	15	0	92
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	70	0	0	15	0	92

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	126	168
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	87	0	0	0	87
Race Unknown	0	0	0	0	0
Total	92	0	0	0	92

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	90	0	0	0	90
Ethnicity Unknown	0	0	0	0	0
Total	92	0	0	0	92

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	39.00
Other Health Staff	6.00
Non-Health Staff	36.00
Totals	100.00

ROSICLARE REHABILITATION AND HEALTH CAR

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
 309-689-5880

Registered Agent Information

SNYDER,MARIKAY L
 830 WEST TRAILCREEK DRIVE
 PEORIA , IL 61614

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Date Completed
 4/5/2007

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System	1
Alzheimer Disease	5
Mental Illness	13
Developmental Disability	0
Circulatory System	12
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	51

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	62	62	60	62	51	11	62	62	59	28
Skilled Under 22	0	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	62	62	60	62	51	11	62	62		36
									Residents on 12/31/2006	51

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2845	12.6%	13716	60.6%	2997	19558	86.4%		86.4%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2845	12.6%	13716	60.6%	2997	19558	86.4%		86.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	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+	4	20	0	0	0	0	0	0	4	20	24
TOTALS	16	35	0	0	0	0	0	0	16	35	51

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.

ROSICLARE REHABILITATION AND HEALTH CAR

P.O. BOX 220

ROSICLARE, IL. 62982

Reference Numbers Facility ID 6003065

Health Service Area 005 Planning Service Area 069

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	37	0	0	9	0	51
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	37	0	0	9	0	51

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	98	94
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	15.00
Other Health Staff	0.00
Non-Health Staff	11.00
Totals	37.00

ROY COURT

362 ROY STREET
BOURBONNAIS, IL. 60914

Reference Numbers Facility ID 6014070
Health Service Area 009 Planning Service Area 091

Administrator

Anna Corso

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/7/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	6
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	6	6	6	6	5	1	6	6	Total Discharges 2006	2
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	5
TOTAL BEDS	6	6	6	6	5	1	0	6		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			1399	63.9%	0	1399	63.9%	63.9%	63.9%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	1399	63.9%	0	1399	63.9%	63.9%	63.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	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

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.

ROY COURT

362 ROY STREET

BOURBONNAIS, IL. 60914

Reference Numbers Facility ID 6014070

Health Service Area 009 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	176	176
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.15
Registered Nurses	0.00
LPN's	0.00
Certified Aides	6.51
Other Health Staff	0.39
Non-Health Staff	1.01
Totals	8.31

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

Dolores J. Krebs

Contact Person and Telephone

Dolores J. Krebs
618-588-7295

Registered Agent Information

CREASON,MARY A.
5312 WEST MAIN STREET, #A
BELLEVILLE , IL 62223

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	Total Admissions 2006
Nursing Care	0	0	0	0	0	0	0	0	Total Discharges 2006	0
Skilled Under 22	0	0	0	0	0	0	0	0	Residents on 12/31/2006	16
Intermediate DD	16	16	16	16	16	0	0	16		
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5727	98.1%	0	5727	98.1%	98.1%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	5727	98.1%	0	5727	98.1%	98.1%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	2	0	0	4	2	6
45 to 59	0	0	0	0	2	6	0	0	2	6	8
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	8	8	0	0	8	8	16

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	109
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.50
Physicians	0.00
Director of Nursing	0.50
Registered Nurses	0.00
LPN's	0.00
Certified Aides	12.00
Other Health Staff	1.00
Non-Health Staff	2.00
Totals	16.00

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 Snyder
309-689-5880

Registered Agent Information

SNYDER,MARIKAY L.
830 WEST TRAILCREEK DRIVE
PEORIA , IL 61614

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System	2
Alzheimer Disease	27
Mental Illness	54
Developmental Disability	4
Circulatory System	3
Respiratory System	8
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	9
Injuries and Poisonings	2
Other Medical Conditions	3
Non-Medical Conditions	3
TOTALS	132

Date Completed
4/6/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	200	200	155	200	132	68	200	200	147	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				158
TOTAL BEDS	200	200	155	200	132	68	200	200		132

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2336	3.2%	41969	57.5%	7486	51791	70.9%		70.9%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2336	3.2%	41969	57.5%	7486	51791	70.9%		70.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	12	8	0	0	0	0	0	0	12	8	20
45 to 59	12	12	0	0	0	0	0	0	12	12	24
60 to 64	9	17	0	0	0	0	0	0	9	17	26
65 to 74	8	16	0	0	0	0	0	0	8	16	24
75 to 84	9	9	0	0	0	0	0	0	9	9	18
85+	8	12	0	0	0	0	0	0	8	12	20
TOTALS	58	74	0	0	0	0	0	0	58	74	132

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	13	96	0	0	23	0	132
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	96	0	0	23	0	132

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	120	106
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	1	0	0	0	1
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	127	0	0	0	127
Race Unknown	0	0	0	0	0
Total	132	0	0	0	132

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	130	0	0	0	130
Ethnicity Unknown	0	0	0	0	0
Total	132	0	0	0	132

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	54.00
Other Health Staff	8.00
Non-Health Staff	28.00
Totals	112.00

SACRED HEART HOME

1550 SOUTH ALBANY
CHICAGO, IL. 60623

Reference Numbers Facility ID 6008320
Health Service Area 006 Planning Service Area 602

Administrator

Mardelle Gibbs

Contact Person and Telephone

Michelle Melendez
773 277-6868

Registered Agent Information

O'BRIEN,PETER J.;MR.
1541 NORTH WELLS STREET
CHICAGO , IL 60610

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	146
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	146

Date Completed
5/1/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	172	172	172	172	146	26	0	172	157
Skilled Under 22	0	0	0	0	0	0	0	0	165
Intermediate DD	0	0	0	0	0	0	0	0	176
Sheltered Care	0	0	0	0	0	0	0	0	146
TOTAL BEDS	172	172	172	172	146	26	0	172	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	55164	87.9%	0	55164	87.9%	87.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	0	0.0%	55164	87.9%	0	55164	87.9%	87.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	29	12	0	0	0	0	0	0	29	12	41
45 to 59	55	23	0	0	0	0	0	0	55	23	78
60 to 64	10	6	0	0	0	0	0	0	10	6	16
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	1	0	0	0	0	0	0	0	1	0	1
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	99	47	0	0	0	0	0	0	99	47	146

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.

SACRED HEART HOME1550 SOUTH ALBANY
CHICAGO, IL. 60623

Reference Numbers Facility ID 6008320

Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	146	0	0	0	0	146
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	146	0	0	0	0	146

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	89	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	104	0	0	0	104
Hawaiian/Pac. Isl.	0	0	0	0	0
White	42	0	0	0	42
Race Unknown	0	0	0	0	0
Total	146	0	0	0	146

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	139	0	0	0	139
Ethnicity Unknown	0	0	0	0	0
Total	146	0	0	0	146

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	10.00
Non-Health Staff	74.00
Totals	131.00

SAINT CLARE HOME

5533 NORTH GALENA ROAD
PEORIA HEIGHTS, IL. 61616

Reference Numbers Facility ID 6003420
Health Service Area 002 Planning Service Area 143

Administrator
Carolyn L. Conover

Contact Person and Telephone
Carolyn Conover
309-682-5428

Registered Agent Information
KLOSINSKI, M. PATRICIA; SR; O.S.F.
ST. FRANCIS LANE
EAST PEORIA, IL 61611

FACILITY OWNERSHIP
NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System	4
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	21
Respiratory System	11
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	7
Other Medical Conditions	30
Non-Medical Conditions	0
TOTALS	92

Date Completed
3/21/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	94	94	94	94	4	94	94	86	
Skilled Under 22	0	0	0	0	0	0	0	133	
Intermediate DD	0	0	0	0	0	0	0	127	
Sheltered Care	4	4	4	4	2	2	2	92	
TOTAL BEDS	98	98	98	98	6	94	94		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	4038	11.8%	14680	42.8%	12142	30860	89.9%	89.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					863	863	59.1%	59.1%	
TOTALS	4038	11.8%	14680	42.8%	13005	31723	88.7%	88.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	3	0	0	0	0	0	0	1	3	4
60 to 64	3	0	0	0	0	0	0	0	3	0	3
65 to 74	4	4	0	0	0	0	1	0	5	4	9
75 to 84	4	20	0	0	0	0	0	1	4	21	25
85+	6	45	0	0	0	0	0	0	6	45	51
TOTALS	18	72	0	0	0	0	1	1	19	73	92

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.

SAINT CLARE HOME

5533 NORTH GALENA ROAD
 PEORIA HEIGHTS, IL. 61616

Reference Numbers Facility ID 6003420

Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	10	39	0	31	10	0	90
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	2	0	0	2
TOTALS	10	39	0	33	10	0	92

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	168	146
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	94	82

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	89	0	0	2	91
Race Unknown	0	0	0	0	0
Total	90	0	0	2	92

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	90	0	0	2	92
Ethnicity Unknown	0	0	0	0	0
Total	90	0	0	2	92

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	35.00
Other Health Staff	32.00
Non-Health Staff	0.00
Totals	86.00

Salem Village Nursing & Rehab

1314 Rowell Avenue
JOLIET, IL. 60433

Reference Numbers Facility ID 6008338
Health Service Area 009 Planning Service Area 197

Administrator
Kelly Hooper, RN

Contact Person and Telephone

Kelly Hooper, RN
815-727-5451

Registered Agent Information

SCHWARTZ,LAWRENCE Y
7366 NORTH LINCOLN,SUITE 404
LINCOLNWOOD , IL 60646

FACILITY OWNERSHIP
LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	10
Endocrine/Metabolic	8
Blood Disorders	3
*Nervous System	13
Alzheimer Disease	7
Mental Illness	8
Developmental Disability	2
Circulatory System	84
Respiratory System	25
Digestive System	5
Genitourinary System Disorders	22
Skin Disorders	7
Musculo-skeletal Disorders	2
Injuries and Poisonings	5
Other Medical Conditions	20
Non-Medical Conditions	0
TOTALS	221

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	266	266	236	266	45	230	266	208	407
Skilled Under 22	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0		
Sheltered Care	6	6	0	6	6	0	0		394
TOTAL BEDS	272	272	236	272	51	230	266	221	221

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	15404	18.3%	49730	51.2%	15102	80236	82.6%	82.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	15404	18.3%	49730	51.2%	15102	80236	80.8%	80.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	5	6	0	0	0	0	0	0	5	6	11
60 to 64	7	4	0	0	0	0	0	0	7	4	11
65 to 74	23	20	0	0	0	0	0	0	23	20	43
75 to 84	17	47	0	0	0	0	0	0	17	47	64
85+	19	73	0	0	0	0	0	0	19	73	92
TOTALS	71	150	0	0	0	0	0	0	71	150	221

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.

Salem Village Nursing & Rehab

1314 Rowell Avenue
 JOLIET, IL. 60433

Reference Numbers Facility ID 6008338

Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	46	120	0	7	48	0	221
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	46	120	0	7	48	0	221

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	154	134
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	104	94

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	34	0	0	0	34
Hawaiian/Pac. Isl.	0	0	0	0	0
White	187	0	0	0	187
Race Unknown	0	0	0	0	0
Total	221	0	0	0	221

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	213	0	0	0	213
Ethnicity Unknown	0	0	0	0	0
Total	221	0	0	0	221

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.36
LPN's	18.22
Certified Aides	77.49
Other Health Staff	4.86
Non-Health Staff	81.32
Totals	205.25

Saline Care Center

120 South Land Street
Harrisburg, IL. 62946

Reference Numbers Facility ID 6008346
Health Service Area 005 Planning Service Area 059

Administrator

ROXANN KEASLER

Contact Person and Telephone

Roxann Keasler
618-252-7405

Registered Agent Information

HERRIN, ROGER D.; DR.
607 SOUTH COMMERCIAL
HARRISBURG, IL 62946

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	9
Blood Disorders	1
*Nervous System	2
Alzheimer Disease	24
Mental Illness	58
Developmental Disability	1
Circulatory System	17
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	121

Date Completed
4/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	142	142	126	142	21	0	142	125	26
Skilled Under 22	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0		0		
TOTAL BEDS	142	142	126	142	21	0	142	121	30

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	38763	74.8%	6056	44819	86.5%	86.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	0	0.0%	38763	74.8%	6056	44819	86.5%	86.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	4	10	0	0	0	0	0	0	4	10	14
60 to 64	2	6	0	0	0	0	0	0	2	6	8
65 to 74	10	20	0	0	0	0	0	0	10	20	30
75 to 84	10	28	0	0	0	0	0	0	10	28	38
85+	3	28	0	0	0	0	0	0	3	28	31
TOTALS	29	92	0	0	0	0	0	0	29	92	121

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.

Saline Care Center

120 South Land Street
Harrisburg, IL. 62946

Reference Numbers Facility ID 6008346

Health Service Area 005 Planning Service Area 059

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	108	0	0	13	0	121
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	108	0	0	13	0	121

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	85	82
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	114	0	0	0	114
Race Unknown	0	0	0	0	0
Total	121	0	0	0	121

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	121	0	0	0	121
Ethnicity Unknown	0	0	0	0	0
Total	121	0	0	0	121

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	18.00
Certified Aides	43.00
Other Health Staff	2.00
Non-Health Staff	44.00
Totals	112.00

Sandwich Rehab & Healthcare Center

902 EAST ARNOLD STREET
SANDWICH, IL. 60548

Reference Numbers Facility ID 6008213
Health Service Area 001 Planning Service Area 037

Administrator

Judith Wright

Contact Person and Telephone

Marikay Snyder
309-689-5880

Registered Agent Information

SNYDER, MARIKAY L
830 WEST TRAILCREEK DRIVE
PEORIA, IL 61614

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	4
Alzheimer Disease	3
Mental Illness	21
Developmental Disability	2
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	0
Non-Medical Conditions	0
TOTALS	36

Date Completed
4/6/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	63	59	41	59	36	27	0	63	36
Skilled Under 22	0	0	0	0	0	0	0	0	24
Intermediate DD	0	0	0	0	0	0	0	0	24
Sheltered Care	0	0	0	0	0	0	0	0	36
TOTAL BEDS	63	59	41	59	36	27	0	63	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	7692	33.5%	5460	13152	57.2%		61.1%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	7692	33.5%	5460	13152	57.2%		61.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	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	1	0	0	0	0	0	0	1	1	2
65 to 74	5	2	0	0	0	0	0	0	5	2	7
75 to 84	2	6	0	0	0	0	0	0	2	6	8
85+	2	13	0	0	0	0	0	0	2	13	15
TOTALS	13	23	0	0	0	0	0	0	13	23	36

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.

Sandwich Rehab & Healthcare Center902 EAST ARNOLD STREET
SANDWICH, IL. 60548

Reference Numbers Facility ID 6008213

Health Service Area 001 Planning Service Area 037

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	21	0	0	15	0	36
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	21	0	0	15	0	36

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	161	124
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	15.00
Other Health Staff	0.00
Non-Health Staff	17.00
Totals	40.00

SANGAMON CARE CENTER

2800 WEST LAWRENCE AVENUE
 SPRINGFIELD, IL 62704

Reference Numbers Facility ID 6008791
 Health Service Area 003 Planning Service Area 167

Administrator

Lonnie Nichols

Contact Person and Telephone

Steve Miller
 (312) 399-5165

Registered Agent Information

KLEIN, BENJAMIN M
 7444 LONG AVENUE
 SKOKIE, IL 60077

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	9
Blood Disorders	3
*Nervous System	4
Alzheimer Disease	3
Mental Illness	8
Developmental Disability	2
Circulatory System	20
Respiratory System	8
Digestive System	3
Genitourinary System Disorders	10
Skin Disorders	4
Musculo-skeletal Disorders	2
Injuries and Poisonings	13
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	93

Date Completed
 4/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	170	170	128	170	93	77	36	170	128
Skilled Under 22	0	0	0	0	0	0	0	0	279
Intermediate DD	0	0	0	0	0	0	0	0	314
Sheltered Care	0	0	0	0	0	0	0	0	93
TOTAL BEDS	170	170	128	170	93	77	36	170	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	5255	40.0%	36420	58.7%	4109	45784	73.8%	73.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	5255	40.0%	36420	58.7%	4109	45784	73.8%	73.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	2	0	0	0	0	0	0	0	2	2
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	3	4	0	0	0	0	0	0	3	4	7
65 to 74	8	17	0	0	0	0	0	0	8	17	25
75 to 84	7	18	0	0	0	0	0	0	7	18	25
85+	2	24	0	0	0	0	0	0	2	24	26
TOTALS	24	69	0	0	0	0	0	0	24	69	93

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.

SANGAMON CARE CENTER

2800 WEST LAWRENCE AVENUE
 SPRINGFIELD, IL. 62704

Reference Numbers Facility ID 6008791

Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	73	0	1	11	0	93
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	73	0	1	11	0	93

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawaiian/Pac. Isl.	0	0	0	0	0
White	78	0	0	0	78
Race Unknown	0	0	0	0	0
Total	93	0	0	0	93

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	41.00
Other Health Staff	10.00
Non-Health Staff	40.00
Totals	115.00

FACILITY NOTES

Name Change 7/28/2006 Name changed from Sangamon Nursing & Rehab Ctr.

SARAH BUSH LINCOLN HLTH CTR

1000 HEALTH CENTER DRIVE
MATTOON, IL. 61938

Reference Numbers Facility ID 6013064
Health Service Area 004 Planning Service Area 029

Administrator

Sandra Miller

Contact Person and Telephone

Sandy Miller
217-258-2279

Registered Agent Information

Date Completed
4/12/2007

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	8

FACILITY OWNERSHIP
OTHER NON-PROFIT

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	15	13	13	13	8	7	23	0	Total Admissions 2006	328
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2006	333
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2006	8
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	15	13	13	13	8	7	23	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2334	27.8%	0	0.0%	159	2493	45.5%	52.5%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	2334	27.8%	0	0.0%	159	2493	45.5%	52.5%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	0	0	0	0	0	0	0	1	0	1
75 to 84	0	5	0	0	0	0	0	0	0	5	5
85+	1	1	0	0	0	0	0	0	1	1	2
TOTALS	2	6	0	0	0	0	0	0	2	6	8

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.

SARAH BUSH LINCOLN HLTH CTR

1000 HEALTH CENTER DRIVE
 MATTOON, IL. 61938

Reference Numbers Facility ID 6013064

Health Service Area 004 Planning Service Area 029

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	0	0	0	0	0	8
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	0	0	0	0	0	8

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	419	419
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.40
LPN's	0.90
Certified Aides	1.60
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	12.90

SARAH CULBERTSON MEMORIAL HOSP

238 SOUTH CONGRESS
RUSHVILLE, IL. 62681

Reference Numbers Facility ID 6011076
Health Service Area 003 Planning Service Area 009

Administrator
D. DAVID SNIFF

Contact Person and Telephone

Lisa Adams
217-322-4321

Registered Agent Information

, 0

FACILITY OWNERSHIP
HOSPITAL DISTRICT

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	2
Other Medical Conditions	4
Non-Medical Conditions	11
TOTALS	26

Date Completed

4/3/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	30	26	26	26	4	0	0	20	49
Skilled Under 22	0	0	0	0	0	0	0		43
Intermediate DD	0	0	0	0	0	0	0		26
Sheltered Care	0	0	0	0	0	0	0		
TOTAL BEDS	30	26	26	26	4	0	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	3390	3390	31.0%		35.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	0	0.0%	3390	3390	31.0%		35.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	0	0	0	0	0	0	0	1	0	1
75 to 84	2	9	0	0	0	0	0	0	2	9	11
85+	3	11	0	0	0	0	0	0	3	11	14
TOTALS	6	20	0	0	0	0	0	0	6	20	26

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.

SARAH CULBERTSON MEMORIAL HOSP

238 SOUTH CONGRESS

RUSHVILLE, IL. 62681

Reference Numbers Facility ID 6011076

Health Service Area 003 Planning 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	0	0	0	0	26	0	26
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	26	0	26

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	105
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	4.25
Certified Aides	8.50
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	15.75

SCHULTZ HOUSE

340 BRYAN AVENUE
DANVILLE, IL. 61832

Reference Numbers Facility ID 6012231
Health Service Area 004 Planning Service Area 183

Administrator

Timothy Bledsoe

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/2/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	1	1	16	Total Discharges 2006	2
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	15
TOTAL BEDS	16	16	16	16	1	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5604	96.0%	0	5604	96.0%	96.0%	96.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5604	96.0%	0	5604	96.0%	96.0%	96.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	6	0	0	1	6	7
45 to 59	0	0	0	0	2	4	0	0	2	4	6
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	5	10	0	0	5	10	15

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.

SCHULTZ HOUSE

340 BRYAN AVENUE
 DANVILLE, IL. 61832

Reference Numbers Facility ID 6012231

Health Service Area 004 Planning Service Area 183

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	110	110
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	0.70
Other Health Staff	0.87
Non-Health Staff	2.50
Totals	4.32

SCHWAB REHABILITATION HOSP

1401 S. CALIFORNIA AVENUE
CHICAGO, IL. 60608

Reference Numbers Facility ID 9606001
Health Service Area 006 Planning Service Area 602

Administrator

Larry Volkmar

Contact Person and Telephone

Rob Humrickhouse
773-522-2510

Registered Agent Information

Date Completed
4/12/2007

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	9

FACILITY OWNERSHIP

OTHER NON-PROFIT

Note: Reported restrictions denoted by '1'

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	30	22	22	22	9	21	30	0	12	371
Skilled Under 22	0	0	0	0	0	0	0	0		374
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0		9
TOTAL BEDS	30	22	22	22	9	21	30	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	4259	38.9%	0	0.0%	928	5187	47.4%	64.6%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	4259	38.9%	0	0.0%	928	5187	47.4%	64.6%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	3	2	0	0	0	0	0	0	3	2	5
75 to 84	1	1	0	0	0	0	0	0	1	1	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	6	3	0	0	0	0	0	0	6	3	9

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.

SCHWAB REHABILITATION HOSP1401 S. CALIFORNIA AVENUE
CHICAGO, IL. 60608

Reference Numbers Facility ID 9606001

Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	0	0	1	0	0	9
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	0	0	1	0	0	9

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	320	320
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	3	0	0	0	3
Race Unknown	1	0	0	0	1
Total	9	0	0	0	9

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	6	0	0	0	6
Ethnicity Unknown	1	0	0	0	1
Total	9	0	0	0	9

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	3.00
Certified Aides	4.00
Other Health Staff	5.50
Non-Health Staff	0.00
Totals	20.50

SCOTT COUNTY NURSING HOME

650 North Main
 WINCHESTER, IL. 62694
Reference Numbers Facility ID 6008395
 Health Service Area 003 Planning Service Area 137

Administrator

Rubi Hoots

Contact Person and Telephone

Rubi Hoots
 217-742-3101

Registered Agent Information

WITWER, ELMER
 SCOTT COUNTY COURTHOUSE
 WINCHESTER, IL 62694

FACILITY OWNERSHIP
 COUNTY

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	23
Mental Illness	1
Developmental Disability	0
Circulatory System	13
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	46

Date Completed
 4/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	49	65	50	49	46	3	0	57	63	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		0		
TOTAL BEDS	49	65	50	49	46	3	0	57		31
										Residents on 12/31/2006
										46

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	4018	0.0%	9490	45.6%	4077	17585	98.3%		74.1%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	4018	0.0%	9490	45.6%	4077	17585	98.3%		74.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	0	3	0	0	0	0	0	0	0	3	3
75 to 84	3	10	0	0	0	0	0	0	3	10	13
85+	6	22	0	0	0	0	0	0	6	22	28
TOTALS	9	37	0	0	0	0	0	0	9	37	46

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.

SCOTT COUNTY NURSING HOME

650 North Main
WINCHESTER, IL. 62694

Reference Numbers Facility ID 6008395

Health Service Area 003 Planning Service Area 137

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	2	26	0	0	18	0	46
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	26	0	0	18	0	46

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	106	103
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	20.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	32.00

FACILITY NOTES

- Bed Change 11/20/2006 Discontinued eight nursing care beds, total now 49 nursing care beds.
- Bed Change 8/25/2006 Discontinued eight nursing care beds, total now 57 nursing care beds.

SCOTTISH OLD PEOPLES 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

Registered Agent Information

CAMPBELL, WILLIAM J. JR.
203 NORTH LASALLE STE. 1900
CHICAGO, IL 60601

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	7
Blood Disorders	1
*Nervous System	5
Alzheimer Disease	6
Mental Illness	26
Developmental Disability	0
Circulatory System	18
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	70

Date Completed
4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	36	36	36	36	0	0	0	76	
Skilled Under 22	0	0	0	0	0	0	0	27	
Intermediate DD	0	0	0	0	0	0	0	33	
Sheltered Care	49	49	42	49	15			70	
TOTAL BEDS	85	85	78	85	15	0	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	12843	12843	97.7%	97.7%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					14100	14100	78.8%	78.8%		
TOTALS	0	0.0%	0	0.0%	26943	26943	86.8%	86.8%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	3	10	5	19	24
85+	4	19	0	0	0	0	4	17	8	36	44
TOTALS	7	29	0	0	0	0	7	27	14	56	70

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.

SCOTTISH OLD PEOPLES HOME28TH & DES PLAINES AVENUE
NORTH RIVERSIDE, IL. 60546

Reference Numbers Facility ID 6008403

Health Service Area 007 Planning Service Area 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	36	0	36
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	34	0	34
TOTALS	0	0	0	0	70	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	186	158
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	137	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	36	0	0	34	70
Race Unknown	0	0	0	0	0
Total	36	0	0	34	70

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	36	0	0	34	70
Ethnicity Unknown	0	0	0	0	0
Total	36	0	0	34	70

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	1.00
Certified Aides	27.00
Other Health Staff	0.00
Non-Health Staff	43.00
Totals	83.00

SEARLES GROUP HOME

3310 SEARLES AVENUE
ROCKFORD, IL. 61101

Reference Numbers Facility ID 6008411
Health Service Area 001 Planning Service Area 201

Administrator

Bill Grahn

Contact Person and Telephone

Bill Grahn
815-633-9921

Registered Agent Information

HAMILTON,JAMES;MR.
4060 MCFARLAND ROAD
ROCKFORD , IL 61111

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/15/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	12
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	2
Intermediate DD	12	12	12	12	0		12	Total Discharges 2006	2
Sheltered Care	0	0	0	0	0			Residents on 12/31/2006	12
TOTAL BEDS	12	12	12	12	0	0	12		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			4380	100.0%	0	4380	100.0%	100.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	4380	100.0%	0	4380	100.0%	100.0%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	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	6	0	0	6	6	12

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.

SEARLES GROUP HOME3310 SEARLES AVENUE
ROCKFORD, IL. 61101

Reference Numbers Facility ID 6008411

Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	8.00
Other Health Staff	0.00
Non-Health Staff	0.50
Totals	9.50

SEBORG TERRACE

3024 ALIDA STREET
ROCKFORD, IL. 61101

Reference Numbers Facility ID 6010862
Health Service Area 001 Planning Service Area 201

Administrator

Susan Sunderlin

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	16
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	16
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5840	100.0%	0	5840	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	6	0	0	4	6	10
45 to 59	0	0	0	0	1	1	0	0	1	1	2
60 to 64	0	0	0	0	3	0	0	0	3	0	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	8	8	0	0	8	8	16

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.

SEBORG TERRACE3024 ALIDA STREET
ROCKFORD, IL. 61101

Reference Numbers Facility ID 6010862

Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	119	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.18
LPN's	0.00
Certified Aides	5.86
Other Health Staff	0.71
Non-Health Staff	1.71
Totals	8.71

SEGUIN RCA HARVEY HOUSE

3309 SOUTH HARVEY
 BERWYN, IL. 60402
Reference Numbers Facility ID 6008429
 Health Service Area 007 Planning Service Area 704

Administrator
 Bill Bockstahler

Contact Person and Telephone

Bill Bockstahler
 708-524-6701

Registered Agent Information

ATKINSON,ROBERT W.
 411 WEST CHICAGO AVENUE
 OAK PARK , IL 60302

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
 3/1/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5640	96.6%	0	5640	96.6%	96.6%	96.6%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5640	96.6%	0	5640	96.6%	96.6%	96.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	1	0	0	1	1	2
45 to 59	0	0	0	0	9	3	0	0	9	3	12
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	11	5	0	0	11	5	16

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.

SEGUIN RCA HARVEY HOUSE

3309 SOUTH HARVEY
 BERWYN, IL. 60402

Reference Numbers Facility ID 6008429

Health Service Area 007 Planning Service Area 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	150	150
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	13.00
Other Health Staff	3.00
Non-Health Staff	0.00
Totals	18.00

SELFHHELP 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 & Marvin Rubin
773-271-0300

Registered Agent Information

HIRSCH,AUSTIN L.
30 SOUTH WACKER DRIVE, 29TH FL
CHICAGO , IL 60606

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

Date Completed
4/11/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	2
*Nervous System	30
Alzheimer Disease	0
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	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	62

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	65	65	64	65	62	3	30	65	59	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0	0	0	48	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0	0	0	62	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	65	65	64	65	62	3	30	65		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2107	19.2%	6022	25.4%	14184	22313	94.0%	94.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	2107	19.2%	6022	25.4%	14184	22313	94.0%	94.0%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	4	10	0	0	0	0	0	0	4	10	14
85+	7	41	0	0	0	0	0	0	7	41	48
TOTALS	11	51	0	0	0	0	0	0	11	51	62

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.

SELFHHELP HOME OF CHICAGO

908 WEST ARGYLE STREET
 CHICAGO, IL. 60640

Reference Numbers Facility ID 6008460

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	7	9	0	0	46	0	62
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	9	0	0	46	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	178
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	3.00
Certified Aides	32.00
Other Health Staff	9.00
Non-Health Staff	23.00
Totals	80.00

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

WILSON, RONALD J
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System	4
Alzheimer Disease	30
Mental Illness	0
Developmental Disability	0
Circulatory System	24
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	15
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	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	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	121	119	88	119	82	39	121	105	Total Admissions 2006	236
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2006	236
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2006	82
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	121	119	88	119	82	39	121	105		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	4610	10.4%	8664	22.6%	17962	31236	70.7%		71.9%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	4610	10.4%	8664	22.6%	17962	31236	70.7%		71.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	5	18	0	0	0	0	0	0	5	18	23
85+	7	50	0	0	0	0	0	0	7	50	57
TOTALS	13	69	0	0	0	0	0	0	13	69	82

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.

SEMINARY MANOR

2345 NORTH SEMINARY STREET
GALESBURG, IL. 61401

Reference Numbers Facility ID 6010250

Health Service Area 002 Planning Service Area 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	13	20	0	4	45	0	82
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	20	0	4	45	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	35.00
Other Health Staff	10.00
Non-Health Staff	35.00
Totals	93.00

Severin Intermediate Care Home

902 South Mcleansboro
BENTON, IL. 62812

Reference Numbers Facility ID 6008494
Health Service Area 005 Planning Service Area 055

Administrator

Paul D. Leffler

Contact Person and Telephone

Diane Leffler
618-439-4501

Registered Agent Information

HERRIN,ROGER D.;DR.
607 SOUTH COMMERCIAL
HARRISBURG , IL 62946

FACILITY OWNERSHIP

IND PROPRIETORSHIP

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	29
Mental Illness	4
Developmental Disability	0
Circulatory System	13
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	59

Date Completed
4/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	97	72	66	70	59	38	0	97	Residents on 1/1/2006	59
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2006	54
Intermediate DD	0	0	0	0	0	0		0	Total Discharges 2006	54
Sheltered Care	0	0	0	0	0	0		0	Residents on 12/31/2006	59
TOTAL BEDS	97	72	66	70	59	38	0	97		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	16509	46.6%	7320	23829	67.3%		90.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	16509	46.6%	7320	23829	67.3%		90.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	4	0	0	0	0	0	0	1	4	5
75 to 84	7	12	0	0	0	0	0	0	7	12	19
85+	4	29	0	0	0	0	0	0	4	29	33
TOTALS	14	45	0	0	0	0	0	0	14	45	59

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.

Severin Intermediate Care Home

902 South Mcleansboro
 BENTON, IL. 62812

Reference Numbers Facility ID 6008494

Health Service Area 005 Planning Service Area 055

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	38	0	0	21	0	59
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	38	0	0	21	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	86	79
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	6.00
Certified Aides	20.00
Other Health Staff	0.00
Non-Health Staff	22.00
Totals	54.00

SEYMOUR TERRACE

1504 16TH STREET
 NORTH CHICAGO, IL. 60064
Reference Numbers Facility ID 6014203
 Health Service Area 008 Planning Service Area 097

Administrator

Marianne Hickey-Scaccia

Contact Person and Telephone

Carol Nally
 309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
 115 EAST SOUTH STREET
 GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
 3/6/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	6
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	6	6	6	6	5	1	6	6	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	5
TOTAL BEDS	6	6	6	6	5	1	0	6		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			1923	87.8%	0	1923	87.8%	87.8%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	1923	87.8%	0	1923	87.8%	87.8%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	2	3	0	0	2	3	5

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.

SEYMOUR TERRACE

1504 16TH STREET
 NORTH CHICAGO, IL. 60064

Reference Numbers Facility ID 6014203

Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	199	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	5	0	5
Race Unknown	0	0	0	0	0
Total	0	0	5	0	5

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	2.20
Other Health Staff	0.11
Non-Health Staff	0.48
Totals	3.04

SHABBONA NURSING HOME

409 WEST COMANCHE STREET
SHABBONA, IL. 60550

Reference Numbers Facility ID 6008502
Health Service Area 001 Planning Service Area 037

Administrator

Eileen Gates

Contact Person and Telephone

Sheldon Wolfe
847-982-2300

Registered Agent Information

WOLFE,SHELDON;MR.
7434 NORTH SKOKIE BOULEVARD
SKOKIE , IL 60077

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System	2
Alzheimer Disease	8
Mental Illness	3
Developmental Disability	0
Circulatory System	12
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	8
Injuries and Poisonings	5
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	66

Date Completed
3/26/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	91	91	74	91	25	91	91	70	45
Skilled Under 22	0	0	0	0	0		0		49
Intermediate DD	0	0	0	0	0		0		66
Sheltered Care	0	0	0	0	0				
TOTAL BEDS	91	91	74	91	25	91	91		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	1870	5.6%	14933	45.0%	8015	24818	74.7%	74.7%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	1870	5.6%	14933	45.0%	8015	24818	74.7%	74.7%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	7	0	0	0	0	0	0	2	7	9
75 to 84	6	10	0	0	0	0	0	0	6	10	16
85+	9	30	0	0	0	0	0	0	9	30	39
TOTALS	18	48	0	0	0	0	0	0	18	48	66

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.

SHABBONA NURSING HOME

409 WEST COMANCHE STREET
 SHABBONA, IL. 60550

Reference Numbers Facility ID 6008502

Health Service Area 001 Planning Service Area 037

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	43	0	0	18	0	66
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	43	0	0	18	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	126
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	6.02
Certified Aides	27.18
Other Health Staff	1.92
Non-Health Staff	30.93
Totals	70.05

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
708-301-0571x11

Registered Agent Information

COLMAR, CRAIG P.
1001 E. TOUHY AVENUE, SUITE 50
DES PLAINES, IL 60018

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	15	1	16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	15
TOTAL BEDS	16	16	16	16	15	1	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5413	92.7%	0	5413	92.7%	92.7%	92.7%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5413	92.7%	0	5413	92.7%	92.7%	92.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	1	0	0	4	1	5
45 to 59	0	0	0	0	7	1	0	0	7	1	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	13	2	0	0	13	2	15

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.

SHADY OAKS EAST

16240 PARKER ROAD
 HOMER GLEN, IL. 60491

Reference Numbers Facility ID 6014047

Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	187	187
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	13.50
Other Health Staff	1.75
Non-Health Staff	1.00
Totals	18.25

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
708-301-0571

Registered Agent Information

COLMAR,CRAIG P.
1001 EAST TOUHY AVENUE,STE #50
DES PLAINES , IL 60018

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	14	2	16	Total Discharges 2006	2
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	14
TOTAL BEDS	16	16	16	16	14	2	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5070	86.8%	0	5070	86.8%	86.8%	86.8%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5070	86.8%	0	5070	86.8%	86.8%	86.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	2	0	0	6	2	8
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	10	4	0	0	10	4	14

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.

SHADY OAKS WEST

16220 PARKER ROAD
 HOMER GLEN, IL. 60491

Reference Numbers Facility ID 6014245

Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	194	194
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	5	0	5
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	13.50
Other Health Staff	1.75
Non-Health Staff	2.00
Totals	19.25

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

Registered Agent Information
CONNELLY,ROSEMARY;SR.;RSM
2916 WEST 47TH STREET
CHICAGO , IL 60632

FACILITY OWNERSHIP
NON-PROF CORPORATION

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-Medicare	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	12
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	12	12	12	12	0		12	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0			Residents on 12/31/2006	12
TOTAL BEDS	12	12	12	12	0	0	12		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			4380	100.0%	0	4380	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	4380	100.0%	0	4380	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	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	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

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.

SHANNON HOUSE

6300 NORTH RIDGE AVENUE
CHICAGO, IL. 60660

Reference Numbers Facility ID 6010326

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	195	195
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.15
LPN's	0.00
Certified Aides	9.54
Other Health Staff	2.30
Non-Health Staff	0.15
Totals	12.39

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
 847-441-8200

Registered Agent Information

WEINTRAUB,GARY A.;MR.
 465 CENTRAL AVENUE, SUITE 100
 NORTHFIELD , IL 60093

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	9
Mental Illness	9
Developmental Disability	2
Circulatory System	18
Respiratory System	12
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	82

Date Completed
 3/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	98	98	90	98	82	16	0	98	75	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0		0		Total Discharges 2006
Intermediate DD	0	0	0	0	0	0		0		Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	98	98	90	98	82	16	0	98		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2348	0.0%	27353	76.5%	1366	31067	86.9%		86.9%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2348	0.0%	27353	76.5%	1366	31067	86.9%		86.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	7	7	0	0	0	0	0	0	7	7	14
60 to 64	14	8	0	0	0	0	0	0	14	8	22
65 to 74	10	10	0	0	0	0	0	0	10	10	20
75 to 84	4	20	0	0	0	0	0	0	4	20	24
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	35	47	0	0	0	0	0	0	35	47	82

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.

SHARON HEALTH CARE ELMS

3611 NORTH ROCHELLE
 PEORIA, IL. 61604

Reference Numbers Facility ID 6007306

Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	78	0	0	4	0	82
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	78	0	0	4	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	105
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawaiian/Pac. Isl.	0	0	0	0	0
White	67	0	0	0	67
Race Unknown	0	0	0	0	0
Total	82	0	0	0	82

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	34.00
Other Health Staff	2.00
Non-Health Staff	27.00
Totals	79.00

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

WEINTRAUB,GARY A.;MR.
 465 CENTRAL AVENUE, SUITE 100
 NORTHFIELD , IL 60093

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	6
*Nervous System	2
Alzheimer Disease	3
Mental Illness	45
Developmental Disability	13
Circulatory System	2
Respiratory System	4
Digestive System	5
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	1
Other Medical Conditions	5
Non-Medical Conditions	6
TOTALS	102

Date Completed
 4/2/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	116	116	102	116	14	0	120	107	104
Skilled Under 22	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0		0		
TOTAL BEDS	116	116	102	116	14	0	120	109	102

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	33286	76.0%	579	33865	80.0%	80.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	0	0.0%	33286	76.0%	579	33865	80.0%	80.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	28	21	0	0	0	0	0	0	28	21	49
45 to 59	24	11	0	0	0	0	0	0	24	11	35
60 to 64	4	3	0	0	0	0	0	0	4	3	7
65 to 74	5	5	0	0	0	0	0	0	5	5	10
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	61	41	0	0	0	0	0	0	61	41	102

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.

SHARON HEALTH CARE PINES

3614 NORTH ROCHELLE
 PEORIA, IL. 61604

Reference Numbers Facility ID 6007298

Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	101	0	0	1	0	102
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	101	0	0	1	0	102

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	105	105
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pac. Isl.	0	0	0	0	0
White	90	0	0	0	90
Race Unknown	0	0	0	0	0
Total	102	0	0	0	102

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	31.00
Other Health Staff	3.00
Non-Health Staff	34.00
Totals	82.00

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 Jones

Contact Person and Telephone

Rick Duros
 847-441-8200

Registered Agent Information

WEINTRAUB,GARY A.;MR.
 465 CENTRAL AVENUE, SUITE 100
 NORTHFIELD , IL 60093

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System	2
Alzheimer Disease	9
Mental Illness	98
Developmental Disability	2
Circulatory System	2
Respiratory System	20
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	64
Non-Medical Conditions	0
TOTALS	204

Date Completed
 3/26/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	219	219	213	219	15	0	219	Residents on 1/1/2006	200
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	85
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	81
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	204
TOTAL BEDS	219	219	213	219	15	0	219		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	73479	91.9%	1546	75025	93.9%	93.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	0	0.0%	73479	91.9%	1546	75025	93.9%	93.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	29	15	0	0	0	0	0	0	29	15	44
45 to 59	51	38	0	0	0	0	0	0	51	38	89
60 to 64	8	12	0	0	0	0	0	0	8	12	20
65 to 74	24	19	0	0	0	0	0	0	24	19	43
75 to 84	3	3	0	0	0	0	0	0	3	3	6
85+	0	2	0	0	0	0	0	0	0	2	2
TOTALS	115	89	0	0	0	0	0	0	115	89	204

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.

SHARON HEALTH CARE WILLOWS

3520 NORTH ROCHELLE
 PEORIA, IL. 61604

Reference Numbers Facility ID 6007272

Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	201	1	0	2	0	204
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	201	1	0	2	0	204

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	105	105
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	1	0	0	0	1
Black	21	0	0	0	21
Hawaiian/Pac. Isl.	0	0	0	0	0
White	181	0	0	0	181
Race Unknown	1	0	0	0	1
Total	204	0	0	0	204

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	203	0	0	0	203
Ethnicity Unknown	0	0	0	0	0
Total	204	0	0	0	204

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	50.00
Other Health Staff	8.00
Non-Health Staff	55.00
Totals	134.00

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

Registered Agent Information

WEINTRAUB,GARY A.;MR.
465 CENTRAL AVENUE, SUITE 100
NORTHFIELD , IL 60093

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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	1
Non-Medical Conditions	0
TOTALS	146

Date Completed
4/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	152	152	152	146	6	0	152	Residents on 1/1/2006	149
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	26
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	29
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	146
TOTAL BEDS	152	152	152	146	6	0	152		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	52972	95.5%	1349	54321	97.9%	97.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	0	0.0%	52972	95.5%	1349	54321	97.9%	97.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	23	14	0	0	0	0	0	0	23	14	37
45 to 59	59	25	0	0	0	0	0	0	59	25	84
60 to 64	7	8	0	0	0	0	0	0	7	8	15
65 to 74	6	4	0	0	0	0	0	0	6	4	10
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	95	51	0	0	0	0	0	0	95	51	146

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.

SHARON HEALTH CARE WOODS

3223 WEST RICHWOODS BOULEVARD

PEORIA, IL. 61604

Reference Numbers Facility ID 6007926

Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	143	1	0	2	0	146
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	143	1	0	2	0	146

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	105	105
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	1	0	0	0	1
Black	17	0	0	0	17
Hawaiian/Pac. Isl.	0	0	0	0	0
White	128	0	0	0	128
Race Unknown	0	0	0	0	0
Total	146	0	0	0	146

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	143	0	0	0	143
Ethnicity Unknown	0	0	0	0	0
Total	146	0	0	0	146

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.50
LPN's	7.50
Certified Aides	28.00
Other Health Staff	27.00
Non-Health Staff	28.00
Totals	97.00

SHAWNEE CHRISTIAN NURSING CTR

1901 13TH STREET
 HERRIN, IL. 62948
Reference Numbers Facility ID 6008528
 Health Service Area 005 Planning Service Area 199

Administrator
 Jeff McDaniel

Contact Person and Telephone

Robert Vincent
 217- 474-8562

Registered Agent Information

PHILLIPPE,TIMOTHY F
 200 NORTH POSTVILLE DRIVE
 LINCOLN , IL 62656

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	7
Blood Disorders	2
*Nervous System	9
Alzheimer Disease	5
Mental Illness	3
Developmental Disability	0
Circulatory System	18
Respiratory System	10
Digestive System	9
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	24
Injuries and Poisonings	11
Other Medical Conditions	23
Non-Medical Conditions	0
TOTALS	131

Date Completed
 4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	159	159	159	159	28	83	159	Residents on 1/1/2006	138
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	191
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	198
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	131
TOTAL BEDS	159	159	159	159	28	83	159		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	9243	30.5%	32810	56.5%	9096	51149	88.1%		88.1%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	9243	30.5%	32810	56.5%	9096	51149	88.1%		88.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	2	10	0	0	0	0	0	0	2	10	12
75 to 84	9	38	0	0	0	0	0	0	9	38	47
85+	12	57	0	0	0	0	0	0	12	57	69
TOTALS	24	107	0	0	0	0	0	0	24	107	131

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.

SHAWNEE CHRISTIAN NURSING CTR

1901 13TH STREET
 HERRIN, IL. 62948

Reference Numbers Facility ID 6008528

Health Service Area 005 Planning Service Area 199

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	26	79	1	1	24	0	131
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	26	79	1	1	24	0	131

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	156	129
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	128	0	0	0	128
Race Unknown	0	0	0	0	0
Total	131	0	0	0	131

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	42.00
Other Health Staff	2.00
Non-Health Staff	32.00
Totals	93.00

SHAWNEE HOUSE

309 SERIGHT STREET
HARRISBURG, IL 62946

Reference Numbers Facility ID 6010276
Health Service Area 005 Planning Service Area 059

Administrator
David M. Roberts

Contact Person and Telephone
DIANN BLACK
618-262-8614

Registered Agent Information

ROBERTS, DAVID M.; MR.
137 SOUTH DRIVE
MT. CARMEL, IL 62863

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5624	96.3%	0	5624	96.3%	96.3%	96.3%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5624	96.3%	0	5624	96.3%	96.3%	96.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	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	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	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

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.

SHAWNEE HOUSE

309 SERIGHT STREET
 HARRISBURG, IL. 62946

Reference Numbers Facility ID 6010276

Health Service Area 005 Planning Service Area 059

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	14.00
Other Health Staff	1.00
Non-Health Staff	1.00
Totals	17.50

SHELBY MEMORIAL HOSPITAL NH

200 SOUTH CEDAR
SHELBYVILLE, IL. 62565
Reference Numbers Facility ID 6008551
Health Service Area 004 Planning Service Area 173

Administrator

John Bennett

Contact Person and Telephone

Tracie Helton
217-774-3961

Registered Agent Information

FREEMAN,JOHN V.;MR.
200 S CEDAR STREET
SHELBYVILLE , 62565

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	12

Date Completed
4/4/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	19	15	15	15	7	15	0	11	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	0		
TOTAL BEDS	19	15	15	15	7	15	0	99	12

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1489	27.2%	0	0.0%	2343	3832	55.3%	70.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	1489	27.2%	0	0.0%	2343	3832	55.3%	70.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	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+	1	7	0	0	0	0	0	0	1	7	8
TOTALS	3	9	0	0	0	0	0	0	3	9	12

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.

SHELBY MEMORIAL HOSPITAL NH200 SOUTH CEDAR
SHELBYVILLE, IL. 62565

Reference Numbers Facility ID 6008551

Health Service Area 004 Planning Service Area 173

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	0	0	0	7	0	12
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	0	0	0	7	0	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	12	0	0	0	12
Ethnicity Unknown	0	0	0	0	0
Total	12	0	0	0	12

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.86
LPN's	5.85
Certified Aides	3.37
Other Health Staff	0.00
Non-Health Staff	1.03
Totals	14.11

SHELBYVILLE MANOR

ROUTE 128 NORTH P.O. BOX 49
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
217-744-2111

Registered Agent Information

WILSON, RONALD J
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	4
*Nervous System	1
Alzheimer Disease	8
Mental Illness	1
Developmental Disability	1
Circulatory System	16
Respiratory System	8
Digestive System	3
Genitourinary System Disorders	6
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	10
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	78

Date Completed
4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	115	115	90	115	78	37	115	115	82	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				103
TOTAL BEDS	115	115	90	115	78	37	115	115		78

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3728	8.9%	15532	37.0%	10285	29545	70.4%		70.4%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	3728	8.9%	15532	37.0%	10285	29545	70.4%		70.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	5	4	9
75 to 84	9	15	0	0	0	0	0	0	9	15	24
85+	7	35	0	0	0	0	0	0	7	35	42
TOTALS	21	57	0	0	0	0	0	0	21	57	78

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.

SHELBYVILLE MANOR

ROUTE 128 NORTH P.O. BOX 49
 SHELBYVILLE, IL. 62565

Reference Numbers Facility ID 6008544

Health Service Area 004 Planning Service Area 173

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	12	41	0	0	25	0	78
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	41	0	0	25	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	121
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	78	0	0	0	78
Race Unknown	0	0	0	0	0
Total	78	0	0	0	78

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	78	0	0	0	78
Ethnicity Unknown	0	0	0	0	0
Total	78	0	0	0	78

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	27.00
Other Health Staff	0.00
Non-Health Staff	18.00
Totals	57.00

FACILITY NOTES

E-143-05 2/2/2006 Change of ownership occurred.

Shelbyville Rehabilitation & Health Care

2116 S. 3RD & DACEY DRIVE
SHELBYVILLE, IL. 62565

Reference Numbers Facility ID 6008536
Health Service Area 004 Planning Service Area 173

Administrator
Rhonda Mays

Contact Person and Telephone

Marikay Snyder
309-689-5880

Registered Agent Information

SNYDER, MARIKAY L
830 WEST TRAILCREEK DRIVE
PEORIA, IL 61614

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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 restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System	2
Alzheimer Disease	4
Mental Illness	5
Developmental Disability	1
Circulatory System	9
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	3
TOTALS	31

Date Completed
4/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	80	63	41	63	31	49	12	80	34	5
Skilled Under 22	0	0	0	0	0	0		0		8
Intermediate DD	0	0	0	0	0	0		0		31
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	80	63	41	63	31	49	12	80		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1376	31.4%	10137	34.7%	1747	13260	45.4%	57.7%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	1376	31.4%	10137	34.7%	1747	13260	45.4%	57.7%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	2	0	0	0	0	0	0	0	2	0	2
75 to 84	3	5	0	0	0	0	0	0	3	5	8
85+	5	12	0	0	0	0	0	0	5	12	17
TOTALS	10	21	0	0	0	0	0	0	10	21	31

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.

Shelbyville Rehabilitation & Health Care

2116 S. 3RD & DACEY DRIVE

SHELBYVILLE, IL. 62565

Reference Numbers Facility ID 6008536

Health Service Area 004 Planning Service Area 173

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	2	24	0	0	5	0	31
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	24	0	0	5	0	31

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	117	101
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	10.00
Other Health Staff	0.00
Non-Health Staff	11.00
Totals	29.00

SHELDON HEALTH CARE CENTER

170 CONCORD STREET
SHELDON, IL. 60966

Reference Numbers Facility ID 6008569
Health Service Area 004 Planning Service Area 075

Administrator
Kathleen McKinney

Contact Person and Telephone

Marikay Snyder
309-689-5880

Registered Agent Information

SNYDER, MARIKAY L.
830 WEST TRAILCREEK DRIVE
PEORIA, IL 61614

FACILITY OWNERSHIP
LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System	2
Alzheimer Disease	11
Mental Illness	1
Developmental Disability	2
Circulatory System	5
Respiratory System	1
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	26

Date Completed
4/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	31	31	29	31	5	0	31	Residents on 1/1/2006	26
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	11
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	11
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	26
TOTAL BEDS	31	31	29	31	5	0	31		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	9285	82.1%	434	9719	85.9%	85.9%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	9285	82.1%	434	9719	85.9%	85.9%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	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	0	4	0	0	0	0	0	0	0	4	4
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	2	5	0	0	0	0	0	0	2	5	7
85+	0	6	0	0	0	0	0	0	0	6	6
TOTALS	7	19	0	0	0	0	0	0	7	19	26

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.

SHELDON HEALTH CARE CENTER170 CONCORD STREET
SHELDON, IL. 60966

Reference Numbers Facility ID 6008569

Health Service Area 004 Planning Service Area 075

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	23	0	0	3	0	26
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	23	0	0	3	0	26

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	105	105
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	25	0	0	0	25
Race Unknown	0	0	0	0	0
Total	26	0	0	0	26

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	6.00
Other Health Staff	0.00
Non-Health Staff	8.00
Totals	20.00

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

ROSENOW, EDWARD A.
2350 BETHANY ROAD
SYCAMORE, IL 60178

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	91
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	8
Intermediate DD	96	96	91	96	89	7		94	Total Discharges 2006	10
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2006	89
TOTAL BEDS	96	96	91	96	89	7	0	94		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			30909	90.1%	506	31415	89.7%	89.7%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	30909	90.1%	506	31415	89.7%	89.7%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	13	13	0	0	13	13	26
45 to 59	0	0	0	0	25	16	0	0	25	16	41
60 to 64	0	0	0	0	3	4	0	0	3	4	7
65 to 74	0	0	0	0	4	5	0	0	4	5	9
75 to 84	0	0	0	0	4	2	0	0	4	2	6
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	49	40	0	0	49	40	89

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.

SHELTERED VILLAGE

600 BORDEN

WOODSTOCK, IL. 60098

Reference Numbers Facility ID 6008577

Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		87	0	0	2	0	89
Sheltered Care			0	0	0	0	0
TOTALS	0	87	0	0	2	0	89

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	122	122
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	8	0	8
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	80	0	80
Race Unknown	0	0	0	0	0
Total	0	0	89	0	89

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.42
LPN's	1.27
Certified Aides	27.23
Other Health Staff	17.63
Non-Health Staff	15.34
Totals	70.89

Sheltering Oak

P.O. Box 367
Island Lake, IL. 60042

Reference Numbers Facility ID 6008585
Health Service Area 008 Planning Service Area 097

Administrator

Joseph Agnello

Contact Person and Telephone

Joseph Agnello
847-526-3636

Registered Agent Information

VERCHOTA, JOHN D.;MR.
5412 SOUTH ROUTE 31, SUITE #3
CRYSTAL LAKE, IL 60012

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System	1
Alzheimer Disease	0
Mental Illness	60
Developmental Disability	1
Circulatory System	0
Respiratory System	2
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	66

Date Completed
5/23/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	70	70	66	70	66	4	0	70	70	15
Skilled Under 22	0	0	0	0	0	0		0		19
Intermediate DD	0	0	0	0	0	0		0		66
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	70	70	66	70	66	4	0	70		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	22265	87.1%	1825	24090	94.3%		94.3%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	22265	87.1%	1825	24090	94.3%		94.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	14	12	0	0	0	0	0	0	14	12	26
60 to 64	4	3	0	0	0	0	0	0	4	3	7
65 to 74	7	10	0	0	0	0	0	0	7	10	17
75 to 84	2	11	0	0	0	0	0	0	2	11	13
85+	1	0	0	0	0	0	0	0	1	0	1
TOTALS	30	36	0	0	0	0	0	0	30	36	66

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.

Sheltering Oak

P.O. Box 367

Island Lake, IL. 60042

Reference Numbers Facility ID 6008585

Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	61	0	0	5	0	66
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	61	0	0	5	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	94	89
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.60
LPN's	0.60
Certified Aides	11.20
Other Health Staff	6.00
Non-Health Staff	10.50
Totals	34.90

SHERIDAN HEALTH CARE CENTER

2534 ELIM AVENUE
ZION, IL. 60099

Reference Numbers Facility ID 6008593
Health Service Area 008 Planning Service Area 097

Administrator

Ross Zeller

Contact Person and Telephone

Ross Zeller
847-746-8435

Registered Agent Information

ARON,STANTON F
2534 ELIM
ZION, IL 60099

FACILITY OWNERSHIP
LIMITED PARTNERSHIP

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System	6
Alzheimer Disease	31
Mental Illness	34
Developmental Disability	5
Circulatory System	24
Respiratory System	22
Digestive System	8
Genitourinary System Disorders	8
Skin Disorders	8
Musculo-skeletal Disorders	3
Injuries and Poisonings	8
Other Medical Conditions	30
Non-Medical Conditions	0
TOTALS	194

Date Completed
3/28/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	250	250	200	250	194	56	54	250	181
Skilled Under 22	0	0	0	0	0	0	0	0	132
Intermediate DD	0	0	0	0	0	0	0	0	119
Sheltered Care	0	0	0	0	0	0	0	0	194
TOTAL BEDS	250	250	200	250	194	56	54	250	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	5126	26.0%	58083	63.7%	6288	69497	76.2%	76.2%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	5126	26.0%	58083	63.7%	6288	69497	76.2%	76.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	11	0	0	0	0	0	0	4	11	15
45 to 59	25	12	0	0	0	0	0	0	25	12	37
60 to 64	17	14	0	0	0	0	0	0	17	14	31
65 to 74	17	14	0	0	0	0	0	0	17	14	31
75 to 84	24	28	0	0	0	0	0	0	24	28	52
85+	8	20	0	0	0	0	0	0	8	20	28
TOTALS	95	99	0	0	0	0	0	0	95	99	194

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.

SHERIDAN HEALTH CARE CENTER

2534 ELIM AVENUE

ZION, IL. 60099

Reference Numbers Facility ID 6008593

Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	18	158	1	2	15	0	194
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	158	1	2	15	0	194

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	148	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	1	0	0	0	1
Black	36	0	0	0	36
Hawaiian/Pac. Isl.	0	0	0	0	0
White	157	0	0	0	157
Race Unknown	0	0	0	0	0
Total	194	0	0	0	194

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	13	0	0	0	13
Non-Hispanic	181	0	0	0	181
Ethnicity Unknown	0	0	0	0	0
Total	194	0	0	0	194

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	15.00
Certified Aides	83.00
Other Health Staff	13.00
Non-Health Staff	85.00
Totals	215.00

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
Corey Nigro

Contact Person and Telephone

Corey Nigro
773-769-2230

Registered Agent Information

MAGENCE,MEYER;MR.
8320 SKOKIE BOULEVARD
SKOKIE, IL 60660

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	30
Blood Disorders	7
*Nervous System	7
Alzheimer Disease	0
Mental Illness	112
Developmental Disability	0
Circulatory System	24
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	180

Date Completed
4/16/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	191	191	191	180	11	63	191	Residents on 1/1/2006	186
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	140
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	146
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	180
TOTAL BEDS	191	191	191	180	11	63	191		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	3781	16.4%	60488	86.8%	466	64735	92.9%	92.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	3781	16.4%	60488	86.8%	466	64735	92.9%	92.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	26	36	0	0	0	0	0	0	26	36	62
45 to 59	48	7	0	0	0	0	0	0	48	7	55
60 to 64	10	6	0	0	0	0	0	0	10	6	16
65 to 74	10	15	0	0	0	0	0	0	10	15	25
75 to 84	4	10	0	0	0	0	0	0	4	10	14
85+	3	5	0	0	0	0	0	0	3	5	8
TOTALS	101	79	0	0	0	0	0	0	101	79	180

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.

SHERIDAN SHORES CARE & REHAB5838 NORTH SHERIDAN ROAD
CHICAGO, IL. 60660

Reference Numbers Facility ID 6002687

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	10	168	1	0	1	0	180
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	168	1	0	1	0	180

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	105
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	65	0	0	0	65
Hawaiian/Pac. Isl.	0	0	0	0	0
White	109	0	0	0	109
Race Unknown	4	0	0	0	4
Total	180	0	0	0	180

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	12	0	0	0	12
Non-Hispanic	168	0	0	0	168
Ethnicity Unknown	0	0	0	0	0
Total	180	0	0	0	180

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	25.00
Certified Aides	60.00
Other Health Staff	10.00
Non-Health Staff	60.00
Totals	165.00

FACILITY NOTES

Bed Change 1/11/2006 Added three nursing care beds, total now 191 nursing care beds.

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

Mary LaRiviere
847-429-5201

Registered Agent Information

FLOYD,RICHARD B.
1950 LARKIN AVENUE
ELGIN , IL 60123

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System	4
Alzheimer Disease	2
Mental Illness	1
Developmental Disability	0
Circulatory System	10
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	10
Other Medical Conditions	51
Non-Medical Conditions	0
TOTALS	99

Date Completed
4/17/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	112	112	95	112	91	21	54	20	98	517
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	8	8	8	8	8	0				516
TOTAL BEDS	120	120	103	120	99	21	54	20		99

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	11601	58.9%	1935	26.5%	18503	32039	78.4%		78.4%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					2920	2920	100.0%		100.0%	
TOTALS	11601	58.9%	1935	26.5%	21423	34959	79.8%		79.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	6	0	0	0	0	0	0	3	6	9
75 to 84	5	27	0	0	0	0	2	3	7	30	37
85+	8	38	0	0	0	0	0	3	8	41	49
TOTALS	18	73	0	0	0	0	2	6	20	79	99

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.

SHERMAN WEST COURT

1950 LARKIN AVENUE
 ELGIN, IL. 60123

Reference Numbers Facility ID 6012827

Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	35	7	0	1	47	1	91
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	8	0	8
TOTALS	35	7	0	1	55	1	99

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	178	148
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	178	92

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	87	0	0	8	95
Race Unknown	2	0	0	0	2
Total	91	0	0	8	99

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	88	0	0	8	96
Ethnicity Unknown	1	0	0	0	1
Total	91	0	0	8	99

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	16.00
LPN's	4.00
Certified Aides	27.00
Other Health Staff	0.00
Non-Health Staff	33.00
Totals	83.00

SHERWIN MANOR NURSING CENTER

7350 NORTH SHERIDAN ROAD
CHICAGO, IL. 60626

Reference Numbers Facility ID 6008601
Health Service Area 006 Planning Service Area 601

Administrator
JOSEPH OSINA

Contact Person and Telephone

ABE OSINA
773-274-1000

Registered Agent Information

LORCH, KENNETH F
225 WEST WACKER DRIVE, STE 2800
CHICAGO, IL 60606

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System	1
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	47
Respiratory System	11
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	79

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	219	219	103	219	79	140	219	219	90	212
Skilled Under 22	0	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	219	219	103	219	79	140	219	219		223
									Residents on 12/31/2006	79

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	2314	2.9%	27947	35.0%	1566	31827	39.8%	39.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2314	2.9%	27947	35.0%	1566	31827	39.8%	39.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	7	5	0	0	0	0	0	0	7	5	12
65 to 74	11	6	0	0	0	0	0	0	11	6	17
75 to 84	10	24	0	0	0	0	0	0	10	24	34
85+	4	3	0	0	0	0	0	0	4	3	7
TOTALS	38	41	0	0	0	0	0	0	38	41	79

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.

SHERWIN MANOR NURSING CENTER

7350 NORTH SHERIDAN ROAD
 CHICAGO, IL. 60626

Reference Numbers Facility ID 6008601

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	3	73	0	1	2	0	79
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	73	0	1	2	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	1	0	0	0	1
Black	33	0	0	0	33
Hawaiian/Pac. Isl.	0	0	0	0	0
White	43	0	0	0	43
Race Unknown	0	0	0	0	0
Total	79	0	0	0	79

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	78	0	0	0	78
Ethnicity Unknown	0	0	0	0	0
Total	79	0	0	0	79

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	13.00
Certified Aides	38.00
Other Health Staff	10.00
Non-Health Staff	32.00
Totals	102.00

SHORE HOME EAST

503 MICHIGAN AVENUE
EVANSTON, IL. 60202

Reference Numbers Facility ID 6006639
Health Service Area 007 Planning Service Area 702

Administrator

Kate Jesko

Contact Person and Telephone

Kate Jesko
847-982-2030

Registered Agent Information

GULLEY,GERALD;MR.
4232 DEMPSTER STREET
SKOKIE , IL 60076

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/26/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	12
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	12	12	12	12	0		12	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0			Residents on 12/31/2006	12
TOTAL BEDS	12	12	12	12	0	0	12		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%		0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			4380	100.0%	0	4380	100.0%		100.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	4380	100.0%	0	4380	100.0%		100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	3	0	0	4	3	7
45 to 59	0	0	0	0	0	2	0	0	0	2	2
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	6	6	0	0	6	6	12

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.

SHORE HOME EAST503 MICHIGAN AVENUE
EVANSTON, IL. 60202

Reference Numbers Facility ID 6006639

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	104	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	7.00
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	9.00

Skokie Meadows 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

Joan Willey
847-679-1157

Registered Agent Information

Date Completed
5/17/2007

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

FACILITY OWNERSHIP

FOR-PROF CORPORATION

Note: Reported restrictions denoted by '1'

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	111	111	111	105	105	6	0	111	107	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0		0	35	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0		0	37	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0		0	105	
TOTAL BEDS	111	111	111	105	105	6	0	111		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	25550	63.1%	12775	38325	94.6%		94.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	25550	63.1%	12775	38325	94.6%		94.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	21	2	0	0	0	0	0	0	21	2	23
45 to 59	50	5	0	0	0	0	0	0	50	5	55
60 to 64	15	1	0	0	0	0	0	0	15	1	16
65 to 74	10	1	0	0	0	0	0	0	10	1	11
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	96	9	0	0	0	0	0	0	96	9	105

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.

Skokie Meadows II
 4600 West Golf Road
 Skokie, IL. 60076

Reference Numbers Facility ID 6008643
 Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	70	33	0	2	0	105
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	70	33	0	2	0	105

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	6	0	0	0	6
Amer. Indian	0	0	0	0	0
Black	38	0	0	0	38
Hawaiian/Pac. Isl.	0	0	0	0	0
White	61	0	0	0	61
Race Unknown	0	0	0	0	0
Total	105	0	0	0	105

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	98	0	0	0	98
Ethnicity Unknown	0	0	0	0	0
Total	105	0	0	0	105

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	0.00
Certified Aides	19.00
Other Health Staff	0.00
Non-Health Staff	25.00
Totals	57.00

SMITH CROSSING

10501 EMILIE
 ORLAND PARK, IL. 60467
Reference Numbers Facility ID 6016059
 Health Service Area 009 Planning Service Area 197

Administrator

Kevin McGee

Contact Person and Telephone

Kevin McGee
 708-326-2326

Registered Agent Information

CHOMICZ, THOMAS E.
 500 WEST MADISON ST., STE 3700
 CHICAGO, IL 60661

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	4
Alzheimer Disease	6
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	2
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	20

Date Completed
 4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	30	30	21	30	20	10	0	0	4	34
Skilled Under 22	0	0	0	0	0	0	0	0	18	18
Intermediate DD	0	0	0	0	0	0	0	0	20	20
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	30	30	21	30	20	10	0	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	3996	3996	36.5%		36.5%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	0	0.0%	3996	3996	36.5%		36.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	7	0	0	0	0	0	0	1	7	8
85+	2	8	0	0	0	0	0	0	2	8	10
TOTALS	4	16	0	0	0	0	0	0	4	16	20

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.

SMITH CROSSING

10501 EMILIE

ORLAND PARK, IL. 60467

Reference Numbers Facility ID 6016059

Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	20	0	20
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	20	0	20

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	249	197
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.50
LPN's	4.60
Certified Aides	26.40
Other Health Staff	1.00
Non-Health Staff	59.50
Totals	96.00

SMITH SQUARE

7401 34TH AVENUE
MOLINE, IL. 61265

Reference Numbers Facility ID 6008668
Health Service Area 010 Planning Service Area 161

Administrator

Amanda Deucker

Contact Person and Telephone

Regina Mason
309-796-2678

Registered Agent Information

BLEDSONE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/16/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	Total Admissions 2006
Nursing Care	0	0	0	0	0	0	0	0	Total Discharges 2006	0
Skilled Under 22	0	0	0	0	0	0	0	0	Residents on 12/31/2006	16
Intermediate DD	16	16	16	16	16	0	0	16		
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5805	99.4%	0	5805	99.4%	99.4%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	5805	99.4%	0	5805	99.4%	99.4%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	8	8	0	0	8	8	16

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.

SMITH SQUARE

7401 34TH AVENUE

MOLINE, IL. 61265

Reference Numbers Facility ID 6008668

Health Service Area 010 Planning Service Area 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	6.66
Other Health Staff	0.52
Non-Health Staff	1.79
Totals	9.22

SNOW VALLEY NRSG & REHAB CTR

5000 LINCOLN AVENUE
LISLE, IL. 60532
Reference Numbers Facility ID 6008676
Health Service Area 007 Planning Service Area 703

Administrator
Patricia A. Long

Contact Person and Telephone

Patricia A Long
708-852-5100

Registered Agent Information

ARONIN,DAVID
2201 MAIN STREET
EVANSTON , IL 60202

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System	4
Alzheimer Disease	0
Mental Illness	3
Developmental Disability	0
Circulatory System	6
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	44

Date Completed
4/16/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	51	51	48	51	44	7	51	51	47	
Skilled Under 22	0	0	0	0	0	0		0	67	
Intermediate DD	0	0	0	0	0	0		0	70	
Sheltered Care	0	0	0	0	0	0		0	44	
TOTAL BEDS	51	51	48	51	44	7	51	51		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	2228	12.0%	8632	46.4%	5337	16197	87.0%	87.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2228	12.0%	8632	46.4%	5337	16197	87.0%	87.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	1	0	0	0	0	0	0	0	1	0	1
75 to 84	6	7	0	0	0	0	0	0	6	7	13
85+	8	19	0	0	0	0	0	0	8	19	27
TOTALS	17	27	0	0	0	0	0	0	17	27	44

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.

SNOW VALLEY NRSG & REHAB CTR

5000 LINCOLN AVENUE

LISLE, IL. 60532

Reference Numbers Facility ID 6008676

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	11	21	0	1	11	0	44
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	21	0	1	11	0	44

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	201	181
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	43	0	0	0	43
Ethnicity Unknown	0	0	0	0	0
Total	44	0	0	0	44

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.50
LPN's	2.75
Certified Aides	12.00
Other Health Staff	1.00
Non-Health Staff	10.00
Totals	30.25

SNYDER VILLAGE

1200 EAST PARTRIDGE
METAMORA, IL. 61548

Reference Numbers Facility ID 6011464
Health Service Area 002 Planning Service Area 203

Administrator

Todd Ramlo

Contact Person and Telephone

Diane Hilton
309-367-4300 ext 112

Registered Agent Information

RAUH,KEVIN
1200 EAST PARTRIDGE
METAMORA, IL 61548

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	1
Alzheimer Disease	35
Mental Illness	4
Developmental Disability	0
Circulatory System	12
Respiratory System	4
Digestive System	7
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	14
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	96

Date Completed
4/6/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	105	105	105	105	96	9	105	105	95	99
Skilled Under 22	0	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	105	105	105	105	96	9	105	105	98	96

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3647	9.5%	8929	23.3%	22059	34635	90.4%	90.4%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	3647	9.5%	8929	23.3%	22059	34635	90.4%	90.4%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	9	0	0	0	0	0	0	0	9	9
75 to 84	12	20	0	0	0	0	0	0	12	20	32
85+	14	40	0	0	0	0	0	0	14	40	54
TOTALS	27	69	0	0	0	0	0	0	27	69	96

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.

SNYDER VILLAGE

1200 EAST PARTRIDGE
 METAMORA, IL. 61548

Reference Numbers Facility ID 6011464

Health Service Area 002 Planning Service Area 203

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	11	22	0	0	63	0	96
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	22	0	0	63	0	96

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	196	171
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	96	0	0	0	96
Race Unknown	0	0	0	0	0
Total	96	0	0	0	96

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	16.00
Certified Aides	61.00
Other Health Staff	6.00
Non-Health Staff	57.00
Totals	160.00

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

Registered Agent Information

SNYDER, VAUGHN I.; MR.
135 S MORGAN
RUSHVILLE, IL 62681

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System	5
Alzheimer Disease	17
Mental Illness	1
Developmental Disability	1
Circulatory System	20
Respiratory System	5
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	4
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	72

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	99	96	77	96	72	27	17	99	66	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0		0		Total Discharges 2006
Intermediate DD	0	0	0	0	0	0		0		Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	99	96	77	96	72	27	17	99		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1752	28.2%	16618	46.0%	7186	25556	70.7%		72.9%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1752	28.2%	16618	46.0%	7186	25556	70.7%		72.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	5	2	0	0	0	0	0	0	5	2	7
75 to 84	8	14	0	0	0	0	0	0	8	14	22
85+	10	29	0	0	0	0	0	0	10	29	39
TOTALS	24	48	0	0	0	0	0	0	24	48	72

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.

SNYDER'S VAUGHN HAVEN

135 SOUTH MORGAN STREET

RUSHVILLE, IL. 62681

Reference Numbers Facility ID 6008684

Health Service Area 003 Planning Service Area 009

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	48	0	0	19	0	72
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	48	0	0	19	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	122	112
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	29.00
Other Health Staff	1.00
Non-Health Staff	30.00
Totals	74.00

SOMERSET PLACE

5009 NORTH SHERIDAN
CHICAGO, IL. 60640

Reference Numbers Facility ID 6008700
Health Service Area 006 Planning Service Area 601

Administrator

Jeremy Boshes

Contact Person and Telephone

Jeremy Boshes
773-561-0700

Registered Agent Information

ARONIN,DAVID
2201 MAIN STREET
EVANSTON , IL 60202

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	397
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	397

Date Completed
4/16/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	450	450	423	450	397	53	0	450	390	276
Skilled Under 22	0	0	0	0	0	0		0		269
Intermediate DD	0	0	0	0	0	0		0		397
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	450	450	423	450	397	53	0	450		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	148859	90.6%	0	148859	90.6%		90.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	148859	90.6%	0	148859	90.6%		90.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	101	33	0	0	0	0	0	0	101	33	134
45 to 59	153	62	0	0	0	0	0	0	153	62	215
60 to 64	11	8	0	0	0	0	0	0	11	8	19
65 to 74	15	6	0	0	0	0	0	0	15	6	21
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	283	114	0	0	0	0	0	0	283	114	397

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.

SOMERSET PLACE5009 NORTH SHERIDAN
CHICAGO, IL. 60640

Reference Numbers Facility ID 6008700

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	395	0	0	2	0	397
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	395	0	0	2	0	397

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	9	0	0	0	9
Amer. Indian	2	0	0	0	2
Black	186	0	0	0	186
Hawaiian/Pac. Isl.	0	0	0	0	0
White	200	0	0	0	200
Race Unknown	0	0	0	0	0
Total	397	0	0	0	397

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	26	0	0	0	26
Non-Hispanic	365	0	0	0	365
Ethnicity Unknown	6	0	0	0	6
Total	397	0	0	0	397

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	27.00
Certified Aides	67.00
Other Health Staff	31.00
Non-Health Staff	71.00
Totals	203.00

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

Renee Bogard

Contact Person and Telephone

Marikay Snyder
309-689-5880

Registered Agent Information

SNYDER, MARIKAY L
830 WEST TRAILCREEK DRIVE
PEORIA, IL 61614

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	2
*Nervous System	2
Alzheimer Disease	0
Mental Illness	24
Developmental Disability	0
Circulatory System	11
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	3
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	63

Date Completed
4/6/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	90	80	66	80	63	27	14	90	59	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				208
TOTAL BEDS	90	80	66	80	63	27	14	90		63

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2303	45.1%	14743	44.9%	2964	20010	60.9%		68.5%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2303	45.1%	14743	44.9%	2964	20010	60.9%		68.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	1	0	0	0	0	0	0	2	1	3
45 to 59	8	8	0	0	0	0	0	0	8	8	16
60 to 64	1	4	0	0	0	0	0	0	1	4	5
65 to 74	7	5	0	0	0	0	0	0	7	5	12
75 to 84	9	9	0	0	0	0	0	0	9	9	18
85+	1	8	0	0	0	0	0	0	1	8	9
TOTALS	28	35	0	0	0	0	0	0	28	35	63

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	45	0	0	12	0	63
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	45	0	0	12	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	118
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	1	0	0	0	1
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	56	0	0	0	56
Race Unknown	3	0	0	0	3
Total	63	0	0	0	63

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	60	0	0	0	60
Ethnicity Unknown	0	0	0	0	0
Total	63	0	0	0	63

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	27.00
Other Health Staff	0.00
Non-Health Staff	23.00
Totals	67.00

SOUTH FROSTWOOD

6010 NORTH FROSTWOOD
PEORIA, IL. 61615

Reference Numbers Facility ID 6013395
Health Service Area 002 Planning Service Area 143

Administrator

Edith B. Morris

Contact Person and Telephone

Edith Morris
309-691-3123

Registered Agent Information

RICKETTS,ROY
1913 WEST TOWNLINE RD,BOX 3418
PEORIA, IL 61612

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/29/2006

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	4
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	4	4	4	4	4	0	4	4	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	4
TOTAL BEDS	4	4	4	4	4	0	0	4		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			1424	97.5%	0	1424	97.5%	97.5%	97.5%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	1424	97.5%	0	1424	97.5%	97.5%	97.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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

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.

SOUTH FROSTWOOD

6010 NORTH FROSTWOOD
 PEORIA, IL. 61615

Reference Numbers Facility ID 6013395

Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	185	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	1.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	3.75
Totals	6.75

SOUTH HAVEN HOME

500 S. REED ST.
ROBINSON, IL. 62454

Reference Numbers Facility ID 6011761
Health Service Area 005 Planning Service Area 033

Administrator

Amanda Welsh

Contact Person and Telephone

Amanda Welsh
618-546-1204

Registered Agent Information

KRCHAK,DAVID E
30 MAIN STREET, P O BOX 560
CHAMPAIGN , IL 61824

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/2/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	4
Intermediate DD	16	16	16	16	16	0	0	16	Total Discharges 2006	4
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5289	90.6%	0	5289	90.6%	90.6%	90.6%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5289	90.6%	0	5289	90.6%	90.6%	90.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	8	8	0	0	8	8	16

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.

SOUTH HAVEN HOME

500 S. REED ST.
ROBINSON, IL. 62454

Reference Numbers Facility ID 6011761

Health Service Area 005 Planning Service Area 033

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	13.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	15.50

South Shore Nursing & Rehab

2649 East 75th Street
CHICAGO, IL. 60649

Reference Numbers Facility ID 6014856
Health Service Area 006 Planning Service Area 603

Administrator

Kay Ross

Contact Person and Telephone

Kay Ross
773-356-9300

Registered Agent Information

ARONIN, DAVID_M.
4101 WEST MAIN
SKOKIE, IL 60076

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	15
Blood Disorders	2
*Nervous System	3
Alzheimer Disease	30
Mental Illness	6
Developmental Disability	0
Circulatory System	35
Respiratory System	6
Digestive System	4
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	22
Injuries and Poisonings	0
Other Medical Conditions	69
Non-Medical Conditions	0
TOTALS	207

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	Total Admissions 2006
Nursing Care	240	240	219	240	207	33	240	240	Total Discharges 2006	104
Skilled Under 22	0	0	0	0	0	0		0	Residents on 12/31/2006	207
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	240	240	219	240	207	33	240	240		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	9615	11.0%	55592	63.5%	7703	72910	83.2%	83.2%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	9615	11.0%	55592	63.5%	7703	72910	83.2%	83.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	2	0	0	0	0	0	0	4	2	6
45 to 59	20	10	0	0	0	0	0	0	20	10	30
60 to 64	11	7	0	0	0	0	0	0	11	7	18
65 to 74	24	20	0	0	0	0	0	0	24	20	44
75 to 84	26	33	0	0	0	0	0	0	26	33	59
85+	10	40	0	0	0	0	0	0	10	40	50
TOTALS	95	112	0	0	0	0	0	0	95	112	207

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.

South Shore Nursing & Rehab

2649 East 75th Street
 CHICAGO, IL. 60649

Reference Numbers Facility ID 6014856

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	17	180	0	0	10	0	207
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	180	0	0	10	0	207

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	143	123
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	198	0	0	0	198
Hawaiian/Pac. Isl.	0	0	0	0	0
White	9	0	0	0	9
Race Unknown	0	0	0	0	0
Total	207	0	0	0	207

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	202	0	0	0	202
Ethnicity Unknown	0	0	0	0	0
Total	207	0	0	0	207

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.25
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	30.00
Certified Aides	69.00
Other Health Staff	0.00
Non-Health Staff	62.00
Totals	168.25

South Side Manor

729 South Webster
Decatur, IL. 62521

Reference Numbers Facility ID 6008742
Health Service Area 004 Planning Service Area 115

Administrator

Pam Rosenkranz

Contact Person and Telephone

Pam Rosenkranz
217-422-5478

Registered Agent Information

KRECKMAN,ALFRED
908 NORTH MAIN ST, P O BOX 10
PARIS, IL 61944

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/27/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	14
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	15	15	15	15	0		15	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0			Residents on 12/31/2006	15
TOTAL BEDS	15	15	15	15	0	0	15		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			4898	89.5%	365	5263	96.1%	96.1%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	4898	89.5%	365	5263	96.1%	96.1%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	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

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.

South Side Manor

729 South Webster
Decatur, IL. 62521

Reference Numbers Facility ID 6008742

Health Service Area 004 Planning Service Area 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	115	115
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.18
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.14
LPN's	0.00
Certified Aides	8.04
Other Health Staff	1.00
Non-Health Staff	0.54
Totals	9.90

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

Michelle Cavitt

Contact Person and Telephone

Sam Thompson
618-524-2683

Registered Agent Information

PARKER,JANE;MS.
900 E 9TH ST
METROPOLIS , 62960

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	8
*Nervous System	5
Alzheimer Disease	6
Mental Illness	9
Developmental Disability	0
Circulatory System	24
Respiratory System	9
Digestive System	4
Genitourinary System Disorders	6
Skin Disorders	5
Musculo-skeletal Disorders	4
Injuries and Poisonings	15
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	106

Date Completed
3/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2006	
Nursing Care	140	140	120	140	106	34	75	140	110
Skilled Under 22	0	0	0	0	0	0	0	0	89
Intermediate DD	0	0	0	0	0	0	0	0	93
Sheltered Care	0	0	0	0	0	0	0	0	106
TOTAL BEDS	140	140	120	140	106	34	75	140	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	4129	15.1%	24986	48.9%	10747	39862	78.0%		78.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	4129	15.1%	24986	48.9%	10747	39862	78.0%		78.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	4	2	0	0	0	0	0	0	4	2	6
60 to 64	3	4	0	0	0	0	0	0	3	4	7
65 to 74	8	10	0	0	0	0	0	0	8	10	18
75 to 84	8	30	0	0	0	0	0	0	8	30	38
85+	3	32	0	0	0	0	0	0	3	32	35
TOTALS	28	78	0	0	0	0	0	0	28	78	106

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.

SOUTHGATE HEALTH CARE CENTER900 EAST NINTH STREET
METROPOLIS, IL. 62960

Reference Numbers Facility ID 6008759

Health Service Area 005 Planning Service Area 087

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	14	61	3	0	28	0	106
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	61	3	0	28	0	106

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	105	95
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	95

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	100	0	0	0	100
Race Unknown	0	0	0	0	0
Total	106	0	0	0	106

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	12.00
Certified Aides	37.00
Other Health Staff	5.00
Non-Health Staff	33.00
Totals	95.00

SOUTHVIEW MANOR OPERATOR

3311 SOUTH MICHIGAN AVENUE
CHICAGO, IL. 60616

Reference Numbers Facility ID 6001895
Health Service Area 006 Planning Service Area 603

Administrator

Gloria L. Green

Contact Person and Telephone

Gloria L. Green
312-326-9101

Registered Agent Information

WENFELD,AVRUM
6865 N. LINCOLN AVENUE
LINCOLNWOOD , IL 60712

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	80
Blood Disorders	10
*Nervous System	22
Alzheimer Disease	2
Mental Illness	30
Developmental Disability	0
Circulatory System	18
Respiratory System	12
Digestive System	6
Genitourinary System Disorders	0
Skin Disorders	6
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	196

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	200	200	196	196	196	4	0	200	199	426
Skilled Under 22	0	0	0	0	0	0	0	0		429
Intermediate DD	0	0	0	0	0	0	0	0		196
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	200	200	196	196	196	4	0	200		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3344	0.0%	66144	90.6%	1589	71077	97.4%	97.4%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	3344	0.0%	66144	90.6%	1589	71077	97.4%	97.4%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	40	24	0	0	0	0	0	0	40	24	64
45 to 59	66	21	0	0	0	0	0	0	66	21	87
60 to 64	6	7	0	0	0	0	0	0	6	7	13
65 to 74	12	9	0	0	0	0	0	0	12	9	21
75 to 84	5	2	0	0	0	0	0	0	5	2	7
85+	0	4	0	0	0	0	0	0	0	4	4
TOTALS	129	67	0	0	0	0	0	0	129	67	196

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.

SOUTHVIEW MANOR OPERATOR

3311 SOUTH MICHIGAN AVENUE
CHICAGO, IL. 60616

Reference Numbers Facility ID 6001895

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	5	186	1	0	0	4	196
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	186	1	0	0	4	196

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	177	0	0	0	177
Hawaiian/Pac. Isl.	0	0	0	0	0
White	16	0	0	0	16
Race Unknown	3	0	0	0	3
Total	196	0	0	0	196

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	193	0	0	0	193
Total	196	0	0	0	196

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	21.00
Certified Aides	39.00
Other Health Staff	4.00
Non-Health Staff	64.00
Totals	137.00

FACILITY NOTES

- E-059-06 10/31/2006 Change of ownership occurred.
- E-059-06 8/26/2006 Change of ownership exemption approved.

SPARTA TERRACE

1501 MELMAR DRIVE
SPARTA, IL. 62286

Reference Numbers Facility ID 6010433
Health Service Area 005 Planning Service Area 157

Administrator

Randi Leone

Contact Person and Telephone

Cathy Tadlock
618-443-2122

Registered Agent Information

EVERSON,VINCENT M
2020 W WAR MEMORIAL DR,STE 103
PEORIA , IL 61614

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	2
Intermediate DD	16	16	16	16	14	2		16	Total Discharges 2006	4
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2006	14
TOTAL BEDS	16	16	16	16	14	2	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5419	92.8%	0	5419	92.8%	92.8%	92.8%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5419	92.8%	0	5419	92.8%	92.8%	92.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	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	8	6	0	0	8	6	14

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.

SPARTA TERRACE

1501 MELMAR DRIVE
 SPARTA, IL. 62286

Reference Numbers Facility ID 6010433

Health Service Area 005 Planning Service Area 157

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	216	108
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	10.00
Non-Health Staff	0.00
Totals	10.00

FACILITY NOTES

- E-150-05 3/9/2006 Change of ownership occurred.
- E-150-05 1/30/2006 Change of ownership exemption approved.

SPAULDING TERRACE

16307 SPAULDING AVENUE
MARKHAM, IL. 60426

Reference Numbers Facility ID 6013825
Health Service Area 007 Planning Service Area 705

Administrator

Sarah Simons

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	6
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	6	6	6	6	6	0	6	6	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	6
TOTAL BEDS	6	6	6	6	6	0	0	6		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			2190	100.0%	0	2190	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	2190	100.0%	0	2190	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	1	1	0	0	1	1	2
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	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

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.

SPAULDING TERRACE

16307 SPAULDING AVENUE
 MARKHAM, IL. 60426

Reference Numbers Facility ID 6013825

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	209	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.12
Certified Aides	5.95
Other Health Staff	0.26
Non-Health Staff	0.84
Totals	7.42

SPENCER TERRACE

401 WEST FOURTH STREET
 NORRIS CITY, IL. 62869

Reference Numbers Facility ID 6010672
 Health Service Area 005 Planning Service Area 193

Administrator
 David M. Roberts

Contact Person and Telephone
 DIANN BLACK
 618-262-8614

Registered Agent Information
 ROBERTS, DAVID M.; MR.
 137 SOUTH DRIVE, P.O. BOX 511
 MT. CARMEL, IL 62863

FACILITY OWNERSHIP
 FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
 4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5503	94.2%	0	5503	94.2%	94.2%	94.2%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5503	94.2%	0	5503	94.2%	94.2%	94.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	1	0	0	0	1	0	1
18 to 44	0	0	0	0	0	3	0	0	0	3	3
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	0	3	0	0	0	3	3
75 to 84	0	0	0	0	1	1	0	0	1	1	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	4	12	0	0	4	12	16

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.

SPENCER TERRACE

401 WEST FOURTH STREET
 NORRIS CITY, IL. 62869

Reference Numbers Facility ID 6010672

Health Service Area 005 Planning Service Area 193

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	106
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	5	0	5
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.50
LPN's	0.25
Certified Aides	13.00
Other Health Staff	1.00
Non-Health Staff	1.00
Totals	16.75

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

Registered Agent Information

ROBINSON, KIMBERLEA
 5310 EAST WILLIAM STREET ROAD
 DECATUR, IL 62521

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
 4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	15	1		16	Total Discharges 2006	2
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2006	15
TOTAL BEDS	16	16	16	16	15	1	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5819	99.6%	0	5819	99.6%	99.6%	99.6%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5819	99.6%	0	5819	99.6%	99.6%	99.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	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	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	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

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.

SPRING CREEK TERRACE

3155 EAST MOUND ROAD
 DECATUR, IL. 62526

Reference Numbers Facility ID 6012314

Health Service Area 004 Planning Service Area 115

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	257	128
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	11.00
Non-Health Staff	1.00
Totals	14.00

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

SHIRLEY M. MICHALSKI

Contact Person and Telephone

SHIRLEY M. MICHALSKI, RN
 815-664-4708

Registered Agent Information

REIFER, JACK AARON
 6352 NORTH LINCOLN AVENUE
 CHICAGO, IL 60659

FACILITY OWNERSHIP

LIMITED PARTNERSHIP

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	15
Mental Illness	5
Developmental Disability	2
Circulatory System	16
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	13
Injuries and Poisonings	3
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	83

Date Completed
 4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	98	980	86	98	83	15	17	98	Residents on 1/1/2006	80
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	72
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006	69
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	83
TOTAL BEDS	98	980	86	98	83	15	17	98		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3286	53.0%	16114	45.0%	9047	28447	79.5%	8.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	3286	53.0%	16114	45.0%	9047	28447	79.5%	8.0%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	0	0	0	0	0	0	0	2	0	2
65 to 74	3	5	0	0	0	0	0	0	3	5	8
75 to 84	3	14	0	0	0	0	0	0	3	14	17
85+	8	44	0	0	0	0	0	0	8	44	52
TOTALS	18	65	0	0	0	0	0	0	18	65	83

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.

SPRING VALLEY NURSING CENTER1300 NORTH GREENWOOD STREET
SPRING VALLEY, IL. 61362

Reference Numbers Facility ID 6008783

Health Service Area 002 Planning Service Area 011

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	9	53	0	0	21	0	83
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	53	0	0	21	0	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	81	0	0	0	81
Ethnicity Unknown	0	0	0	0	0
Total	83	0	0	0	83

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	23.00
Non-Health Staff	17.00
Totals	80.00

SPRINGFIELD TERRACE, LTD.

525 S. MARTIN LUTHER KING DR.
SPRINGFIELD, IL 62703

Reference Numbers Facility ID 6002661
Health Service Area 003 Planning Service Area 167

Administrator
Judith G. Borrer

Contact Person and Telephone

Judith Borrer
217-789-1680

Registered Agent Information

WEINTRAUB,GARY A.;MR.
465 CENTRAL AVENUE, SUITE 100
NORTHFIELD , IL 60093

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System	2
Alzheimer Disease	4
Mental Illness	27
Developmental Disability	0
Circulatory System	2
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	40

Date Completed
4/12/2006

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	65	65	50	65	40	25	0	65	48	12
Skilled Under 22	0	0	0	0	0	0		0		20
Intermediate DD	0	0	0	0	0	0		0		40
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	65	65	50	65	40	25	0	65		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	14299	60.3%	705	15004	63.2%		63.2%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	14299	60.3%	705	15004	63.2%		63.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	8	5	0	0	0	0	0	0	8	5	13
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	6	4	0	0	0	0	0	0	6	4	10
75 to 84	5	3	0	0	0	0	0	0	5	3	8
85+	1	2	0	0	0	0	0	0	1	2	3
TOTALS	22	18	0	0	0	0	0	0	22	18	40

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.

SPRINGFIELD TERRACE, LTD.

525 S. MARTIN LUTHER KING DR.
 SPRINGFIELD, IL. 62703

Reference Numbers Facility ID 6002661

Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	39	0	0	1	0	40
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	39	0	0	1	0	40

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	109
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pac. Isl.	0	0	0	0	0
White	32	0	0	0	32
Race Unknown	0	0	0	0	0
Total	40	0	0	0	40

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	15.00
Other Health Staff	4.00
Non-Health Staff	17.00
Totals	48.00

Springwood Nursing and Rehab Care

1920 NORTH MAIN STREET
ROCKFORD, IL. 61103

Reference Numbers Facility ID 6006613
Health Service Area 001 Planning Service Area 201

Administrator

Collette Smart

Contact Person and Telephone

Paula Speiden
815-964-6834

Registered Agent Information

SCHWARTZ,LAWRENCE Y
7358 NORTH LINCOLN, STE #130
LINCOLNWOOD , IL 60712

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	10
Alzheimer Disease	19
Mental Illness	2
Developmental Disability	0
Circulatory System	8
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	11
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	79

Date Completed
4/20/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	97	97	90	97	79	18	23	97	90	231
Skilled Under 22	0	0	0	0	0	0		0		242
Intermediate DD	0	0	0	0	0	0		0		79
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	97	97	90	97	79	18	23	97		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2880	34.3%	16920	47.8%	3240	23040	65.1%		65.1%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2880	34.3%	16920	47.8%	3240	23040	65.1%		65.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	4	4	0	0	0	0	0	0	4	4	8
75 to 84	6	21	0	0	0	0	0	0	6	21	27
85+	11	29	0	0	0	0	0	0	11	29	40
TOTALS	22	57	0	0	0	0	0	0	22	57	79

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.

Springwood Nursing and Rehab Care

1920 NORTH MAIN STREET
 ROCKFORD, IL. 61103

Reference Numbers Facility ID 6006613

Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	55	0	0	16	0	79
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	55	0	0	16	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	161
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	180	161

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	77	0	0	0	77
Race Unknown	0	0	0	0	0
Total	79	0	0	0	79

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	75	0	0	0	75
Total	79	0	0	0	79

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	17.00
Certified Aides	34.00
Other Health Staff	4.00
Non-Health Staff	37.00
Totals	101.00

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

Diane Robertson

Contact Person and Telephone

Diane Robertson
312-922-2777

Registered Agent Information

O'BRIEN,PETER J.;MR.
1541 NORTH WELLS STREET
CHICAGO , IL 60610

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	15
Endocrine/Metabolic	34
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	18
Mental Illness	2
Developmental Disability	2
Circulatory System	14
Respiratory System	26
Digestive System	18
Genitourinary System Disorders	10
Skin Disorders	3
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	157

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	197	197	187	197	40	37	197	Residents on 1/1/2006	164
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	146
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	153
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	157
TOTAL BEDS	197	197	187	197	40	37	197		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	4264	31.6%	53352	74.2%	2636	60252	83.8%	83.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	4264	31.6%	53352	74.2%	2636	60252	83.8%	83.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	9	15	0	0	0	0	0	0	9	15	24
60 to 64	7	8	0	0	0	0	0	0	7	8	15
65 to 74	2	14	0	0	0	0	0	0	2	14	16
75 to 84	16	37	0	0	0	0	0	0	16	37	53
85+	12	35	0	0	0	0	0	0	12	35	47
TOTALS	48	109	0	0	0	0	0	0	48	109	157

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.

St. Agnes Health Care Center

1725 South Wabash
Chicago, IL. 60616

Reference Numbers Facility ID 6008825

Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	13	137	0	0	7	0	157
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	137	0	0	7	0	157

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	58	0	0	0	58
Amer. Indian	0	0	0	0	0
Black	86	0	0	0	86
Hawaiian/Pac. Isl.	0	0	0	0	0
White	13	0	0	0	13
Race Unknown	0	0	0	0	0
Total	157	0	0	0	157

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	154	0	0	0	154
Ethnicity Unknown	0	0	0	0	0
Total	157	0	0	0	157

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	17.00
Certified Aides	62.00
Other Health Staff	6.00
Non-Health Staff	108.00
Totals	213.00

ST. ANDREW LIFE CENTER

7000 NORTH NEWARK

NILES, IL. 60714

Reference Numbers Facility ID 6008833

Health Service Area 007 Planning Service Area 702

Administrator

Nancy Mella-Oliver

Contact Person and Telephone

Nancy Mella-Oliver

847-647-8332

Registered Agent Information

TOOMEY, JOSEPH F

7435 WEST TALCOTT AVENUE

CHICAGO, IL 60631

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	0
Mental Illness	5
Developmental Disability	0
Circulatory System	12
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	16
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	52

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	55	55	55	55	52	3	0	55	Residents on 1/1/2006	51
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	34
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006	33
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	52
TOTAL BEDS	55	55	55	55	52	3	0	55		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	8191	40.8%	10585	18776	93.5%		93.5%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	8191	40.8%	10585	18776	93.5%		93.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	3	4	0	0	0	0	0	0	3	4	7
85+	6	38	0	0	0	0	0	0	6	38	44
TOTALS	10	42	0	0	0	0	0	0	10	42	52

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.

ST. ANDREW LIFE CENTER

7000 NORTH NEWARK
NILES, IL. 60714

Reference Numbers Facility ID 6008833

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	22	0	0	30	0	52
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	22	0	0	30	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	199	171
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	52	0	0	0	52
Race Unknown	0	0	0	0	0
Total	52	0	0	0	52

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.40
LPN's	4.00
Certified Aides	14.00
Other Health Staff	0.50
Non-Health Staff	0.00
Totals	22.90

ST. ANN'S HEALTHCARE CENTER

770 STATE STREET
CHESTER, IL. 62233

Reference Numbers Facility ID 6008841
Health Service Area 005 Planning Service Area 157

Administrator
Beverly Froemling

Contact Person and Telephone

Beverly Froemling
618-826-2314

Registered Agent Information

BODEWES,HERMAN G.;MR.
1 W OLD STATE CAPITOL PLZ,#600
SPRINGFIELD , IL 62705

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	14
Blood Disorders	0
*Nervous System	6
Alzheimer Disease	5
Mental Illness	10
Developmental Disability	0
Circulatory System	16
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	66

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	119	85	74	85	66	53	32	119	Residents on 1/1/2006	60
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	55
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006	49
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	66
TOTAL BEDS	119	85	74	85	66	53	32	119		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2998	25.7%	12635	29.1%	8498	24131	55.6%	77.8%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	2998	25.7%	12635	29.1%	8498	24131	55.6%	77.8%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	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	2	0	0	0	0	0	0	0	2	0	2
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	9	15	0	0	0	0	0	0	9	15	24
85+	4	24	0	0	0	0	0	0	4	24	28
TOTALS	20	46	0	0	0	0	0	0	20	46	66

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.

ST. ANN'S HEALTHCARE CENTER

770 STATE STREET
 CHESTER, IL. 62233

Reference Numbers Facility ID 6008841

Health Service Area 005 Planning Service Area 157

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	35	0	0	25	0	66
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	35	0	0	25	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	91	88
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	25.00
Other Health Staff	0.00
Non-Health Staff	33.00
Totals	74.00

ST. ANTHONY'S MEMORIAL HOSPITAL

503 NORTH MAPLE STREET
EFFINGHAM, IL. 62401

Reference Numbers Facility ID 6015176
Health Service Area 005 Planning Service Area 049

Administrator

Dan Woods

Contact Person and Telephone

Chuck S. Schuette
217-347-1374

Registered Agent Information

Date Completed
3/19/2007

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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	3
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	6

FACILITY OWNERSHIP
CHURCH OPER OR AFF

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	13	13	13	13	6	7	13	0	5	417
Skilled Under 22	0	0	0	0	0	0		0		416
Intermediate DD	0	0	0	0	0	0		0		6
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	13	13	13	13	6	7	13	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2688	56.6%	0	0.0%	409	3097	65.3%		65.3%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2688	56.6%	0	0.0%	409	3097	65.3%		65.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	0	0	0	0	0	0	0	3	3
85+	0	2	0	0	0	0	0	0	0	2	2
TOTALS	0	6	0	0	0	0	0	0	0	6	6

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.

ST. ANTHONY'S MEMORIAL HOSPITAL

503 NORTH MAPLE STREET
 EFFINGHAM, IL. 62401

Reference Numbers Facility ID 6015176

Health Service Area 005 Planning Service Area 049

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	0	0	0	0	0	6
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	0	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	290	245
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	2.00
Certified Aides	4.00
Other Health Staff	2.00
Non-Health Staff	1.00
Totals	17.00

ST. ANTHONY'S NURSING AND REHAB CTR, LLC

767 - 30TH STREET
ROCK ISLAND, IL. 61201

Reference Numbers Facility ID 6008866
Health Service Area 010 Planning Service Area 161

Administrator
Kimberly Hufsey

Contact Person and Telephone

Barak Baver
773-202-0000

Registered Agent Information

GILMAN,PAUL A
ONE IBM PLAZA, #3000
CHICAGO , IL 60611

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System	14
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	1
Circulatory System	11
Respiratory System	4
Digestive System	4
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	37
Non-Medical Conditions	0
TOTALS	88

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2006	
Nursing Care	120	120	102	120	88	32	42	120	103
Skilled Under 22	0	0	0	0	0	0	0	0	201
Intermediate DD	0	0	0	0	0	0	0	0	216
Sheltered Care	0	0	0	0	0	0	0	0	88
TOTAL BEDS	120	120	102	120	88	32	42	120	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	4229	27.6%	23692	54.1%	8301	36222	82.7%	82.7%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	4229	27.6%	23692	54.1%	8301	36222	82.7%	82.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	4	0	0	0	0	0	0	2	4	6
65 to 74	4	6	0	0	0	0	0	0	4	6	10
75 to 84	7	11	0	0	0	0	0	0	7	11	18
85+	9	40	0	0	0	0	0	0	9	40	49
TOTALS	24	64	0	0	0	0	0	0	24	64	88

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.

ST. ANTHONY'S NURSING AND REHAB CTR, LLC

767 - 30TH STREET
ROCK ISLAND, IL. 61201

Reference Numbers Facility ID 6008866

Health Service Area 010 Planning Service Area 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	4	69	0	0	15	0	88
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	69	0	0	15	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	157	148
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pac. Isl.	0	0	0	0	0
White	77	0	0	0	77
Race Unknown	1	0	0	0	1
Total	88	0	0	0	88

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	87	0	0	0	87
Ethnicity Unknown	0	0	0	0	0
Total	88	0	0	0	88

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	14.00
Certified Aides	33.00
Other Health Staff	2.00
Non-Health Staff	36.00
Totals	90.00

ST. BENEDICT NSG. & REHAB. CTR

6930 WEST TOUHY AVENUE
 NILES, IL. 60714
Reference Numbers Facility ID 6008874
 Health Service Area 007 Planning Service Area 702

Administrator
 Peter Goschy

Contact Person and Telephone

Peter Goschy
 847-647-0003

Registered Agent Information

TOOMEY, JOSEPH F
 7435 WEST TALCOTT AVENUE
 CHICAGO, IL 60631

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System	26
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	11
Circulatory System	25
Respiratory System	14
Digestive System	4
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	96

Date Completed
 4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	99	99	99	99	96	3	66	99	97	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0	0	0	62	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0	0	0	63	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0	0	0	96	
TOTAL BEDS	99	99	99	99	96	3	66	99		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3110	12.9%	7911	21.9%	23501	34522	95.5%	95.5%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	3110	12.9%	7911	21.9%	23501	34522	95.5%	95.5%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	0	0	0	0	0	0	4	1	5
75 to 84	9	16	0	0	0	0	0	0	9	16	25
85+	10	56	0	0	0	0	0	0	10	56	66
TOTALS	23	73	0	0	0	0	0	0	23	73	96

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.

ST. BENEDICT NSG. & REHAB. CTR

6930 WEST TOUHY AVENUE
 NILES, IL. 60714

Reference Numbers Facility ID 6008874

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	7	18	0	0	71	0	96
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	18	0	0	71	0	96

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	230	189
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	96	0	0	0	96
Race Unknown	0	0	0	0	0
Total	96	0	0	0	96

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	50.00
Other Health Staff	46.00
Non-Health Staff	11.00
Totals	127.00

ST. BERNARD HOSPITAL

326 WEST 64TH STREET
CHICAGO, IL. 60621

Reference Numbers Facility ID 6015051
Health Service Area 006 Planning Service Area 603

Administrator

Sr. Elizabeth Van Straten

Contact Person and Telephone

Guy Alton
773-962-4073

Registered Agent Information

C T CORPORATION SYSTEM
208 SOUTH LASALLE STREET
CHICAGO , IL 60604

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/3/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	16	0	0	0	16	0	0	Residents on 1/1/2006	0
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	0
TOTAL BEDS	16	0	0	0	16	0	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	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, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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

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.

ST. BERNARD HOSPITAL

326 WEST 64TH STREET
CHICAGO, IL. 60621

Reference Numbers Facility ID 6015051

Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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

FACILITY NOTES

P-06-062 12/20/2006 Permit issued and completed to discontinue their 16 bed nursing care unit.

ST. CLARA'S MANOR

200 FIFTH STREET
LINCOLN, IL. 62656

Reference Numbers Facility ID 6008890
Health Service Area 003 Planning Service Area 107

Administrator

Frank Shepke

Contact Person and Telephone

Frank Shepke
217-735-1507

Registered Agent Information

DAVIS, GEORGE E.; MR.
200 FIFTH STREET
LINCOLN, IL. 62656

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	14
Blood Disorders	0
*Nervous System	6
Alzheimer Disease	14
Mental Illness	3
Developmental Disability	3
Circulatory System	12
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	31
Injuries and Poisonings	0
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	113

Date Completed
3/28/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	140	131	125	131	27	140	140	Residents on 1/1/2006	115
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	114
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	116
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	113
TOTAL BEDS	140	131	125	131	27	140	140		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3539	6.9%	22953	44.9%	13490	39982	78.2%		83.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	3539	6.9%	22953	44.9%	13490	39982	78.2%		83.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	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	8	39	0	0	0	0	0	0	8	39	47
85+	8	48	0	0	0	0	0	0	8	48	56
TOTALS	17	96	0	0	0	0	0	0	17	96	113

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.

ST. CLARA'S MANOR

200 FIFTH STREET
 LINCOLN, IL. 62656

Reference Numbers Facility ID 6008890

Health Service Area 003 Planning Service Area 107

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	11	65	0	0	37	0	113
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	65	0	0	37	0	113

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	148	138
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	112	0	0	0	112
Race Unknown	0	0	0	0	0
Total	113	0	0	0	113

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.50
LPN's	16.00
Certified Aides	37.00
Other Health Staff	0.00
Non-Health Staff	42.00
Totals	101.50

ST. CLARE'S HOSPITAL

PO BOX 340 915 E. 5TH ST.
ALTON, IL. 62002

Reference Numbers Facility ID 6012728
Health Service Area 011 Planning Service Area 119

Administrator
Mark Weber

Contact Person and Telephone

Paula Bull
618-463-5694

Registered Agent Information

Date Completed
4/11/2007

, 0

FACILITY OWNERSHIP
OTHER NON-PROFIT

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	13

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	30	30	29	30	13	17	26	30	16	311
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	30	30	29	30	13	17	26	30		13

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	4155	43.8%	255	2.3%	1464	5874	53.6%		53.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	4155	43.8%	255	2.3%	1464	5874	53.6%		53.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	6	0	0	0	0	0	0	1	6	7
85+	1	1	0	0	0	0	0	0	1	1	2
TOTALS	3	10	0	0	0	0	0	0	3	10	13

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.

ST. CLARE'S HOSPITAL

PO BOX 340 915 E. 5TH ST.

ALTON, IL. 62002

Reference Numbers Facility ID 6012728

Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	11	0	0	2	0	0	13
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	0	0	2	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	568	540
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	11	0	0	0	11
Race Unknown	0	0	0	0	0
Total	13	0	0	0	13

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	5.40
Certified Aides	8.90
Other Health Staff	5.60
Non-Health Staff	4.40
Totals	30.30

ST. ELIZABETH HOSPITAL- SKILLED NURSING

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

Daniel Rakoski
312-633-5841

Registered Agent Information

Date Completed
3/9/2007

, 0

FACILITY OWNERSHIP
CHURCH OPER OR AFF

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	14

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	28	25	24	25	14	14	28	28	21
Skilled Under 22	0	0	0	0	0	0	0	0	503
Intermediate DD	0	0	0	0	0	0	0	0	510
Sheltered Care	0	0	0	0	0	0	0	0	14
TOTAL BEDS	28	25	24	25	14	14	28	28	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	6640	65.0%	17	0.2%	360	7017	68.7%	76.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	6640	65.0%	17	0.2%	360	7017	68.7%	76.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	2	0	0	0	0	0	0	1	2	3
75 to 84	1	2	0	0	0	0	0	0	1	2	3
85+	1	5	0	0	0	0	0	0	1	5	6
TOTALS	5	9	0	0	0	0	0	0	5	9	14

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.

ST. ELIZABETH HOSPITAL- SKILLED NURSING

1431 NORTH CLAREMONT AVENUE
 CHICAGO, IL. 60622

Reference Numbers Facility ID 6010730

Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	13	0	0	0	1	0	14
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	0	0	0	1	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	575	575
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	10	0	0	0	10
Race Unknown	1	0	0	0	1
Total	14	0	0	0	14

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	10	0	0	0	10
Ethnicity Unknown	1	0	0	0	1
Total	14	0	0	0	14

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.43
LPN's	1.95
Certified Aides	5.19
Other Health Staff	2.52
Non-Health Staff	0.00
Totals	19.09

St. Francis Hospital

1215 FRANCISCAN DRIVE
LITCHFIELD, IL. 62056

Reference Numbers Facility ID 6008924
Health Service Area 003 Planning Service Area 135

Administrator

Daniel Perryman

Contact Person and Telephone

Diane Lindsay
217-324-8510

Registered Agent Information

Date Completed
4/12/2007

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	2
Developmental Disability	0
Circulatory System	1
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	11

Note: Reported restrictions denoted by '1'

FACILITY OWNERSHIP

OTHER NON-PROFIT

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	36	35	26	35	11	25	21	0	23
Skilled Under 22	0	0	0	0	0	0	0	0	271
Intermediate DD	0	0	0	0	0	0	0	0	283
Sheltered Care	0	0	0	0	0	0	0	0	11
TOTAL BEDS	36	35	26	35	11	25	21	0	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	2388	31.2%	0	0.0%	4379	6767	51.5%	53.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2388	31.2%	0	0.0%	4379	6767	51.5%	53.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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+	3	6	0	0	0	0	0	0	3	6	9
TOTALS	3	8	0	0	0	0	0	0	3	8	11

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.

St. Francis Hospital1215 FRANCISCAN DRIVE
LITCHFIELD, IL. 62056

Reference Numbers Facility ID 6008924

Health Service Area 003 Planning Service Area 135

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	2	0	0	0	9	0	11
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	0	0	0	9	0	11

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	155
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.30
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.26
LPN's	2.15
Certified Aides	9.32
Other Health Staff	0.23
Non-Health Staff	0.00
Totals	18.26

ST. FRANCIS NSG & REHAB CTR

500 ASBURY STREET
EVANSTON, IL. 60202

Reference Numbers Facility ID 6008916
Health Service Area 007 Planning Service Area 702

Administrator

Gary Mellman

Contact Person and Telephone

Gary Mellman
847-316-3320

Registered Agent Information

TOOMEY, JOSEPH F
7435 WEST TALCOTT AVENUE
CHICAGO, IL 60631

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	20
Blood Disorders	1
*Nervous System	5
Alzheimer Disease	26
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	11
Digestive System	8
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	99

Date Completed
4/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	124	124	115	124	99	25	124	124	90
Skilled Under 22	0	0	0	0	0	0	0	0	318
Intermediate DD	0	0	0	0	0	0	0	0	309
Sheltered Care	0	0	0	0	0	0	0	0	99
TOTAL BEDS	124	124	115	124	99	25	124	124	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	8393	18.5%	23143	51.1%	4796	36332	80.3%	80.3%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	8393	18.5%	23143	51.1%	4796	36332	80.3%	80.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	6	6	0	0	0	0	0	0	6	6	12
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	9	10	0	0	0	0	0	0	9	10	19
75 to 84	10	22	0	0	0	0	0	0	10	22	32
85+	4	28	0	0	0	0	0	0	4	28	32
TOTALS	30	69	0	0	0	0	0	0	30	69	99

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.

ST. FRANCIS NSG & REHAB CTR

500 ASBURY STREET
EVANSTON, IL. 60202

Reference Numbers Facility ID 6008916

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	65	0	1	7	1	99
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	25	65	0	1	7	1	99

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	237	195
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	28	0	0	0	28
Hawaiian/Pac. Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	8	0	0	0	8
Total	99	0	0	0	99

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	94	0	0	0	94
Ethnicity Unknown	0	0	0	0	0
Total	99	0	0	0	99

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.12
LPN's	3.80
Certified Aides	38.70
Other Health Staff	6.25
Non-Health Staff	24.00
Totals	89.87

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

Tina Strimbu

Contact Person and Telephone

Tina Strimbu
708-672-6700

Registered Agent Information

C T CORPORATION SYSTEM
208 SOUTH LASALLE STREET
CHICAGO , IL 60604

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	29
Mental Illness	3
Developmental Disability	0
Circulatory System	16
Respiratory System	4
Digestive System	3
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	82

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	110	110	90	110	82	28	32	23	90	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		0		
TOTAL BEDS	110	110	90	110	82	28	32	23	90	163

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	5048	43.2%	11195	133.4%	13147	29390	73.2%		73.2%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	5048	43.2%	11195	133.4%	13147	29390	73.2%		73.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	3	3	0	0	0	0	0	0	3	3	6
75 to 84	9	16	0	0	0	0	0	0	9	16	25
85+	13	36	0	0	0	0	0	0	13	36	49
TOTALS	27	55	0	0	0	0	0	0	27	55	82

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.

ST. JAMES MANOR & VILLA

1251 EAST RICHTON ROAD
 CRETE, IL. 60417

Reference Numbers Facility ID 6010664

Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	14	35	0	0	33	0	82
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	35	0	0	33	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	190
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	78	0	0	0	78
Race Unknown	0	0	0	0	0
Total	82	0	0	0	82

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	31.00
Other Health Staff	0.00
Non-Health Staff	120.00
Totals	170.00

ST. JOHN'S HOSPITAL

800 EAST CARPENTER
 SPRINGFIELD, IL 62702

Reference Numbers Facility ID 6008940
 Health Service Area 003 Planning Service Area 167

Administrator

Richard Carlson

Contact Person and Telephone

Ann Derrick
 217-544-6464 Ext 46220

Registered Agent Information

Date Completed
 4/12/2007

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	1
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	0
Injuries and Poisonings	2
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	29

Note: Reported restrictions denoted by '1'

FACILITY OWNERSHIP

OTHER NON-PROFIT

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	78	44	38	37	29	49	42	42	Total Admissions 2006	816
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2006	805
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2006	29
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	78	44	38	37	29	49	42	42		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	6794	44.3%	276	1.8%	1352	8422	29.6%	52.4%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	6794	44.3%	276	1.8%	1352	8422	29.6%	52.4%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	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	5	8	0	0	0	0	0	0	5	8	13
85+	1	3	0	0	0	0	0	0	1	3	4
TOTALS	12	17	0	0	0	0	0	0	12	17	29

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.

ST. JOHN'S HOSPITAL

800 EAST CARPENTER
 SPRINGFIELD, IL. 62702

Reference Numbers Facility ID 6008940

Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	24	1	0	2	2	0	29
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	1	0	2	2	0	29

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	635	600
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	26	0	0	0	26
Race Unknown	1	0	0	0	1
Total	29	0	0	0	29

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	28	0	0	0	28
Ethnicity Unknown	1	0	0	0	1
Total	29	0	0	0	29

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.60
LPN's	6.70
Certified Aides	10.00
Other Health Staff	6.60
Non-Health Staff	3.40
Totals	49.30

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

Carol Buer

Contact Person and Telephone

Elena Kurth
773-665-6253

Registered Agent Information

, 0

FACILITY OWNERSHIP

CHURCH OPER OR AFF

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	3
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	13

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	26	26	26	26	13	13	30	0	20	651
Skilled Under 22	0	0	0	0	0	0	0	0		658
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0		13
TOTAL BEDS	26	26	26	26	13	13	30	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	5602	51.2%	0	0.0%	1181	6783	71.5%		71.5%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	5602	51.2%	0	0.0%	1181	6783	71.5%		71.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	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+	3	4	0	0	0	0	0	0	3	4	7
TOTALS	4	9	0	0	0	0	0	0	4	9	13

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.

ST. JOSEPH HOSPITAL

2900 NORTH LAKE SHORE DRIVE
CHICAGO, IL. 60657

Reference Numbers Facility ID 6010698

Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	11	0	0	2	0	0	13
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	0	0	2	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	575	575
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	10	0	0	0	10
Race Unknown	2	0	0	0	2
Total	13	0	0	0	13

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	12	0	0	0	12
Ethnicity Unknown	0	0	0	0	0
Total	13	0	0	0	13

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.50
Director of Nursing	0.50
Registered Nurses	13.00
LPN's	0.80
Certified Aides	13.00
Other Health Staff	3.00
Non-Health Staff	4.00
Totals	35.80

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 Judith Morris

Contact Person and Telephone

Mary Margaret
 217-529-5596 ext. 123

Registered Agent Information

FRITCH, IRENE M; SR.
 2408 W HEADING AVE
 PEORIA, IL 61604

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	38
Mental Illness	6
Developmental Disability	0
Circulatory System	18
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	88

Date Completed
 3/22/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	65	65	63	65	58	7	0	0	93	38
Skilled Under 22	0	0	0	0	0	0	0	0		43
Intermediate DD	0	0	0	0	0	0	0	0		88
Sheltered Care	41	41	30	37	30	11				
TOTAL BEDS	106	106	93	102	88	18	0	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	21499	21499	90.6%		90.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					10707	10707	71.5%		71.5%	
TOTALS	0	0.0%	0	0.0%	32206	32206	83.2%		83.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	0	3	3
75 to 84	5	17	0	0	0	0	3	5	8	22	30
85+	11	23	0	0	0	0	1	20	12	43	55
TOTALS	16	42	0	0	0	0	4	26	20	68	88

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.

ST. JOSEPH'S HOME FOR AGED3306 SOUTH 6TH STREET ROAD
SPRINGFIELD, IL. 62703

Reference Numbers Facility ID 6008965

Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	58	0	58
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	30	0	30
TOTALS	0	0	0	0	88	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	151	138
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	84	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	58	0	0	30	88
Race Unknown	0	0	0	0	0
Total	58	0	0	30	88

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	1	1
Non-Hispanic	58	0	0	29	87
Ethnicity Unknown	0	0	0	0	0
Total	58	0	0	30	88

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	16.00
Certified Aides	31.00
Other Health Staff	0.00
Non-Health Staff	39.00
Totals	93.00

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. Gemma Alessi

Contact Person and Telephone

Sr. Maureen Weiss
847-358-5700

Registered Agent Information

COYNE,DANIEL W.
30 NORTH LASALLE, SUITE 4100
CHICAGO , IL 60601

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	2
*Nervous System	0
Alzheimer Disease	3
Mental Illness	3
Developmental Disability	0
Circulatory System	11
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	65

Date Completed
4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	60	59	59	59	59	1	0	51	64	10
Skilled Under 22	0	0	0	0	0	0		0		9
Intermediate DD	0	0	0	0	0	0		0		65
Sheltered Care	7	7	7	7	6	1				
TOTAL BEDS	67	66	66	66	65	2	0	51		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	18192	97.7%	2933	21125	96.5%		98.1%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					2248	2248	88.0%		88.0%	
TOTALS	0	0.0%	18192	97.7%	5181	23373	95.6%		97.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	14	0	0	0	0	0	3	1	17	18
85+	7	35	0	0	0	0	0	3	7	38	45
TOTALS	10	49	0	0	0	0	0	6	10	55	65

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	50	0	0	9	0	59
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			4	0	2	0	6
TOTALS	0	50	4	0	11	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	110	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	35	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	1	0	0	0	1
White	57	0	0	6	63
Race Unknown	0	0	0	0	0
Total	59	0	0	6	65

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	1	1
Non-Hispanic	59	0	0	5	64
Ethnicity Unknown	0	0	0	0	0
Total	59	0	0	6	65

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	27.00
Other Health Staff	2.00
Non-Health Staff	35.00
Totals	80.00

ST. JOSEPH'S HOSPITAL

1515 MAIN STREET
HIGHLAND, IL. 62249

Reference Numbers Facility ID 6010748
Health Service Area 011 Planning Service Area 119

Administrator
CLAUDIO FORT

Contact Person and Telephone

Lucille Rakers
618-654-7421

Registered Agent Information

Date Completed
4/6/2007

, 0

FACILITY OWNERSHIP
OTHER NON-PROFIT

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	1
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	3

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	20	20	7	20	3	17	20	0	6	
Skilled Under 22	0	0	0	0	0	0		0	153	
Intermediate DD	0	0	0	0	0	0		0	156	
Sheltered Care	0	0	0	0	0	0		0	3	
TOTAL BEDS	20	20	7	20	3	17	20	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1815	24.9%	0	0.0%	268	2083	28.5%	28.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	1815	24.9%	0	0.0%	268	2083	28.5%	28.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	1	0	0	0	0	0	0	1	1	2
TOTALS	1	2	0	0	0	0	0	0	1	2	3

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.

ST. JOSEPH'S HOSPITAL1515 MAIN STREET
HIGHLAND, IL. 62249

Reference Numbers Facility ID 6010748

Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	1	0	0	0	2	0	3
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	0	0	0	2	0	3

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	230	220
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	3	0	0	0	3
Race Unknown	0	0	0	0	0
Total	3	0	0	0	3

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	3	0	0	0	3
Ethnicity Unknown	0	0	0	0	0
Total	3	0	0	0	3

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	3.00
Other Health Staff	1.00
Non-Health Staff	1.00
Totals	10.00

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
 Mr. Thomas Becher

Contact Person and Telephone

Jeff Phillips
 309-246-2175

Registered Agent Information

BALLON,VACLAVA;SR
 401 NINTH STREET
 LACON, IL 61540

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System	11
Alzheimer Disease	31
Mental Illness	8
Developmental Disability	0
Circulatory System	11
Respiratory System	2
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	78

Date Completed
 3/23/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	93	93	85	93	78	15	0	93	85	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		0		
TOTAL BEDS	93	93	85	93	78	15	0	93	85	38
										78

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	16197	47.7%	12495	28692	84.5%		84.5%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	16197	47.7%	12495	28692	84.5%		84.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	3	0	0	0	0	0	0	1	3	4
75 to 84	4	15	0	0	0	0	0	0	4	15	19
85+	8	45	0	0	0	0	0	0	8	45	53
TOTALS	14	64	0	0	0	0	0	0	14	64	78

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.

ST. JOSEPH'S NURSING HOME

401 9TH STREET
LACON, IL. 61540

Reference Numbers Facility ID 6008999

Health Service Area 002 Planning Service Area 123

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	46	0	0	32	0	78
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	46	0	0	32	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	167	157
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	78	0	0	0	78
Race Unknown	0	0	0	0	0
Total	78	0	0	0	78

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	78	0	0	0	78
Ethnicity Unknown	0	0	0	0	0
Total	78	0	0	0	78

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	43.00
Other Health Staff	39.00
Non-Health Staff	9.00
Totals	105.00

St. Joseph's Village of Chicago

4021 West Belmont Avenue
CHICAGO, IL. 60641

Reference Numbers Facility ID 6008957
Health Service Area 006 Planning Service Area 601

Administrator
Frances Lachowicz

Contact Person and Telephone

Kathleen Hansen
(773) 328-5542

Registered Agent Information

C T CORPORATION SYSTEM
208 SOUTH LASALLE ST,SUITE 814
CHICAGO , IL 60606

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	10
Mental Illness	6
Developmental Disability	0
Circulatory System	13
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	52

Date Completed
4/4/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	54	54	54	54	52	2	27	2	36	98
Skilled Under 22	0	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	54	54	54	54	52	2	27	2	82	52

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	4305	43.7%	4200	575.3%	8348	16853	85.5%		85.5%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	4305	43.7%	4200	575.3%	8348	16853	85.5%		85.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	2	0	0	0	0	0	0	3	2	5
75 to 84	4	14	0	0	0	0	0	0	4	14	18
85+	5	22	0	0	0	0	0	0	5	22	27
TOTALS	14	38	0	0	0	0	0	0	14	38	52

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.

St. Joseph's Village of Chicago

4021 West Belmont Avenue
 CHICAGO, IL. 60641

Reference Numbers Facility ID 6008957

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	20	10	0	0	22	0	52
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	10	0	0	22	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	242	215
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	50	0	0	0	50
Race Unknown	0	0	0	0	0
Total	52	0	0	0	52

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	50	0	0	0	50
Ethnicity Unknown	0	0	0	0	0
Total	52	0	0	0	52

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	23.00
Other Health Staff	12.00
Non-Health Staff	46.00
Totals	102.00

FACILITY NOTES

P-03-066 1/13/2006 Original facility closed and replacement opened.

ST. MARGARET'S HOSPITAL

600 EAST FIRST STREET
 SPRING VALLEY, IL. 61362

Reference Numbers Facility ID 6011316
 Health Service Area 002 Planning Service Area 011

Administrator
 Timothy A Muntz

Contact Person and Telephone

Donald N. Troglio
 815-664-1582

Registered Agent Information

Date Completed
 3/6/2007

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System	0
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	2
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	3
TOTALS	13

FACILITY OWNERSHIP
 OTHER NON-PROFIT

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	33	33	17	27	13	20	33	0	12	355
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	33	33	17	27	13	20	33	0	13	354

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2622	21.8%	0	0.0%	1442	4064	33.7%		33.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2622	21.8%	0	0.0%	1442	4064	33.7%		33.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	0	0	0	0	0	0	0	1	0	1
75 to 84	2	3	0	0	0	0	0	0	2	3	5
85+	3	4	0	0	0	0	0	0	3	4	7
TOTALS	6	7	0	0	0	0	0	0	6	7	13

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.

ST. MARGARET'S HOSPITAL

600 EAST FIRST STREET
 SPRING VALLEY, IL. 61362

Reference Numbers Facility ID 6011316

Health Service Area 002 Planning Service Area 011

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	9	0	0	1	3	0	13
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	0	0	1	3	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	390	370
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.30
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	10.66
LPN's	2.14
Certified Aides	6.38
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	20.48

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

Registered Agent Information

O'BRIEN,PETER J.;MR.
1541 NORTH WELLS STREET
CHICAGO , IL 60610

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	21
Blood Disorders	3
*Nervous System	17
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	5
Circulatory System	43
Respiratory System	5
Digestive System	13
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	125

Date Completed
4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	132	132	126	132	125	7	0	132	124	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0	0	0	52	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0	0	0	51	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0	0	0	125	
TOTAL BEDS	132	132	126	132	125	7	0	132		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	45625	94.7%	0	45625	94.7%	94.7%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	45625	94.7%	0	45625	94.7%	94.7%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	20	11	0	0	0	0	0	0	20	11	31
60 to 64	12	7	0	0	0	0	0	0	12	7	19
65 to 74	17	12	0	0	0	0	0	0	17	12	29
75 to 84	12	18	0	0	0	0	0	0	12	18	30
85+	1	7	0	0	0	0	0	0	1	7	8
TOTALS	66	59	0	0	0	0	0	0	66	59	125

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.

St. Martha's Manor

4621 North Racine Avenue
CHICAGO, IL. 60640

Reference Numbers Facility ID 6009013

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	125	0	0	0	0	125
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	125	0	0	0	0	125

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	111	111
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	0	0	0	0	0
Black	39	0	0	0	39
Hawaiian/Pac. Isl.	0	0	0	0	0
White	82	0	0	0	82
Race Unknown	0	0	0	0	0
Total	125	0	0	0	125

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	121	0	0	0	121
Ethnicity Unknown	0	0	0	0	0
Total	125	0	0	0	125

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	33.00
Other Health Staff	0.00
Non-Health Staff	59.00
Totals	113.00

ST. MARY'S EXTENDED CARE FACILITY

111 SPRING STREET
STREATOR, IL. 61364

Reference Numbers Facility ID 6011670
Health Service Area 002 Planning Service Area 099

Administrator
Paulette Simmons

Contact Person and Telephone

Nancy Hayes
815-673-4500

Registered Agent Information

Date Completed
4/3/2007

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	0
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	4
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	13

FACILITY OWNERSHIP

CHURCH OPER OR AFF

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	30	30	26	30	13	17	30	0	14	602
Skilled Under 22	0	0	0	0	0	0	0	0		603
Intermediate DD	0	0	0	0	0	0	0	0		13
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	30	30	26	30	13	17	30	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	5960	54.4%	0	0.0%	370	6330	57.8%		57.8%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	5960	54.4%	0	0.0%	370	6330	57.8%		57.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	0	1	0	0	0	0	0	0	0	1	1
75 to 84	0	7	0	0	0	0	0	0	0	7	7
85+	1	1	0	0	0	0	0	0	1	1	2
TOTALS	3	10	0	0	0	0	0	0	3	10	13

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.

ST. MARY'S EXTENDED CARE FACILITY

111 SPRING STREET
STREATOR, IL. 61364

Reference Numbers Facility ID 6011670

Health Service Area 002 Planning Service Area 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	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
ICF/DD		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	200	175
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.10
LPN's	5.90
Certified Aides	9.60
Other Health Staff	2.00
Non-Health Staff	2.70
Totals	29.30

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

Marguerite Svenson
 217-464-2895

Registered Agent Information

Date Completed
 4/5/2007

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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	17
Non-Medical Conditions	2
TOTALS	23

Note: Reported restrictions denoted by 'I'

FACILITY OWNERSHIP

OTHER NON-PROFIT

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	50	40	32	40	23	27	44	4	19	482
Skilled Under 22	0	0	0	0	0	0		0		478
Intermediate DD	0	0	0	0	0	0		0		23
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	50	40	32	40	23	27	44	4		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	8509	53.0%	40	2.7%	619	9168	50.2%		62.8%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	8509	53.0%	40	2.7%	619	9168	50.2%		62.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	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	3	0	0	0	0	0	0	1	3	4
85+	2	12	0	0	0	0	0	0	2	12	14
TOTALS	5	18	0	0	0	0	0	0	5	18	23

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	17	0	0	4	2	0	23
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	0	0	4	2	0	23

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	259	124
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	20	0	0	0	20
Race Unknown	0	0	0	0	0
Total	23	0	0	0	23

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.60
LPN's	0.27
Certified Aides	10.14
Other Health Staff	1.29
Non-Health Staff	2.75
Totals	26.05

FACILITY NOTES

Correction 9/13/2006 Discontinuation of ten nursing care beds on 7-28-2005 did not occur, total now 50 nursing care beds.

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

Registered Agent Information

DILLARD,BOBBY D.
115 EAST SOUTH STREET
GALESBURG , IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	213
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	213

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	204	
Skilled Under 22	0	0	0	0	0	0	0	0	22	
Intermediate DD	255	215	213	215	213	42		255		
Sheltered Care	0	0	0	0	0	0			13	
TOTAL BEDS	255	215	213	215	213	42	0	255	213	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			75295	80.9%	365	75660	81.3%	96.4%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	75295	80.9%	365	75660	81.3%	96.4%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	31	25	0	0	31	25	56
45 to 59	0	0	0	0	45	39	0	0	45	39	84
60 to 64	0	0	0	0	14	12	0	0	14	12	26
65 to 74	0	0	0	0	25	6	0	0	25	6	31
75 to 84	0	0	0	0	8	7	0	0	8	7	15
85+	0	0	0	0	0	1	0	0	0	1	1
TOTALS	0	0	0	0	123	90	0	0	123	90	213

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.

ST. MARY'S SQUARE

239 SOUTH CHERRY
GALESBURG, IL. 61401

Reference Numbers Facility ID 6009039

Health Service Area 002 Planning Service Area 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		212	0	0	1	0	213
Sheltered Care			0	0	0	0	0
TOTALS	0	212	0	0	1	0	213

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	119	119
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	2	0	2
Amer. Indian	0	0	1	0	1
Black	0	0	30	0	30
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	180	0	180
Race Unknown	0	0	0	0	0
Total	0	0	213	0	213

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	211	0	211
Ethnicity Unknown	0	0	0	0	0
Total	0	0	213	0	213

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.90
LPN's	15.20
Certified Aides	109.00
Other Health Staff	28.75
Non-Health Staff	58.75
Totals	215.60

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
Gerrienne Dathe

Contact Person and Telephone
Gerrienne Datthe
847-825-5531

Registered Agent Information
COLMAR, CRAIG P.
1001 E. TOUHY AVENUE, SUITE 50
DES PLAINES, IL 60018

FACILITY OWNERSHIP
NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System	4
Alzheimer Disease	24
Mental Illness	1
Developmental Disability	1
Circulatory System	28
Respiratory System	21
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	31
Injuries and Poisonings	1
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	129

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	166	166	153	166	129	37	43	47	151
Skilled Under 22	0	0	0	0	0	0	0	0	230
Intermediate DD	0	0	0	0	0	0	0	0	252
Sheltered Care	0	0	0	0	0	0	0	0	129
TOTAL BEDS	166	166	153	166	129	37	43	47	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	7706	49.1%	15236	88.8%	28974	51916	85.7%	85.7%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	7706	49.1%	15236	88.8%	28974	51916	85.7%	85.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	11	17	0	0	0	0	0	0	11	17	28
85+	18	78	0	0	0	0	0	0	18	78	96
TOTALS	32	97	0	0	0	0	0	0	32	97	129

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	38	0	0	76	1	129
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	38	0	0	76	1	129

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	185
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	129	0	0	0	129
Race Unknown	0	0	0	0	0
Total	129	0	0	0	129

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	22.55
LPN's	3.48
Certified Aides	89.62
Other Health Staff	7.00
Non-Health Staff	53.31
Totals	177.96

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

HALEY,JEANNE F., SR.
1400 BROOKDALE ROAD
NAPERVILLE , IL 60563

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	9
Blood Disorders	3
*Nervous System	8
Alzheimer Disease	59
Mental Illness	25
Developmental Disability	0
Circulatory System	44
Respiratory System	7
Digestive System	4
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	18
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	203

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	208	208	206	208	201	7	10	168	204	156
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	2	2	2	2	2	0				157
TOTAL BEDS	210	210	208	210	203	7	10	168	203	203

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	2796	76.6%	35114	57.3%	34947	72857	96.0%	96.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					581	581	79.6%	79.6%		
TOTALS	2796	76.6%	35114	57.3%	35528	73438	95.8%	95.8%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	3	0	0	0	0	0	0	2	3	5
75 to 84	15	37	0	0	0	0	0	1	15	38	53
85+	15	128	0	0	0	0	0	1	15	129	144
TOTALS	32	169	0	0	0	0	0	2	32	171	203

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.

St. Patrick's Residence1400 Brookdale Road
NAPERVILLE, IL. 60563**Reference Numbers** Facility ID 6011910

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	9	90	0	0	102	0	201
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	2	0	2
TOTALS	9	90	0	0	104	0	203

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	216	200
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	188	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	201	0	0	2	203
Race Unknown	0	0	0	0	0
Total	201	0	0	2	203

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	199	0	0	2	201
Ethnicity Unknown	0	0	0	0	0
Total	201	0	0	2	203

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.86
LPN's	14.36
Certified Aides	76.00
Other Health Staff	9.20
Non-Health Staff	93.56
Totals	215.98

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

Kimberly Cornell

Contact Person and Telephone

Kimberly Cornell
 618-233-2095

Registered Agent Information

CORNELL, KIMBERLY A.
 1021 WEST E ST
 BELLEVILLE, IL 62221

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	23
Blood Disorders	14
*Nervous System	14
Alzheimer Disease	28
Mental Illness	2
Developmental Disability	0
Circulatory System	10
Respiratory System	13
Digestive System	0
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	118

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	113	109	106	109	100	13	0	113	116
Skilled Under 22	0	0	0	0	0	0	0	0	76
Intermediate DD	0	0	0	0	0	0	0	0	74
Sheltered Care	62	28	22	28	18	44			118
TOTAL BEDS	175	137	128	137	118	57	0	113	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	25829	62.6%	11349	37178	90.1%		93.4%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					6525	6525	28.8%		63.8%	
TOTALS	0	0.0%	25829	62.6%	17874	43703	68.4%		87.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	20	0	0	0	0	0	4	4	24	28
85+	6	63	0	0	0	0	0	12	6	75	81
TOTALS	11	89	0	0	0	0	1	17	12	106	118

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.

ST. PAUL'S HOME

1021 WEST E STREET
 BELLEVILLE, IL. 62220

Reference Numbers Facility ID 6009120

Health Service Area 011 Planning Service Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	69	0	0	31	0	100
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			2	0	15	1	18
TOTALS	0	69	2	0	46	1	118

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	142	129
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	74	64

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	92	0	0	18	110
Race Unknown	1	0	0	0	1
Total	100	0	0	18	118

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	99	0	0	18	117
Ethnicity Unknown	0	0	0	0	0
Total	100	0	0	18	118

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	14.00
Certified Aides	44.00
Other Health Staff	4.00
Non-Health Staff	42.00
Totals	108.00

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
Richard J. Hattan

Contact Person and Telephone

Richard J. Hattan
773-478-4222

Registered Agent Information

HATTAN,RICHARD J.
3800 N CALIFORNIA
CHICAGO , IL 60618

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System	2
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	30
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	30
Non-Medical Conditions	0
TOTALS	99

Date Completed
4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	Total Admissions 2006
Nursing Care	110	110	82	110	62	48	51	36	120	103
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	68	68	42	68	37	31			124	99
TOTAL BEDS	178	178	124	178	99	79	51	36		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	5220	28.0%	9438	71.8%	9615	24273	60.5%		60.5%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					13925	13925	56.1%		56.1%	
TOTALS	5220	28.0%	9438	71.8%	23540	38198	58.8%		58.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	4	0	0	0	0	1	1	1	5	6
75 to 84	3	17	0	0	0	0	5	11	8	28	36
85+	8	29	0	0	0	0	4	15	12	44	56
TOTALS	11	51	0	0	0	0	10	27	21	78	99

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	14	20	0	0	28	0	62
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	37	0	37
TOTALS	14	20	0	0	65	0	99

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	205
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	83	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	60	0	0	37	97
Race Unknown	0	0	0	0	0
Total	62	0	0	37	99

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	60	0	0	37	97
Ethnicity Unknown	0	0	0	0	0
Total	62	0	0	37	99

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.20
Director of Nursing	1.00
Registered Nurses	10.75
LPN's	4.75
Certified Aides	31.10
Other Health Staff	3.60
Non-Health Staff	45.90
Totals	98.30

ST. VINCENT MEMORIAL HOSPITAL

201 EAST PLEASANT
TAYLORVILLE, IL. 62568

Reference Numbers Facility ID 6009146
Health Service Area 003 Planning Service Area 021

Administrator

Daniel Raab

Contact Person and Telephone

Cassie Watson
217-824-3331

Registered Agent Information

Date Completed
4/12/2007

, 0

FACILITY OWNERSHIP

OTHER NON-PROFIT

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	2
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	13

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	50	50	31	20	13	37	20	0	28	181
Skilled Under 22	0	0	0	0	0	0	0	0		196
Intermediate DD	0	0	0	0	0	0	0	0		13
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	50	50	31	20	13	37	20	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2479	34.0%	0	0.0%	3847	6326	34.7%		34.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2479	34.0%	0	0.0%	3847	6326	34.7%		34.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	0	0	2	3	5
85+	2	6	0	0	0	0	0	0	2	6	8
TOTALS	4	9	0	0	0	0	0	0	4	9	13

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.

ST. VINCENT MEMORIAL HOSPITAL

201 EAST PLEASANT

TAYLORVILLE, IL. 62568

Reference Numbers Facility ID 6009146

Health Service Area 003 Planning Service Area 021

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	7	0	0	0	6	0	13
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	0	0	0	6	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	240	204
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.79
LPN's	5.77
Certified Aides	7.70
Other Health Staff	0.80
Non-Health Staff	1.49
Totals	20.55

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

Brenda Whatley

Contact Person and Telephone

Brenda Whatley
217-224-3780

Registered Agent Information

BODEWES, HERMAN G.; MR.
1W. OLD STATE CAP, STE600, BX2117
SPRINGFIELD, IL 62705

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	15
Blood Disorders	7
*Nervous System	3
Alzheimer Disease	0
Mental Illness	1
Developmental Disability	1
Circulatory System	23
Respiratory System	4
Digestive System	7
Genitourinary System Disorders	0
Skin Disorders	3
Musculo-skeletal Disorders	2
Injuries and Poisonings	5
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	71

Date Completed
3/7/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	99	99	80	99	71	28	6	99	Residents on 1/1/2006	69
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2006	78
Intermediate DD	0	0	0	0	0	0		0	Total Discharges 2006	76
Sheltered Care	0	0	0	0	0	0		0	Residents on 12/31/2006	71
TOTAL BEDS	99	99	80	99	71	28	6	99		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1753	80.0%	12985	35.9%	11013	25751	71.3%		71.3%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1753	80.0%	12985	35.9%	11013	25751	71.3%		71.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	3	23	0	0	0	0	0	0	3	23	26
85+	6	32	0	0	0	0	0	0	6	32	38
TOTALS	11	60	0	0	0	0	0	0	11	60	71

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.

ST. VINCENT'S HOME1440 NORTH 10TH STREET
QUINCY, IL. 62301

Reference Numbers Facility ID 6005466

Health Service Area 003 Planning Service Area 001

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	7	35	0	5	24	0	71
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	35	0	5	24	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	119
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	70	0	0	0	70
Race Unknown	0	0	0	0	0
Total	71	0	0	0	71

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	25.00
Other Health Staff	0.00
Non-Health Staff	33.00
Totals	79.00

STATION COURT

275 WEST STATION STREET
KANKAKEE, IL. 60901

Reference Numbers Facility ID 6013700
Health Service Area 009 Planning Service Area 091

Administrator

Anna Corso

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/7/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	6
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	6	6	6	6	4	2	6	6	Total Discharges 2006	3
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	4
TOTAL BEDS	6	6	6	6	4	2	0	6		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			1398	63.8%	0	1398	63.8%	63.8%	63.8%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	1398	63.8%	0	1398	63.8%	63.8%	63.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	4	0	0	0	4	0	4

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.

STATION COURT

275 WEST STATION STREET
KANKAKEE, IL. 60901

Reference Numbers Facility ID 6013700

Health Service Area 009 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	193	193
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.16
LPN's	0.00
Certified Aides	6.34
Other Health Staff	0.40
Non-Health Staff	1.02
Totals	8.17

Stearns Nrsng & Rehab Ctr LLC

3900 STEARNS AVENUE
GRANITE CITY, IL. 62040

Reference Numbers Facility ID 6010441
Health Service Area 011 Planning Service Area 119

Administrator
Earl Van Dusen

Contact Person and Telephone

Gary F. Eye
716-972-2392

Registered Agent Information

ILLINOIS CORPORATION SERVICE
801 ADLAI STEVENSON DRIVE
SPRINGFIELD, IL 62703

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

Date Completed
5/9/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	6
Alzheimer Disease	30
Mental Illness	5
Developmental Disability	0
Circulatory System	35
Respiratory System	5
Digestive System	12
Genitourinary System Disorders	0
Skin Disorders	5
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	107

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	Total Admissions 2006
Nursing Care	122	122	110	122	107	15	122	122	100	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	122	122	110	122	107	15	122	122		206
										Residents on 12/31/2006 107

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	4208	9.4%	24995	56.1%	8154	37357	83.9%	83.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	4208	9.4%	24995	56.1%	8154	37357	83.9%	83.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	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	7	5	0	0	0	0	0	0	7	5	12
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	7	4	0	0	0	0	0	0	7	4	11
75 to 84	15	28	0	0	0	0	0	0	15	28	43
85+	5	32	0	0	0	0	0	0	5	32	37
TOTALS	37	70	0	0	0	0	0	0	37	70	107

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.

Stearns Nrsng & Rehab Ctr LLC

3900 STEARNS AVENUE
GRANITE CITY, IL. 62040

Reference Numbers Facility ID 6010441

Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	77	0	0	22	0	107
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	77	0	0	22	0	107

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	105
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawaiian/Pac. Isl.	0	0	0	0	0
White	92	0	0	0	92
Race Unknown	0	0	0	0	0
Total	107	0	0	0	107

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	20.00
Certified Aides	38.00
Other Health Staff	12.00
Non-Health Staff	18.00
Totals	91.00

STEPHENSON NURSING CENTER

2946 SOUTH WALNUT ROAD
 FREEPORT, IL. 61032

Reference Numbers Facility ID 6009161
 Health Service Area 001 Planning Service Area 177

Administrator
 Sherry Gravenstein

Contact Person and Telephone

Sherry Gravenstein
 815-235-6173

Registered Agent Information

BLUM,JOHN J
 15 NORTH GALENA AVENUE
 FREEPORT, IL 61032

FACILITY OWNERSHIP
 COUNTY

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System	8
Alzheimer Disease	17
Mental Illness	9
Developmental Disability	3
Circulatory System	63
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	1
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	132

Date Completed
 4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	162	160	134	160	30	13	162	Residents on 1/1/2006	135
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	83
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	86
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	132
TOTAL BEDS	162	160	134	160	30	13	162		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	2372	50.0%	35936	60.8%	10482	48790	82.5%	83.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2372	50.0%	35936	60.8%	10482	48790	82.5%	83.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	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	4	0	0	0	0	0	0	1	4	5
65 to 74	6	9	0	0	0	0	0	0	6	9	15
75 to 84	17	26	0	0	0	0	0	0	17	26	43
85+	14	42	0	0	0	0	0	0	14	42	56
TOTALS	44	88	0	0	0	0	0	0	44	88	132

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.

STEPHENSON NURSING CENTER2946 SOUTH WALNUT ROAD
FREEPORT, IL. 61032

Reference Numbers Facility ID 6009161

Health Service Area 001 Planning Service Area 177

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	7	95	3	0	27	0	132
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	95	3	0	27	0	132

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	131	116
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pac. Isl.	0	0	0	0	0
White	120	0	0	0	120
Race Unknown	0	0	0	0	0
Total	132	0	0	0	132

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	132	0	0	0	132
Ethnicity Unknown	0	0	0	0	0
Total	132	0	0	0	132

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.00
LPN's	13.00
Certified Aides	68.00
Other Health Staff	2.00
Non-Health Staff	16.00
Totals	122.00

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

STERN, ABRAHAM J.
10 SOUTH WACKER DRIVE, 40TH FL
CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System	6
Alzheimer Disease	8
Mental Illness	31
Developmental Disability	1
Circulatory System	8
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	32
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	90

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	121	119	118	119	90	31	121	121	110	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				90
TOTAL BEDS	121	119	118	119	90	31	121	121		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	3799	8.6%	18550	42.0%	12745	35094	79.5%	80.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	3799	8.6%	18550	42.0%	12745	35094	79.5%	80.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	7	0	0	0	0	0	0	1	7	8
75 to 84	6	28	0	0	0	0	0	0	6	28	34
85+	10	36	0	0	0	0	0	0	10	36	46
TOTALS	17	73	0	0	0	0	0	0	17	73	90

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.

STERLING PAVILION105 EAST 23RD STREET
STERLING, IL. 61081

Reference Numbers Facility ID 6009179

Health Service Area 001 Planning Service Area 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	10	43	2	0	35	0	90
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	43	2	0	35	0	90

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	128	118
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	86	0	0	0	86
Ethnicity Unknown	0	0	0	0	0
Total	90	0	0	0	90

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	25.00
Other Health Staff	1.00
Non-Health Staff	35.00
Totals	80.00

STERN SQUARE

1328 WEST 7TH STREET
STERLING, IL. 61081

Reference Numbers Facility ID 6010177
Health Service Area 001 Planning Service Area 195

Administrator
Susan Miller-White

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/16/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	16	0	0	16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5186	88.8%	0	5186	88.8%	88.8%	88.8%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5186	88.8%	0	5186	88.8%	88.8%	88.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	2	0	0	0	2	2
75 to 84	0	0	0	0	1	3	0	0	1	3	4
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	4	12	0	0	4	12	16

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.

STERN SQUARE1328 WEST 7TH STREET
STERLING, IL. 61081

Reference Numbers Facility ID 6010177

Health Service Area 001 Planning Service Area 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	122	122
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.29
LPN's	0.00
Certified Aides	6.30
Other Health Staff	0.70
Non-Health Staff	1.58
Totals	9.12

STEVENS HOUSE

2182 WINDISH DRIVE
GALESBURG, IL. 61401

Reference Numbers Facility ID 6008478
Health Service Area 002 Planning Service Area 095

Administrator

Regina Mason

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/8/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	2
Intermediate DD	16	16	16	16	15	1	16	Total Discharges 2006	2
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	15
TOTAL BEDS	16	16	16	16	15	1	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5413	92.7%	0	5413	92.7%	92.7%	92.7%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5413	92.7%	0	5413	92.7%	92.7%	92.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	2	0	0	2	2	4
45 to 59	0	0	0	0	3	4	0	0	3	4	7
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	8	0	0	7	8	15

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.

STEVENS HOUSE2182 WINDISH DRIVE
GALESBURG, IL. 61401

Reference Numbers Facility ID 6008478

Health Service Area 002 Planning Service Area 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	115
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	7.00
Other Health Staff	0.65
Non-Health Staff	2.75
Totals	10.65

STOUFFER TERRACE

910 SOUTH FIFTH STREET
 OREGON, IL. 61061
Reference Numbers Facility ID 6010870
 Health Service Area 001 Planning Service Area 141

Administrator
 Susan Miller-White

Contact Person and Telephone

Myra Chatic
 815-732-3071

Registered Agent Information

BLEDSONE, TIMOTHY L.
 115 EAST SOUTH STREET
 GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
 3/16/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	15	1		16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2006	15
TOTAL BEDS	16	16	16	16	15	1	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5752	98.5%	0	5752	98.5%	98.5%	98.5%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5752	98.5%	0	5752	98.5%	98.5%	98.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	4	2	0	0	4	2	6
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	8	7	0	0	8	7	15

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.

STOUFFER TERRACE

910 SOUTH FIFTH STREET

OREGON, IL. 61061

Reference Numbers Facility ID 6010870

Health Service Area 001 Planning Service Area 141

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	6.56
Other Health Staff	0.88
Non-Health Staff	1.71
Totals	9.40

STRIVE		ADMISSION RESTRICTIONS			RESIDENTS BY PRIMARY DIAGNOSIS		
415 A STREET		Aggressive/Anti-Social	1	DIAGNOSIS			
PROPHETSTOWN, IL. 61277		Chronic Alcoholism	1	Neoplasms		0	
Reference Numbers	Facility ID 6012892	Developmentally Disabled	0	Endocrine/Metabolic		0	
Health Service Area 001	Planning Service Area 195	Drug Addiction	1	Blood Disorders		0	
Administrator		Medicaid Recipient	0	*Nervous System		0	
Anne Dunbar		Medicare Recipient	0	Alzheimer Disease		0	
		Mental Illness	0	Mental Illness		0	
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability		16	
ANNE DUNBAR		Non-Mobile	0	Circulatory System		0	
815-537-5358		Public Aid Recipient	0	Respiratory System		0	
	Date Completed	Under 65 Years Old	0	Digestive System		0	
	4/16/2007	Unable to Self-Medicare	1	Genitourinary System Disorders		0	
Registered Agent Information		Ventilator Dependent	1	Skin Disorders		0	
OSBORN,PAUL;MR.		Infectious Disease w/ Isolation	1	Musculo-skeletal Disorders		0	
701 EAST THIRD STREET		Other Restrictions	0	Injuries and Poisonings		0	
PROPHETSTOWN , IL 61277		No Restrictions	0	Other Medical Conditions		0	
		<i>Note: Reported restrictions denoted by 'I'</i>			Non-Medical Conditions		0
FACILITY OWNERSHIP				TOTALS		16	
NON-PROF CORPORATION							

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	0	0	0	0	0	0	0	0	Total Admissions 2006	0
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2006	0
Intermediate DD	16	16	16	16	16	0	0	16	Residents on 12/31/2006	16
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006									
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE									
LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			5607	96.0%	0	5607	96.0%	96.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	0	0.0%	5607	96.0%	0	5607	96.0%	96.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006											
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	7	0	0	6	7	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	6	10	0	0	6	10	16

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.

STRIVE

415 A STREET

PROPHETSTOWN, IL. 61277

Reference Numbers Facility ID 6012892

Health Service Area 001 Planning Service Area 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	181
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	5	0	5
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	13.00
Other Health Staff	3.00
Non-Health Staff	5.00
Totals	22.25

STUART ESTATES

13 NORTHBROOK DRIVE
MCLEANSBORO, IL. 62859

Reference Numbers Facility ID 6012272
Health Service Area 005 Planning Service Area 059

Administrator

Tonya Lindsey

Contact Person and Telephone

Beth Quick
618-244-7701

Registered Agent Information

QUICK,STEVEN KENT
2025B BROADWAY,P O BOX 705
MOUNT VERNON , IL 62864

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5840	100.0%	0	5840	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	4	0	0	3	4	7
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	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	8	8	0	0	8	8	16

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.

STUART ESTATES

13 NORTHBROOK DRIVE
 MCLEANSBORO, IL. 62859

Reference Numbers Facility ID 6012272

Health Service Area 005 Planning Service Area 059

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	11.00
Other Health Staff	1.00
Non-Health Staff	1.50
Totals	13.95

SUGAR CREEK CARE CENTER

900 NORTH MARKET STREET
WATSEKA, IL. 60970

Reference Numbers Facility ID 6009773
Health Service Area 004 Planning Service Area 075

Administrator

Donna Jenkins

Contact Person and Telephone

Marikay Snyder
309-689-5880

Registered Agent Information

SNYDER,MARIKAY L
830 WEST TRAILCREEK DRIVE
PEORIA, IL 61614

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	4
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	1
Circulatory System	3
Respiratory System	4
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	22

Date Completed
4/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	76	54	29	54	22	54	13	76	25	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		0		
TOTAL BEDS	76	54	29	54	22	54	13	76		22

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	2190	46.2%	4015	14.5%	1825	8030	28.9%	40.7%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2190	46.2%	4015	14.5%	1825	8030	28.9%	40.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	1	3	0	0	0	0	0	0	1	3	4
75 to 84	3	3	0	0	0	0	0	0	3	3	6
85+	2	4	0	0	0	0	0	0	2	4	6
TOTALS	10	12	0	0	0	0	0	0	10	12	22

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.

SUGAR CREEK CARE CENTER

900 NORTH MARKET STREET

WATSEKA, IL. 60970

Reference Numbers Facility ID 6009773

Health Service Area 004 Planning Service Area 075

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	11	0	0	5	0	22
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	11	0	0	5	0	22

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	109
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	20	0	0	0	20
Race Unknown	0	0	0	0	0
Total	22	0	0	0	22

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	21	0	0	0	21
Ethnicity Unknown	0	0	0	0	0
Total	22	0	0	0	22

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	3.00
Certified Aides	11.00
Other Health Staff	0.00
Non-Health Staff	12.00
Totals	30.00

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
815-673-1182

Registered Agent Information

REICHERT, WILLIAM M.; MR.
4114 N. CASS AVENUE
WESTMONT, IL 60559

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/19/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	1	1	16	Total Discharges 2006	2
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	15
TOTAL BEDS	16	16	16	16	1	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5810	99.5%	0	5810	99.5%	99.5%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	5810	99.5%	0	5810	99.5%	99.5%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	6	0	0	6	6	12
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	9	6	0	0	9	6	15

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.

SULLIVAN HOUSE

600 EAST GROVER
OTTAWA, IL. 61350

Reference Numbers Facility ID 6009229

Health Service Area 002 Planning Service Area 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	130
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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

SULLIVAN REHAB & HEALTH CARE CENTER

11 HAWTHORNE LANE
SULLIVAN, IL. 61951

Reference Numbers Facility ID 6009211
Health Service Area 004 Planning Service Area 139

Administrator
Laura Northway

Contact Person and Telephone

Marikay Snyder
309-689-5880

Registered Agent Information

SNYDER, MARIKAY L.
830 WEST TRAILCREEK DRIVE
PEORIA, IL 61614

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System	2
Alzheimer Disease	8
Mental Illness	5
Developmental Disability	3
Circulatory System	12
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	8
Injuries and Poisonings	2
Other Medical Conditions	15
Non-Medical Conditions	1
TOTALS	73

Date Completed
4/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	123	90	76	90	73	50	123	123	70	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	123	90	76	90	73	50	123	123	73	73

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3012	6.7%	15665	34.9%	7372	26049	58.0%		79.3%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	3012	6.7%	15665	34.9%	7372	26049	58.0%		79.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	5	3	0	0	0	0	0	0	5	3	8
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	5	15	0	0	0	0	0	0	5	15	20
85+	4	29	0	0	0	0	0	0	4	29	33
TOTALS	18	55	0	0	0	0	0	0	18	55	73

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.

SULLIVAN REHAB & HEALTH CARE CENTER

11 HAWTHORNE LANE

SULLIVAN, IL. 61951

Reference Numbers Facility ID 6009211

Health Service Area 004 Planning Service Area 139

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	10	42	0	0	21	0	73
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	42	0	0	21	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	117	100
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	1.00
Non-Health Staff	22.00
Totals	57.00

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
 Lester Robertson

Contact Person and Telephone
 Lester Robertson
 217-632-2334

Registered Agent Information
 BARB KYES/GENE TRESSELER(CLER)
 ROUTE 97, SIXTH STREET
 PETERSBURG , IL 62675

FACILITY OWNERSHIP
 COUNTY

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System	1
Alzheimer Disease	24
Mental Illness	1
Developmental Disability	3
Circulatory System	7
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	2
Other Medical Conditions	23
Non-Medical Conditions	0
TOTALS	91

Date Completed
 4/6/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	106	106	99	106	91	15	0	106	94	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		0		
TOTAL BEDS	106	106	99	106	91	15	0	106	91	91

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3014	0.0%	20109	52.0%	9987	33110	85.6%		85.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	3014	0.0%	20109	52.0%	9987	33110	85.6%		85.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	5	0	0	0	0	0	0	4	5	9
75 to 84	13	21	0	0	0	0	0	0	13	21	34
85+	10	38	0	0	0	0	0	0	10	38	48
TOTALS	27	64	0	0	0	0	0	0	27	64	91

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.

SUNNY ACRES NURSING HOME

19130 SUNNY ACRES ROAD
PETERSBURG, IL. 62675

Reference Numbers Facility ID 6009245

Health Service Area 003 Planning Service Area 129

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	9	55	0	0	27	0	91
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	55	0	0	27	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	141	128
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	35.00
Other Health Staff	2.00
Non-Health Staff	37.00
Totals	95.00

SUNNY HILL NURSING HOME of 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

ELLEN GERARD
815-727-8710 x8777

Registered Agent Information

WALSH,LAWRENCE M;;COUNTY EXEC
302 NORTH CHICAGO STREET
JOLIET , IL 60431

FACILITY OWNERSHIP
COUNTY

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Date Completed
3/29/2007

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System	14
Alzheimer Disease	17
Mental Illness	11
Developmental Disability	1
Circulatory System	69
Respiratory System	14
Digestive System	4
Genitourinary System Disorders	7
Skin Disorders	4
Musculo-skeletal Disorders	3
Injuries and Poisonings	12
Other Medical Conditions	34
Non-Medical Conditions	0
TOTALS	203

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	300	238	222	238	203	97	50	300	210
Skilled Under 22	0	0	0	0	0	0	0	0	123
Intermediate DD	0	0	0	0	0	0	0	0	130
Sheltered Care	0	0	0	0	0	0	0	0	203
TOTAL BEDS	300	238	222	238	203	97	50	300	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	6011	32.9%	57229	52.3%	13043	76283	69.7%		87.8%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	6011	32.9%	57229	52.3%	13043	76283	69.7%		87.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	3	3	0	0	0	0	0	0	3	3	6
60 to 64	2	5	0	0	0	0	0	0	2	5	7
65 to 74	10	16	0	0	0	0	0	0	10	16	26
75 to 84	20	45	0	0	0	0	0	0	20	45	65
85+	13	85	0	0	0	0	0	0	13	85	98
TOTALS	48	155	0	0	0	0	0	0	48	155	203

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.

SUNNY HILL NURSING HOME of WILL COUNTY

421 DORIS AVENUE

JOLIET, IL. 60433

Reference Numbers Facility ID 6009252

Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	14	149	0	0	40	0	203
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	149	0	0	40	0	203

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	147	147
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	39	0	0	0	39
Hawaiian/Pac. Isl.	0	0	0	0	0
White	159	0	0	0	159
Race Unknown	5	0	0	0	5
Total	203	0	0	0	203

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	198	0	0	0	198
Ethnicity Unknown	0	0	0	0	0
Total	203	0	0	0	203

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	25.00
Certified Aides	106.00
Other Health Staff	7.00
Non-Health Staff	89.00
Totals	249.00

FACILITY NOTES

Name Change 1/10/2006 Name changed from Sunny Hill Skilled Rehab Ctr.

SUNRISE MANOR OF VIRDEN

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

Joyce Brown
217-965-4715

Registered Agent Information

JENNINGS,JERRY
2653 WEST LAWRENCE, SUITE B
SPRINGFIELD , 62704

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System	5
Alzheimer Disease	11
Mental Illness	5
Developmental Disability	0
Circulatory System	14
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	5
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	64

Date Completed
4/6/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	99	91	68	27	64	35	25	99	Residents on 1/1/2006	65
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	60
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006	61
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	64
TOTAL BEDS	99	91	68	27	64	35	25	99		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3616	39.6%	13768	38.1%	6841	24225	67.0%	72.9%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	3616	39.6%	13768	38.1%	6841	24225	67.0%	72.9%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	3	0	0	0	0	0	0	4	3	7
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	5	13	0	0	0	0	0	0	5	13	18
85+	10	24	0	0	0	0	0	0	10	24	34
TOTALS	21	43	0	0	0	0	0	0	21	43	64

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.

SUNRISE MANOR OF VIRDEN

333 SOUTH WRIGHTSMAN STREET

VIRDEN, IL. 62690

Reference Numbers Facility ID 6009294

Health Service Area 003 Planning Service Area 117

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	11	33	0	1	19	0	64
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	33	0	1	19	0	64

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	20.00
Other Health Staff	4.00
Non-Health Staff	25.00
Totals	63.00

SUNSET HOME

418 WASHINGTON STREET
QUINCY, IL. 62301

Reference Numbers Facility ID 6009302
Health Service Area 003 Planning Service Area 001

Administrator

Judith A. Kirlin

Contact Person and Telephone

Pamela S. Fessler
217-223-2636

Registered Agent Information

KIRLIN, JUDITH A.
418 WASHINGTON STREET
QUINCY, IL 62301

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System	4
Alzheimer Disease	32
Mental Illness	32
Developmental Disability	0
Circulatory System	45
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	6
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	148

Date Completed
4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	171	168	160	168	23	19	171	Residents on 1/1/2006	153
Skilled Under 22	0	0	0	0	0		0	Total Admissions 2006	128
Intermediate DD	0	0	0	0	0		0	Total Discharges 2006	133
Sheltered Care	31	0	0	0	31			Residents on 12/31/2006	148
TOTAL BEDS	202	168	160	168	54	19	171		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	4576	66.0%	27969	44.8%	22258	54803	87.8%	89.4%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	4576	66.0%	27969	44.8%	22258	54803	74.3%	89.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	7	0	0	0	0	0	0	2	7	9
75 to 84	11	33	0	0	0	0	0	0	11	33	44
85+	18	76	0	0	0	0	0	0	18	76	94
TOTALS	31	117	0	0	0	0	0	0	31	117	148

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.

SUNSET HOME

418 WASHINGTON STREET
QUINCY, IL. 62301

Reference Numbers Facility ID 6009302

Health Service Area 003 Planning Service Area 001

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	15	72	0	16	45	0	148
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	72	0	16	45	0	148

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	167	153
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	145	0	0	0	145
Race Unknown	0	0	0	0	0
Total	148	0	0	0	148

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	148	0	0	0	148
Ethnicity Unknown	0	0	0	0	0
Total	148	0	0	0	148

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	37.40
Certified Aides	77.81
Other Health Staff	7.98
Non-Health Staff	68.03
Totals	213.21

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

Margaret Ferris

Contact Person and Telephone

Marikay Snyder
 309-689-5880

Registered Agent Information

SNYDER,MARIKAY L.
 830 WEST TRAILCREEK DRIVE
 PEORIA, IL 61614

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System	0
Alzheimer Disease	13
Mental Illness	45
Developmental Disability	8
Circulatory System	14
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	109

Date Completed
 4/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	115	115	115	109	6	25	115	Residents on 1/1/2006	112
Skilled Under 22	0	0	0	0	0		0	Total Admissions 2006	104
Intermediate DD	0	0	0	0	0		0	Total Discharges 2006	107
Sheltered Care	0	0	0	0	0		0	Residents on 12/31/2006	109
TOTAL BEDS	115	115	115	109	6	25	115		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	2104	23.1%	27327	65.1%	10026	39457	94.0%	94.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2104	23.1%	27327	65.1%	10026	39457	94.0%	94.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	4	4	0	0	0	0	0	0	4	4	8
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	8	14	0	0	0	0	0	0	8	14	22
75 to 84	6	30	0	0	0	0	0	0	6	30	36
85+	8	33	0	0	0	0	0	0	8	33	41
TOTALS	26	83	0	0	0	0	0	0	26	83	109

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.

SUNSET REHABILITATION & HEALTH CARE

129 SOUTH 1ST AVENUE
 CANTON, IL. 61520

Reference Numbers Facility ID 6009328

Health Service Area 002 Planning Service Area 057

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	69	0	0	32	0	109
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	69	0	0	32	0	109

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	109	0	0	0	109
Race Unknown	0	0	0	0	0
Total	109	0	0	0	109

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	18.00
Certified Aides	52.00
Other Health Staff	0.00
Non-Health Staff	31.00
Totals	107.00

SUTTON HOUSE

4241 LINCOLNSHIRE
 MOUNT VERNON, IL. 62864
Reference Numbers Facility ID 6011860
 Health Service Area 005 Planning Service Area 081

Administrator

Tonya Lindsey

Contact Person and Telephone

Beth Quick
 618-244-7701

Registered Agent Information

QUICK,STEVEN KENT
 2025B BROADWAY, P O BOX 705
 MOUNT VERNON , IL 62864

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
 4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5737	98.2%	0	5737	98.2%	98.2%	98.2%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5737	98.2%	0	5737	98.2%	98.2%	98.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	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	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	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

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.

SUTTON HOUSE

4241 LINCOLNSHIRE

MOUNT VERNON, IL. 62864

Reference Numbers Facility ID 6011860

Health Service Area 005 Planning Service Area 081

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	106
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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

SWANN SPECIAL CARE CENTER

109 KENWOOD ROAD
CHAMPAIGN, IL. 61821

Reference Numbers Facility ID 6001622
Health Service Area 004 Planning Service Area 019

Administrator
Kathleen Baker

Contact Person and Telephone

Kym Halberstadt
217-356-5164

Registered Agent Information

C T CORPORATION SYSTEM
208 SOUTH LASALLE STREET
CHICAGO , IL 60604

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	110
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	110

Date Completed
3/28/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	114
Skilled Under 22	123	123	115	123	13		123	Total Admissions 2006	11
Intermediate DD	0	0	0	0	0		0	Total Discharges 2006	15
Sheltered Care	0	0	0	0	0			Residents on 12/31/2006	110
TOTAL BEDS	123	123	115	123	13	0	123		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	
Skilled Under 22			40897	91.1%	730	41627	92.7%	92.7%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	0	0.0%	40897	91.1%	730	41627	92.7%	92.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	15	12	0	0	0	0	15	12	27
18 to 44	0	0	36	33	0	0	0	0	36	33	69
45 to 59	0	0	5	4	0	0	0	0	5	4	9
60 to 64	0	0	1	2	0	0	0	0	1	2	3
65 to 74	0	0	2	0	0	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	59	51	0	0	0	0	59	51	110

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.

SWANN SPECIAL CARE CENTER

109 KENWOOD ROAD
 CHAMPAIGN, IL. 61821

Reference Numbers Facility ID 6001622

Health Service Area 004 Planning Service Area 019

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	108	0	0	2	0	110
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	108	0	0	2	0	110

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	200	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	1	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	23	0	0	23
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	86	0	0	86
Race Unknown	0	0	0	0	0
Total	0	110	0	0	110

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	3	0	0	3
Non-Hispanic	0	107	0	0	107
Ethnicity Unknown	0	0	0	0	0
Total	0	110	0	0	110

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	4.00
Certified Aides	79.00
Other Health Staff	0.00
Non-Health Staff	66.00
Totals	170.00

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

Robert Walker

Contact Person and Telephone

Marikay Snyder
309-689-5880

Registered Agent Information

SNYDER, MARIKAY
830 W. TRAILCREEK DRIVE
PEORIA, IL 61614

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	13
Blood Disorders	3
*Nervous System	6
Alzheimer Disease	12
Mental Illness	1
Developmental Disability	1
Circulatory System	12
Respiratory System	4
Digestive System	3
Genitourinary System Disorders	9
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	73

Date Completed
4/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2006	
Nursing Care	94	93	87	93	73	21	94	94	65
Skilled Under 22	0	0	0	0	0	0	0	0	207
Intermediate DD	0	0	0	0	0	0	0	0	199
Sheltered Care	0	0	0	0	0	0	0	0	73
TOTAL BEDS	94	93	87	93	73	21	94	94	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	4295	12.5%	18473	53.8%	5500	28268	82.4%	83.3%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	4295	12.5%	18473	53.8%	5500	28268	82.4%	83.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	1	0	0	0	0	0	0	2	1	3
45 to 59	2	3	0	0	0	0	0	0	2	3	5
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	7	4	0	0	0	0	0	0	7	4	11
75 to 84	12	17	0	0	0	0	0	0	12	17	29
85+	5	17	0	0	0	0	0	0	5	17	22
TOTALS	28	45	0	0	0	0	0	0	28	45	73

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	9	53	0	0	11	0	73
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	53	0	0	11	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	124	88
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	16	0	0	0	16
Hawaiian/Pac. Isl.	0	0	0	0	0
White	57	0	0	0	57
Race Unknown	0	0	0	0	0
Total	73	0	0	0	73

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	14.00
Certified Aides	42.00
Other Health Staff	1.00
Non-Health Staff	27.00
Totals	89.00

SWEDISH COVENANT HOSPITAL

5145 NORTH CALIFORNIA
 CHICAGO, IL. 60625
Reference Numbers Facility ID 6010649
 Health Service Area 006 Planning Service Area 601

Administrator
 MARY SHEHAN

Contact Person and Telephone

Denice Tudor
 773-989-3813

Registered Agent Information

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FACILITY OWNERSHIP
 OTHER NON-PROFIT

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	5
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	18

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	46	30	30	30	18	28	46	46	944	944
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	46	30	30	30	18	28	46	46	944	944

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	6523	38.9%	46	0.3%	1303	7872	46.9%	71.9%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	6523	38.9%	46	0.3%	1303	7872	46.9%	71.9%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	0	1	0	0	0	0	0	0	0	1	1
75 to 84	2	4	0	0	0	0	0	0	2	4	6
85+	2	7	0	0	0	0	0	0	2	7	9
TOTALS	5	13	0	0	0	0	0	0	5	13	18

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.

SWEDISH COVENANT HOSPITAL5145 NORTH CALIFORNIA
CHICAGO, IL. 60625

Reference Numbers Facility ID 6010649

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	18	0	0	0	0	0	18
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	0	0	0	0	0	18

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	655	655
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	17	0	0	0	17
Race Unknown	0	0	0	0	0
Total	18	0	0	0	18

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	17	0	0	0	17
Ethnicity Unknown	0	0	0	0	0
Total	18	0	0	0	18

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	12.90
LPN's	2.80
Certified Aides	15.00
Other Health Staff	2.60
Non-Health Staff	3.00
Totals	39.30

SYCAMORE

720 SYCAMORE STREET
QUINCY, IL. 62301

Reference Numbers Facility ID 6007678
Health Service Area 003 Planning Service Area 001

Administrator

Viola Huskey

Contact Person and Telephone

Denise Blackledge
217-222-1480

Registered Agent Information

WEINFELD,AVRUM
6865 N. LINCOLN AVE.
LINCOLNWOOD , IL 60712

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	10
Blood Disorders	2
*Nervous System	21
Alzheimer Disease	10
Mental Illness	24
Developmental Disability	1
Circulatory System	11
Respiratory System	5
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	113

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	205	205	144	205	113	92	18	205	132	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				99
TOTAL BEDS	205	205	144	205	113	92	18	205		113

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3544	53.9%	36350	48.6%	6306	46200	61.7%		61.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	3544	53.9%	36350	48.6%	6306	46200	61.7%		61.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	7	8	0	0	0	0	0	0	7	8	15
60 to 64	6	5	0	0	0	0	0	0	6	5	11
65 to 74	9	10	0	0	0	0	0	0	9	10	19
75 to 84	12	18	0	0	0	0	0	0	12	18	30
85+	9	28	0	0	0	0	0	0	9	28	37
TOTALS	43	70	0	0	0	0	0	0	43	70	113

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.

SYCAMORE

720 SYCAMORE STREET
 QUINCY, IL. 62301

Reference Numbers Facility ID 6007678

Health Service Area 003 Planning Service Area 001

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	10	88	0	0	15	0	113
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	88	0	0	15	0	113

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pac. Isl.	0	0	0	0	0
White	105	0	0	0	105
Race Unknown	0	0	0	0	0
Total	113	0	0	0	113

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	40.00
Other Health Staff	0.00
Non-Health Staff	58.00
Totals	119.00

FACILITY NOTES

- Name Change 10/31/2006 Name changed from Sycamore Healthcare Centre.
- E-055-06 10/31/2006 Change of ownership occurred.
- E-055-06 8/26/2006 Change of ownership exemption approved.

TABOR HILLS HEALTHCARE

1347 CRYSTAL AVENUE
NAPERVILLE, IL. 60563

Reference Numbers Facility ID 6014252
Health Service Area 007 Planning Service Area 703

Administrator

Clara Leonard

Contact Person and Telephone

Clara Leonard
630-778-6677

Registered Agent Information

WLODEK,WALTER M.
5117 MAIN STREET
DOWNERS GROVE , IL 60515

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	2
Alzheimer Disease	24
Mental Illness	63
Developmental Disability	1
Circulatory System	35
Respiratory System	10
Digestive System	6
Genitourinary System Disorders	14
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	24
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	198

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	211	211	206	211	13	52	211	Residents on 1/1/2006	201
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	267
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	270
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	198
TOTAL BEDS	211	211	206	211	13	52	211		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	5914	31.2%	28642	37.2%	38472	73028	94.8%	94.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	5914	31.2%	28642	37.2%	38472	73028	94.8%	94.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	17	49	0	0	0	0	0	0	17	49	66
85+	15	109	0	0	0	0	0	0	15	109	124
TOTALS	35	163	0	0	0	0	0	0	35	163	198

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.

TABOR HILLS HEALTHCARE

1347 CRYSTAL AVENUE
 NAPERVILLE, IL. 60563

Reference Numbers Facility ID 6014252

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	16	73	0	1	108	0	198
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	73	0	1	108	0	198

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	182
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	192	0	0	0	192
Race Unknown	3	0	0	0	3
Total	198	0	0	0	198

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	195	0	0	0	195
Ethnicity Unknown	0	0	0	0	0
Total	198	0	0	0	198

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	28.20
LPN's	9.00
Certified Aides	60.30
Other Health Staff	8.80
Non-Health Staff	75.30
Totals	184.60

TAC HOUSE

421 CONSTITUTION DRIVE
AURORA, IL. 60506

Reference Numbers Facility ID 6011621
Health Service Area 008 Planning Service Area 089

Administrator

Mary Ihnenfeld

Contact Person and Telephone

Mary Ihnenfeld
630-859-7650

Registered Agent Information

O'SHEA,LYNN;MRS
309 WEST NEW INDIAN TRAIL CT.
AURORA , IL 60506

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/26/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5840	100.0%	0	5840	100.0%	100.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	5	0	0	5	5	10
45 to 59	0	0	0	0	2	4	0	0	2	4	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	7	9	0	0	7	9	16

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.

TAC HOUSE

421 CONSTITUTION DRIVE
AURORA, IL. 60506

Reference Numbers Facility ID 6011621

Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	8.00
Non-Health Staff	0.00
Totals	10.00

TAMMERLANE INC

3601 SIXTEENTH AVENUE
STERLING, IL. 61081

Reference Numbers Facility ID 6002695
Health Service Area 001 Planning Service Area 195

Administrator
Shelly Reese RN,C

Contact Person and Telephone

Shelly Reese RN,C
815-626-0233

Registered Agent Information

HEDGES,ROBERT G.
1625 S. 6TH STREET
SPRINGFIELD , IL 62703

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	67
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	67

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	70	70	70	67	3	0	70	Residents on 1/1/2006	69
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	10
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	12
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	67
TOTAL BEDS	70	70	70	67	3	0	70		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	22837	0.0%	1291	5.1%	0	24128	94.4%	94.4%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	22837	0.0%	1291	5.1%	0	24128	94.4%	94.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	10	6	0	0	0	0	0	0	10	6	16
45 to 59	20	11	0	0	0	0	0	0	20	11	31
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	0	5	0	0	0	0	0	0	0	5	5
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	36	31	0	0	0	0	0	0	36	31	67

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.

TAMMERLANE INC3601 SIXTEENTH AVENUE
STERLING, IL. 61081

Reference Numbers Facility ID 6002695

Health Service Area 001 Planning Service Area 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	64	0	0	3	0	67
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	64	0	0	3	0	67

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	82	82
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	63	0	0	0	63
Race Unknown	0	0	0	0	0
Total	67	0	0	0	67

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	66	0	0	0	66
Ethnicity Unknown	0	0	0	0	0
Total	67	0	0	0	67

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	11.00
Other Health Staff	0.00
Non-Health Staff	27.00
Totals	46.00

TANNER PLACE

321 CHESTNUT STREET
PARIS, IL. 61944

Reference Numbers Facility ID 6011985
Health Service Area 004 Planning Service Area 045

Administrator
Gregory Baumgardner

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/8/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	2
Intermediate DD	16	16	15	16	1		16	Total Discharges 2006	2
Sheltered Care	0	0	0	0	0			Residents on 12/31/2006	15
TOTAL BEDS	16	16	15	16	1	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5475	93.8%	0	5475	93.8%	93.8%	93.8%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5475	93.8%	0	5475	93.8%	93.8%	93.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	3	0	0	5	3	8
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	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

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.

TANNER PLACE321 CHESTNUT STREET
PARIS, IL. 61944

Reference Numbers Facility ID 6011985

Health Service Area 004 Planning Service Area 045

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	102	102
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	7.65
Other Health Staff	0.50
Non-Health Staff	1.85
Totals	10.25

TAYLOR HOUSE

3021 TAYLOR AVENUE
 SPRINGFIELD, IL 62703

Reference Numbers Facility ID 6010219
 Health Service Area 003 Planning Service Area 167

Administrator

Laura Kelly

Contact Person and Telephone

Laura Kelly
 217 / 529-2053

Registered Agent Information

BLEDSONE, TIMOTHY L.
 115 EAST SOUTH STREET
 GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
 3/7/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	15	1	16	Total Discharges 2006	2
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	15
TOTAL BEDS	16	16	16	16	15	1	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5700	97.6%	0	5700	97.6%	97.6%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	5700	97.6%	0	5700	97.6%	97.6%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	3	1	0	0	3	1	4
45 to 59	0	0	0	0	2	2	0	0	2	2	4
60 to 64	0	0	0	0	2	2	0	0	2	2	4
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

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.

TAYLOR HOUSE3021 TAYLOR AVENUE
SPRINGFIELD, IL. 62703

Reference Numbers Facility ID 6010219

Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.32
Certified Aides	6.60
Other Health Staff	0.70
Non-Health Staff	3.20
Totals	11.07

TAYLORVILLE CARE CENTER

600 SOUTH HOUSTON
TAYLORVILLE, IL. 62568

Reference Numbers Facility ID 6009369
Health Service Area 003 Planning Service Area 021

Administrator

Jacqueline K. Bogner

Contact Person and Telephone

Jacqueline Bogner
217-824-9636

Registered Agent Information

KING, JERRY; MR.
#6 WINDSWEPT DRIVE
NASHVILLE, IL 62263

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	9
Mental Illness	24
Developmental Disability	0
Circulatory System	26
Respiratory System	4
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	83

Date Completed
3/28/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	98	98	92	98	83	15	24	98	83	74
Skilled Under 22	0	0	0	0	0	0		0		74
Intermediate DD	0	0	0	0	0	0		0		83
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	98	98	92	98	83	15	24	98		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	3481	39.7%	17780	49.7%	8574	29835	83.4%	83.4%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	3481	39.7%	17780	49.7%	8574	29835	83.4%	83.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	6	0	0	0	0	0	0	1	6	7
75 to 84	10	14	0	0	0	0	0	0	10	14	24
85+	11	39	0	0	0	0	0	0	11	39	50
TOTALS	23	60	0	0	0	0	0	0	23	60	83

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.

TAYLORVILLE CARE CENTER

600 SOUTH HOUSTON
TAYLORVILLE, IL. 62568

Reference Numbers Facility ID 6009369

Health Service Area 003 Planning Service Area 021

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	9	51	0	0	23	0	83
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	51	0	0	23	0	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	123
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	38.00
Other Health Staff	2.00
Non-Health Staff	41.00
Totals	101.00

TAYLORVILLE TERRACE

921 EAST MARKET STREET
TAYLORVILLE, IL. 62568

Reference Numbers Facility ID 6012934
Health Service Area 003 Planning Service Area 021

Administrator

Cynthia J Best

Contact Person and Telephone

Cindy Best
217-287-7787

Registered Agent Information

EVERSON,VINCENT M
2020 W WAR MEMORIAL DR,STE 103
PEORIA , IL 61614

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/23/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	11
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	5
Intermediate DD	16	16	15	16	14	2		16	Total Discharges 2006	2
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2006	14
TOTAL BEDS	16	16	15	16	14	2	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5081	87.0%	0	5081	87.0%	87.0%	87.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5081	87.0%	0	5081	87.0%	87.0%	87.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	6	8	0	0	6	8	14

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.

TAYLORVILLE TERRACE

921 EAST MARKET STREET

TAYLORVILLE, IL. 62568

Reference Numbers Facility ID 6012934

Health Service Area 003 Planning Service Area 021

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	120
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	1.00
Certified Aides	0.00
Other Health Staff	10.00
Non-Health Staff	0.00
Totals	11.00

FACILITY NOTES

E-149-05 3/9/2006 Change of ownership occurred.
E-149-05 1/30/2006 Change of ownership exemption approved.

TERRA ESTATES

620 NORTH MAIN STREET
HOYLETON, IL. 62803

Reference Numbers Facility ID 6012736
Health Service Area 005 Planning Service Area 189

Administrator
Laura Altenbaumer

Contact Person and Telephone

Mary Beth Suedmeyer
618/493-6373

Registered Agent Information

EVERSON,VINCE
2020 W. WAR MEMORIAL DR.
PEORIA , IL 61614

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/8/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	14	3
Skilled Under 22	0	0	0	0	0	0	0	0		1
Intermediate DD	16	16	16	16	16	0		16		16
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	16	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%		0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			4806	82.3%	0	4806	82.3%		82.3%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	4806	82.3%	0	4806	82.3%		82.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	0	0	0	0	0	0
65 to 74	0	0	0	0	4	4	0	0	4	4	8
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

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.

TERRA ESTATES620 NORTH MAIN STREET
HOYLETON, IL. 62803

Reference Numbers Facility ID 6012736

Health Service Area 005 Planning Service Area 189

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	246	122
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	4	0	4
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	3.00
Certified Aides	0.00
Other Health Staff	11.00
Non-Health Staff	0.00
Totals	14.00

TERRACE NURSING HOME, The

1615 SUNSET AVENUE
WAUKEGAN, IL. 60087

Reference Numbers Facility ID 6009377
Health Service Area 008 Planning Service Area 097

Administrator

Rose M. Shults

Contact Person and Telephone

Jennifer Kowach
847-244-6700

Registered Agent Information

WEINFELD,AVRUM
6865 N. LINCOLN AVE.
LINCOLNWOOD , IL 60712

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	7
Blood Disorders	2
*Nervous System	6
Alzheimer Disease	32
Mental Illness	2
Developmental Disability	0
Circulatory System	24
Respiratory System	4
Digestive System	10
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	15
Injuries and Poisonings	2
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	111

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	115	115	115	111	4	65	115	95	Total Admissions 2006 141
Skilled Under 22	0	0	0	0	0	0	0	125	Total Discharges 2006 125
Intermediate DD	0	0	0	0	0	0	0	111	Residents on 12/31/2006 111
Sheltered Care	0	0	0	0	0	0	0		
TOTAL BEDS	115	115	115	111	4	65	115		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	5487	23.1%	25860	61.6%	7943	39290	93.6%	93.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	5487	23.1%	25860	61.6%	7943	39290	93.6%	93.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	9	0	0	0	0	0	0	3	9	12
75 to 84	11	33	0	0	0	0	0	0	11	33	44
85+	8	46	0	0	0	0	0	0	8	46	54
TOTALS	23	88	0	0	0	0	0	0	23	88	111

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.

TERRACE NURSING HOME, The

1615 SUNSET AVENUE
 WAUKEGAN, IL. 60087

Reference Numbers Facility ID 6009377

Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	10	83	0	0	18	0	111
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	83	0	0	18	0	111

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	203	128
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	27	0	0	0	27
Hawaiian/Pac. Isl.	0	0	0	0	0
White	74	0	0	0	74
Race Unknown	10	0	0	0	10
Total	111	0	0	0	111

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	101	0	0	0	101
Ethnicity Unknown	0	0	0	0	0
Total	111	0	0	0	111

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	36.00
Other Health Staff	5.00
Non-Health Staff	27.00
Totals	85.00

FACILITY NOTES

- Name Change 10/31/2006 Name changed from Terrace Nursing Home.
- E-057-06 10/31/2006 Change of ownership occurred.
- E-057-06 8/26/2006 Change of ownership exemption approved.

The Admiral At The Lake

909 West Foster Avenue
CHICAGO, IL. 60640

Reference Numbers Facility ID 6006894
Health Service Area 006 Planning Service Area 601

Administrator

Marie Payes

Contact Person and Telephone

Marie Payes
773-561-2900

Registered Agent Information

BRICHACEK,GLENN
909 WEST FOSTER AVENUE
CHICAGO , IL 60640

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	19
Mental Illness	0
Developmental Disability	0
Circulatory System	8
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	10
TOTALS	63

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	50	50	36	50	30	20	0	0	67
Skilled Under 22	0	0	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0	0	4
Sheltered Care	85	85	35	85	33	52	0	0	63
TOTAL BEDS	135	135	71	135	63	72	0	0	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	11582	11582	63.5%		63.5%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					12313	12313	39.7%		39.7%	
TOTALS	0	0.0%	0	0.0%	23895	23895	48.5%		48.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	0	0	0	0
75 to 84	1	5	0	0	0	0	2	8	3	13	16
85+	4	20	0	0	0	0	2	20	6	40	46
TOTALS	5	25	0	0	0	0	4	29	9	54	63

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.

The Admiral At The Lake

909 West Foster Avenue
CHICAGO, IL. 60640

Reference Numbers Facility ID 6006894

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	24	6	30
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	28	5	33
TOTALS	0	0	0	0	52	11	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	185
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	135	75

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	4	0	0	2	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	26	0	0	31	57
Race Unknown	0	0	0	0	0
Total	30	0	0	33	63

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	30	0	0	33	63
Ethnicity Unknown	0	0	0	0	0
Total	30	0	0	33	63

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	18.00
Other Health Staff	7.00
Non-Health Staff	77.00
Totals	111.00

THE ARC OF JACKSONVILLE, LTD.

1320 TENDICK
 JACKSONVILLE, IL. 62650
Reference Numbers Facility ID 6004808
 Health Service Area 003 Planning Service Area 137

Administrator
 ANJALI PRESTON

Contact Person and Telephone
 ANJALI PRESTON
 217-243-6405

Registered Agent Information
 WEINTRAUB,GARY A.;MR.
 465 CENTRAL AVENUE, SUITE 100
 NORTHFIELD , IL 60093

FACILITY OWNERSHIP
 FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	60
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	60

Date Completed
 4/12/2006

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	93	93	78	93	60	33	0	93	73	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		0		
TOTAL BEDS	93	93	78	93	60	33	0	93		27
										60

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	23964	70.6%	320	24284	71.5%		71.5%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	23964	70.6%	320	24284	71.5%		71.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	2	0	0	0	0	0	0	3	2	5
45 to 59	26	11	0	0	0	0	0	0	26	11	37
60 to 64	4	4	0	0	0	0	0	0	4	4	8
65 to 74	3	3	0	0	0	0	0	0	3	3	6
75 to 84	2	1	0	0	0	0	0	0	2	1	3
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	38	22	0	0	0	0	0	0	38	22	60

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.

THE ARC OF JACKSONVILLE, LTD.

1320 TENDICK

JACKSONVILLE, IL. 62650

Reference Numbers Facility ID 6004808

Health Service Area 003 Planning Service Area 137

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	59	0	0	1	0	60
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	59	0	0	1	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	110	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pac. Isl.	0	0	0	0	0
White	48	0	0	0	48
Race Unknown	0	0	0	0	0
Total	60	0	0	0	60

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	13.00
Other Health Staff	0.00
Non-Health Staff	18.00
Totals	41.00

THE DANISH HOME

5656 NORTH NEWCASTLE AVENUE
CHICAGO, IL. 60631

Reference Numbers Facility ID 6008692
Health Service Area 006 Planning Service Area 601

Administrator

Leif Nielsen

Contact Person and Telephone

Michael DaSanBiagio
773-775-7383

Registered Agent Information

NIELSEN,LEIF
5656 NORTH NEWCASTLE AVENUE
CHICAGO , IL 60631

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	1
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	1
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	22

Date Completed
4/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	17	17	12	12	7	10	0	0	28	3
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	42	33	17	33	15	27				9
TOTAL BEDS	59	50	29	45	22	37	0	0		22

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	3900	3900	62.9%		62.9%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					5550	5550	36.2%		46.1%	
TOTALS	0	0.0%	0	0.0%	9450	9450	43.9%		51.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	4	4	5	9
85+	1	4	0	0	0	0	0	8	1	12	13
TOTALS	2	5	0	0	0	0	3	12	5	17	22

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.

THE DANISH HOME

5656 NORTH NEWCASTLE AVENUE
 CHICAGO, IL. 60631

Reference Numbers Facility ID 6008692

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	1	6	7
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	10	5	15
TOTALS	0	0	0	0	11	11	22

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	209
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	156	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	7	0	0	15	22
Race Unknown	0	0	0	0	0
Total	7	0	0	15	22

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	7	0	0	15	22
Ethnicity Unknown	0	0	0	0	0
Total	7	0	0	15	22

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	7.00
Other Health Staff	0.00
Non-Health Staff	20.00
Totals	34.00

THE ELMS (MCDONOUGH CO N H)

1212 MADELYN AVENUE
 MACOMB, IL. 61455
Reference Numbers Facility ID 6002836
 Health Service Area 002 Planning Service Area 109

Administrator

Charles Ackers

Contact Person and Telephone

Charles Ackers
 309-837-5482

Registered Agent Information

SCHWERER,SCOTT
 ONE COURTHOUSE SQUARE, NO. 7
 MACOMB, IL 61455

Date Completed
 4/23/2007

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System	9
Alzheimer Disease	11
Mental Illness	22
Developmental Disability	0
Circulatory System	42
Respiratory System	3
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	0
TOTALS	97

FACILITY OWNERSHIP
 COUNTY

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	98	98	98	98	97	1	0	98	Residents on 1/1/2006	98
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	38
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006	39
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	97
TOTAL BEDS	98	98	98	98	97	1	0	98		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1110	0.0%	23367	65.3%	10857	35334	98.8%	98.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	1110	0.0%	23367	65.3%	10857	35334	98.8%	98.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	1	4	5
75 to 84	3	31	0	0	0	0	0	0	3	31	34
85+	5	51	0	0	0	0	0	0	5	51	56
TOTALS	9	88	0	0	0	0	0	0	9	88	97

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.

THE ELMS (MCDONOUGH CO N H)

1212 MADELYN AVENUE
 MACOMB, IL. 61455

Reference Numbers Facility ID 6002836

Health Service Area 002 Planning Service Area 109

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	64	0	0	32	0	97
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	64	0	0	32	0	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	128	122
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	97	0	0	0	97
Race Unknown	0	0	0	0	0
Total	97	0	0	0	97

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	97	0	0	0	97
Ethnicity Unknown	0	0	0	0	0
Total	97	0	0	0	97

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.50
LPN's	10.00
Certified Aides	43.00
Other Health Staff	37.00
Non-Health Staff	0.00
Totals	104.50

The Lincoln Home, Inc.

150 NORTH 27TH STREET
 BELLEVILLE, IL. 62226

Reference Numbers Facility ID 6005474
 Health Service Area 011 Planning Service Area 163

Administrator

Wolfgang D. Volz, MSW

Contact Person and Telephone

Wolfgang D. Volz, MSW
 618-235-6600

Registered Agent Information

WEINTRAUB,GARY A.;P.C.
 465 CENTRAL AVENUE, SUITE 100
 NORTHFIELD , IL 60093

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	25
Blood Disorders	1
*Nervous System	10
Alzheimer Disease	10
Mental Illness	17
Developmental Disability	2
Circulatory System	14
Respiratory System	15
Digestive System	7
Genitourinary System Disorders	8
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	124

Date Completed
 4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK	PEAK	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2006	
Nursing Care	152	148	144	148	124	28	62	152	125
Skilled Under 22	0	0	0	0	0	0	0	0	118
Intermediate DD	0	0	0	0	0	0	0	0	119
Sheltered Care	0	0	0	0	0	0	0	0	124
TOTAL BEDS	152	148	144	148	124	28	62	152	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	5128	22.7%	31799	57.3%	11465	48392	87.2%		89.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	5128	22.7%	31799	57.3%	11465	48392	87.2%		89.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	5	0	0	0	0	0	0	2	5	7
65 to 74	6	10	0	0	0	0	0	0	6	10	16
75 to 84	10	43	0	0	0	0	0	0	10	43	53
85+	11	31	0	0	0	0	0	0	11	31	42
TOTALS	33	91	0	0	0	0	0	0	33	91	124

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.

The Lincoln Home, Inc.150 NORTH 27TH STREET
BELLEVILLE, IL. 62226

Reference Numbers Facility ID 6005474

Health Service Area 011 Planning Service Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	13	87	0	6	18	0	124
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	87	0	6	18	0	124

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	20	0	0	0	20
Hawaiian/Pac. Isl.	0	0	0	0	0
White	104	0	0	0	104
Race Unknown	0	0	0	0	0
Total	124	0	0	0	124

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	124	0	0	0	124
Ethnicity Unknown	0	0	0	0	0
Total	124	0	0	0	124

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.20
Director of Nursing	1.00
Registered Nurses	3.20
LPN's	13.80
Certified Aides	31.50
Other Health Staff	26.80
Non-Health Staff	18.70
Totals	96.20

THE METHODIST HOME

1415 WEST FOSTER AVENUE
CHICAGO, IL. 60640

Reference Numbers Facility ID 6006100
Health Service Area 006 Planning Service Area 601

Administrator

Larry Loecker

Contact Person and Telephone

Larry Loecker
773-769-5500

Registered Agent Information

LOECKER,LARRY;MR.
1415 FOSTER AVE
CHICAGO , IL 60640

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System	4
Alzheimer Disease	5
Mental Illness	9
Developmental Disability	0
Circulatory System	21
Respiratory System	9
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	3
Musculo-skeletal Disorders	3
Injuries and Poisonings	6
Other Medical Conditions	22
Non-Medical Conditions	0
TOTALS	91

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	121	119	98	88	33	111	121	95	96
Skilled Under 22	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0		0		
Sheltered Care	12	12	3	3	9				100
TOTAL BEDS	133	131	101	91	42	111	121		91

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	3656	9.0%	19316	43.7%	9212	32184	72.9%	74.1%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					1059	1059	24.2%	24.2%	
TOTALS	3656	9.0%	19316	43.7%	10271	33243	68.5%	69.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	0	2	4	6
75 to 84	7	19	0	0	0	0	0	0	7	19	26
85+	9	48	0	0	0	0	0	2	9	50	59
TOTALS	17	71	0	0	0	0	1	2	18	73	91

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.

THE METHODIST HOME

1415 WEST FOSTER AVENUE
CHICAGO, IL. 60640

Reference Numbers Facility ID 6006100

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	12	47	0	0	29	0	88
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	3	0	3
TOTALS	12	47	0	0	32	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	167	151
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	130	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	6	0	0	0	6
Amer. Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pac. Isl.	0	0	0	0	0
White	74	0	0	3	77
Race Unknown	0	0	0	0	0
Total	88	0	0	3	91

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	88	0	0	3	91
Ethnicity Unknown	0	0	0	0	0
Total	88	0	0	3	91

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.50
LPN's	4.00
Certified Aides	41.50
Other Health Staff	0.00
Non-Health Staff	41.00
Totals	101.00

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
 Mary Fitzgerald

Contact Person and Telephone

Monique Schroeder
 847-718-1182

Registered Agent Information

MULVEY,PETER
 3200 GRANT STREET
 EVANSTON , IL 60201

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	21
Respiratory System	8
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	4
Musculo-skeletal Disorders	20
Injuries and Poisonings	27
Other Medical Conditions	31
Non-Medical Conditions	0
TOTALS	127

Date Completed
 4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	116	116	108	114	98	18	0	9	131
Skilled Under 22	0	0	0	0	0	0	0	0	608
Intermediate DD	0	0	0	0	0	0	0	0	612
Sheltered Care	57	57	35	48	29	28			127
TOTAL BEDS	173	173	143	162	127	46	0	9	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	6606	0.0%	2373	72.2%	28344	37323	88.2%	88.2%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					12009	12009	57.7%	57.7%		
TOTALS	6606	0.0%	2373	72.2%	40353	49332	78.1%	78.1%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	4	0	0	0	0	0	0	0	4	4
75 to 84	7	14	0	0	0	0	1	4	8	18	26
85+	11	62	0	0	0	0	2	22	13	84	97
TOTALS	18	80	0	0	0	0	3	26	21	106	127

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	22	6	0	0	70	0	98
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	28	1	29
TOTALS	22	6	0	0	98	1	127

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	300	208
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	146	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	98	0	0	29	127
Race Unknown	0	0	0	0	0
Total	98	0	0	29	127

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	98	0	0	29	127
Ethnicity Unknown	0	0	0	0	0
Total	98	0	0	29	127

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	24.00
LPN's	4.00
Certified Aides	63.00
Other Health Staff	8.00
Non-Health Staff	36.00
Totals	137.00

THE PAVILLION OF FOREST PARK

8200 WEST ROOSEVELT ROAD
 FOREST PARK, IL. 60130
Reference Numbers Facility ID 6015333
 Health Service Area 007 Planning Service Area 704

Administrator
 Moira L. Tannen

Contact Person and Telephone
 Moira L. Tannen
 708-488-9850

Registered Agent Information

ARONIN, DAVID
 2201 W. MAIN
 EVANSTON, IL 60202

FACILITY OWNERSHIP
 LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	7
Mental Illness	10
Developmental Disability	0
Circulatory System	30
Respiratory System	11
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	5
Musculo-skeletal Disorders	8
Injuries and Poisonings	4
Other Medical Conditions	55
Non-Medical Conditions	0
TOTALS	141

Date Completed
 4/16/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	232	228	150	228	91	227	232	Residents on 1/1/2006	136
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	173
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	168
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	141
TOTAL BEDS	232	228	150	228	91	227	232		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	6901	8.3%	41458	49.0%	6193	54552	64.4%	65.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	6901	8.3%	41458	49.0%	6193	54552	64.4%	65.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	6	0	0	0	0	0	0	0	6	0	6
45 to 59	8	9	0	0	0	0	0	0	8	9	17
60 to 64	4	0	0	0	0	0	0	0	4	0	4
65 to 74	9	17	0	0	0	0	0	0	9	17	26
75 to 84	21	29	0	0	0	0	0	0	21	29	50
85+	13	25	0	0	0	0	0	0	13	25	38
TOTALS	61	80	0	0	0	0	0	0	61	80	141

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.

THE PAVILLION OF FOREST PARK

8200 WEST ROOSEVELT ROAD
 FOREST PARK, IL. 60130

Reference Numbers Facility ID 6015333

Health Service Area 007 Planning Service Area 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	20	105	1	0	15	0	141
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	105	1	0	15	0	141

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	175
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	87	0	0	0	87
Hawaiian/Pac. Isl.	0	0	0	0	0
White	40	0	0	0	40
Race Unknown	14	0	0	0	14
Total	141	0	0	0	141

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	123	0	0	0	123
Ethnicity Unknown	14	0	0	0	14
Total	141	0	0	0	141

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	26.00
Certified Aides	45.00
Other Health Staff	19.00
Non-Health Staff	44.00
Totals	151.00

The Pinnacle Healthcare of LaGrange Park

701 NORTH LAGRANGE ROAD
LAGRANGE PARK, IL. 60525

Reference Numbers Facility ID 6003057
Health Service Area 007 Planning Service Area 705

Administrator

Lisa Ulbert

Contact Person and Telephone

Lisa Ulbert
708-354-7300

Registered Agent Information

GANS,BARRY
1020 MILWAUKEE AVENUE
DEERFIELD , IL 60015

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System	10
Alzheimer Disease	37
Mental Illness	3
Developmental Disability	0
Circulatory System	16
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	89

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	131	131	89	131	89	42	131	131	86	Total Admissions 2006 79
Skilled Under 22	0	0	0	0	0	0		0		Total Discharges 2006 76
Intermediate DD	0	0	0	0	0	0		0		Residents on 12/31/2006 89
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	131	131	89	131	89	42	131	131		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3400	7.1%	22133	46.3%	5883	31416	65.7%		65.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	3400	7.1%	22133	46.3%	5883	31416	65.7%		65.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	4	0	0	0	0	0	0	3	4	7
60 to 64	2	6	0	0	0	0	0	0	2	6	8
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	37	0	0	0	0	0	0	4	37	41
TOTALS	21	68	0	0	0	0	0	0	21	68	89

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.

The Pinnacle Healthcare of LaGrange Park

701 NORTH LAGRANGE ROAD

LAGRANGE PARK, IL. 60525

Reference Numbers Facility ID 6003057

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	64	1	0	16	0	89
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	64	1	0	16	0	89

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	82	0	0	0	82
Race Unknown	0	0	0	0	0
Total	89	0	0	0	89

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	36.00
Other Health Staff	2.00
Non-Health Staff	46.00
Totals	110.00

THE RENAISSANCE AT HILLSIDE

4600 NORTH FRONTAGE ROAD
HILLSIDE, IL. 60162

Reference Numbers Facility ID 6014906
Health Service Area 007 Planning Service Area 704

Administrator

John Stare

Contact Person and Telephone

John Stare
708-544-9933

Registered Agent Information

STERN, ABRAHAM J.
10 SOUTH WACKER DRIVE, 40TH FL
CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	17
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	63
Mental Illness	2
Developmental Disability	0
Circulatory System	10
Respiratory System	51
Digestive System	7
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	160

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2006	
Nursing Care	178	178	178	178	18	178	133	Residents on 1/1/2006	143
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	444
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	427
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	160
TOTAL BEDS	178	178	178	178	18	178	133		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	10656	16.4%	41001	84.5%	5464	57121	87.9%	87.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	10656	16.4%	41001	84.5%	5464	57121	87.9%	87.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	6	0	0	0	0	0	0	1	6	7
65 to 74	6	7	0	0	0	0	0	0	6	7	13
75 to 84	52	62	0	0	0	0	0	0	52	62	114
85+	5	19	0	0	0	0	0	0	5	19	24
TOTALS	65	95	0	0	0	0	0	0	65	95	160

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.

THE RENAISSANCE AT HILLSIDE4600 NORTH FRONTAGE ROAD
HILLSIDE, IL. 60162

Reference Numbers Facility ID 6014906

Health Service Area 007 Planning Service Area 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	29	122	0	2	7	0	160
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	29	122	0	2	7	0	160

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	155
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	250	155

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	139	0	0	0	139
Hawaiian/Pac. Isl.	0	0	0	0	0
White	21	0	0	0	21
Race Unknown	0	0	0	0	0
Total	160	0	0	0	160

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	159	0	0	0	159
Ethnicity Unknown	0	0	0	0	0
Total	160	0	0	0	160

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	53.00
Other Health Staff	3.00
Non-Health Staff	51.00
Totals	142.00

FACILITY NOTES

Bed Change 9/8/2006 Added ten nursing care beds, total now 178 nursing care beds.

The Tillers Nursing & Rehab Center, Inc.

BOX 950 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
630-554-1001

Registered Agent Information

JURASEK, MICHAEL C.
55 WEST MONROE STREET, STE 1100
CHICAGO, IL 60603

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System	13
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	22
Respiratory System	10
Digestive System	4
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	6
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	79

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	99	86	86	86	79	20	24	6	76	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		0		
TOTAL BEDS	99	86	86	86	79	20	24	6		161
										Residents on 12/31/2006
										79

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	5847	66.7%	1365	62.3%	21938	29150	80.7%	92.9%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	5847	66.7%	1365	62.3%	21938	29150	80.7%	92.9%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	2	0	0	0	0	0	0	0	2	2
75 to 84	9	18	0	0	0	0	0	0	9	18	27
85+	11	38	0	0	0	0	0	0	11	38	49
TOTALS	21	58	0	0	0	0	0	0	21	58	79

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.

The Tillers Nursing & Rehab Center, Inc.

BOX 950 ROUTE 71

OSWEGO, IL. 60543

Reference Numbers Facility ID 6009401

Health Service Area 009 Planning Service Area 093

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	12	4	0	0	63	0	79
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	4	0	0	63	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	232	190
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	39.00
Other Health Staff	0.00
Non-Health Staff	36.00
Totals	93.00

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

SHABAT, DANIEL
7520 SKOKIE BOULEVARD
SKOKIE, IL 60077

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System	4
Alzheimer Disease	1
Mental Illness	64
Developmental Disability	0
Circulatory System	3
Respiratory System	6
Digestive System	8
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	117

Date Completed
4/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	149	149	129	149	32	24	149	124	
Skilled Under 22	0	0	0	0	0		0	93	
Intermediate DD	0	0	0	0	0		0	100	
Sheltered Care	0	0	0	0	0		0	117	
TOTAL BEDS	149	149	129	149	32	24	149		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1996	22.8%	41222	75.8%	404	43622	80.2%	80.2%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	1996	22.8%	41222	75.8%	404	43622	80.2%	80.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	4	0	0	0	0	0	0	2	4	6
45 to 59	19	11	0	0	0	0	0	0	19	11	30
60 to 64	6	6	0	0	0	0	0	0	6	6	12
65 to 74	15	10	0	0	0	0	0	0	15	10	25
75 to 84	7	19	0	0	0	0	0	0	7	19	26
85+	4	14	0	0	0	0	0	0	4	14	18
TOTALS	53	64	0	0	0	0	0	0	53	64	117

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.

THE WATERFORD NURSING & REHAB

7445 NORTH SHERIDAN ROAD
 CHICAGO, IL. 60626

Reference Numbers Facility ID 6002430

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	116	0	0	0	0	117
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	116	0	0	0	0	117

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	130
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	34	0	0	0	34
Hawaiian/Pac. Isl.	0	0	0	0	0
White	81	0	0	0	81
Race Unknown	0	0	0	0	0
Total	117	0	0	0	117

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	6.00
Certified Aides	33.00
Other Health Staff	2.00
Non-Health Staff	40.00
Totals	98.00

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

Registered Agent Information

GOLDBERG,ARNOLD
6600 NORTH LAWNDALE AVE
LINCOLNWOOD , IL 60712

FACILITY OWNERSHIP
LIMITED PARTNERSHIP

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System	2
Alzheimer Disease	60
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	96

Date Completed
3/29/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	132	132	104	132	96	36	60	15	80	194
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	12	12	0	12	0	12				178
TOTAL BEDS	144	144	104	144	96	48	60	15		96

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	7561	34.5%	3430	62.6%	21602	32593	67.6%		67.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	7561	34.5%	3430	62.6%	21602	32593	62.0%		62.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
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	3	7	0	0	0	0	0	0	3	7	10
75 to 84	6	33	0	0	0	0	0	0	6	33	39
85+	12	31	0	0	0	0	0	0	12	31	43
TOTALS	24	72	0	0	0	0	0	0	24	72	96

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.

THE WEALSHIRE

150 JAMESTOWN LANE
 LINCOLNSHIRE, IL. 60069

Reference Numbers Facility ID 6014377

Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	15	11	0	0	70	0	96
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	11	0	0	70	0	96

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	230	200
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	96	0	0	0	96
Race Unknown	0	0	0	0	0
Total	96	0	0	0	96

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	6.00
Certified Aides	28.00
Other Health Staff	1.00
Non-Health Staff	89.00
Totals	134.00

THE WOODBINE NURSING HOME, LLC

6909 WEST NORTH AVENUE
 OAK PARK, IL. 60302
Reference Numbers Facility ID 6010110
 Health Service Area 007 Planning Service Area 704

Administrator
 Gerald C. Parker

Contact Person and Telephone

Barak Baver
 773-202-0000

Registered Agent Information

STERN, ABRAHAM J
 10 SOUTH WACKER DRIVE, 40TH FL
 CHICAGO, IL 60606

FACILITY OWNERSHIP
 LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System	10
Alzheimer Disease	18
Mental Illness	0
Developmental Disability	0
Circulatory System	16
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	53

Date Completed
 4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	66	66	61	66	53	13	66	66	57	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		0		
TOTAL BEDS	66	66	61	66	53	13	66	66	72	53

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	2770	11.5%	12934	53.7%	4511	20215	83.9%	83.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2770	11.5%	12934	53.7%	4511	20215	83.9%	83.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	0	0	0	0	0	0	2	2	4
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	4	14	0	0	0	0	0	0	4	14	18
85+	5	19	0	0	0	0	0	0	5	19	24
TOTALS	14	39	0	0	0	0	0	0	14	39	53

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.

THE WOODBINE NURSING HOME, LLC

6909 WEST NORTH AVENUE

OAK PARK, IL. 60302

Reference Numbers Facility ID 6010110

Health Service Area 007 Planning Service Area 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	35	0	1	8	0	53
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	35	0	1	8	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	180
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	20	0	0	0	20
Hawaiian/Pac. Isl.	0	0	0	0	0
White	33	0	0	0	33
Race Unknown	0	0	0	0	0
Total	53	0	0	0	53

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	6.40
Certified Aides	18.10
Other Health Staff	17.00
Non-Health Staff	2.20
Totals	46.70

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

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/2/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	15	1		16	Total Discharges 2006	2
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2006	15
TOTAL BEDS	16	16	16	16	15	1	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%		0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			5744	98.4%	0	5744	98.4%		98.4%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	5744	98.4%	0	5744	98.4%		98.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	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	6	0	0	9	6	15

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.

THELMA TERRACE

1450 VIRGINIA AVENUE
WOOD RIVER, IL. 62095

Reference Numbers Facility ID 6010425

Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	105
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	7.00
Other Health Staff	0.75
Non-Health Staff	2.70
Totals	10.70

THOMAS H BOYD MEMORIAL HOSP

800 SCHOOL STREET
 CARROLLTON, IL. 62016

Reference Numbers Facility ID 6007801
 Health Service Area 003 Planning Service Area 061

Administrator
 Deborah Campbell

Contact Person and Telephone

Deborah Campbell
 217-942-9410

Registered Agent Information

Date Completed
 4/12/2007

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FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System	6
Alzheimer Disease	2
Mental Illness	3
Developmental Disability	0
Circulatory System	5
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	4
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	29

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	40	40	35	40	29	11	0	40	34
Skilled Under 22	0	0	0	0	0	0	0	0	11
Intermediate DD	0	0	0	0	0	0	0	0	16
Sheltered Care	0	0	0	0	0	0	0	0	29
TOTAL BEDS	40	40	35	40	29	11	0	40	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	4957	34.0%	6158	11115	76.1%		76.1%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	4957	34.0%	6158	11115	76.1%		76.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	0	0	0	0	0	0	0	1	1
85+	5	22	0	0	0	0	0	0	5	22	27
TOTALS	5	24	0	0	0	0	0	0	5	24	29

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.

THOMAS H BOYD MEMORIAL HOSP

800 SCHOOL STREET
 CARROLLTON, IL. 62016

Reference Numbers Facility ID 6007801

Health Service Area 003 Planning Service Area 061

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	12	0	0	17	0	29
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	12	0	0	17	0	29

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	101
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.20
Director of Nursing	1.00
Registered Nurses	0.40
LPN's	5.00
Certified Aides	14.00
Other Health Staff	0.20
Non-Health Staff	5.20
Totals	27.00

THOMAS HERBSTTRITT 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

Registered Agent Information

BAILITZ, RONALD E.
4129 N. RTES 1 & 17, PO BOX 260
MOMENCE, IL 60954

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
2/28/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5840	100.0%	0	5840	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	13	0	0	0	13	0	13
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	16	0	0	0	16	0	16

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.

THOMAS HERBSTTRITT HOUSE

4003 NORTH RT.1 & 17 BOX 260

MOMENCE, IL. 60954

Reference Numbers Facility ID 6014260

Health Service Area 009 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	139
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	4.00
Other Health Staff	6.00
Non-Health Staff	0.00
Totals	10.00

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

Registered Agent Information

BAILITZ, RONALD E.
4129 N. RTES 1 & 17, PO BOX 260
MOMENCE, IL 60954

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

Date Completed
2/28/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	2
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	2
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5819	99.6%	0	5819	99.6%	99.6%	99.6%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5819	99.6%	0	5819	99.6%	99.6%	99.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	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	9	0	0	0	9	0	9
60 to 64	0	0	0	0	5	0	0	0	5	0	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	16	0	0	0	16	0	16

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	135
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	8.00
Other Health Staff	2.00
Non-Health Staff	0.00
Totals	10.00

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
 847-441-8200

Registered Agent Information

WEINTRAUB,GARY A.;MR.
 465 CENTRAL AVENUE, SUITE 100
 NORTHFIELD , IL 60093

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	216
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	216

Date Completed
 3/30/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	222	222	222	216	6	0	222	Residents on 1/1/2006	219
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	55
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	58
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	216
TOTAL BEDS	222	222	222	216	6	0	222		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	78850	97.3%	709	79559	98.2%	98.2%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	0	0.0%	78850	97.3%	709	79559	98.2%	98.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	32	32	0	0	0	0	0	0	32	32	64
45 to 59	66	58	0	0	0	0	0	0	66	58	124
60 to 64	8	7	0	0	0	0	0	0	8	7	15
65 to 74	5	7	0	0	0	0	0	0	5	7	12
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	112	104	0	0	0	0	0	0	112	104	216

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.

THORNTON HEIGHTS TERRACE

160 WEST 10TH STREET
 CHICAGO HEIGHTS, IL. 60411

Reference Numbers Facility ID 6009385

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	215	0	0	1	0	216
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	215	0	0	1	0	216

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	78	0	0	0	78
Hawaiian/Pac. Isl.	0	0	0	0	0
White	136	0	0	0	136
Race Unknown	0	0	0	0	0
Total	216	0	0	0	216

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	211	0	0	0	211
Ethnicity Unknown	0	0	0	0	0
Total	216	0	0	0	216

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	7.00
Certified Aides	33.00
Other Health Staff	28.00
Non-Health Staff	38.00
Totals	112.00

THREE CROWNS PARK

2323 MCDANIEL AVENUE
EVANSTON, IL. 60201

Reference Numbers Facility ID 6007462
Health Service Area 007 Planning Service Area 702

Administrator

Susan Morse

Contact Person and Telephone

Bonnie Parsegian
847-328-8700 Ext. 19

Registered Agent Information

MORSE,SUSAN
2323 MCDANIEL AVE.
EVANSTON , IL 60201

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System	21
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	26
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	81

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	48	48	34	48	33	15	0	0	91	20
Skilled Under 22	0	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	82	82	61	82	48	34			30	81
TOTAL BEDS	130	130	95	130	81	49	0	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	12354	12354	70.5%		70.5%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					19631	19631	65.6%		65.6%	
TOTALS	0	0.0%	0	0.0%	31985	31985	67.4%		67.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	0	2	2
75 to 84	2	5	0	0	0	0	4	9	6	14	20
85+	4	21	0	0	0	0	8	26	12	47	59
TOTALS	6	27	0	0	0	0	12	36	18	63	81

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.

THREE CROWNS PARK

2323 MCDANIEL AVENUE
EVANSTON, IL. 60201

Reference Numbers Facility ID 6007462

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	33	0	33
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	48	0	48
TOTALS	0	0	0	0	81	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	253	200
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	97

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	32	0	0	48	80
Race Unknown	0	0	0	0	0
Total	33	0	0	48	81

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	33	0	0	48	81
Total	33	0	0	48	81

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	2.00
Non-Health Staff	39.00
Totals	68.00

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

Ken Rowold
618-826-3210

Registered Agent Information

BAGLEY,ROGER W.;MR.
1001 EAST MAIN STREET, BLDG 4
CARBONDALE , 62901

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	19
Mental Illness	4
Developmental Disability	0
Circulatory System	29
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	62

Date Completed
4/2/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	83	83	68	83	62	21	17	83	Residents on 1/1/2006	62
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	56
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006	56
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	62
TOTAL BEDS	83	83	68	83	62	21	17	83		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1004	16.2%	13306	43.9%	8781	23091	76.2%	76.2%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	1004	16.2%	13306	43.9%	8781	23091	76.2%	76.2%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	0	0	0	0	0	0	2	1	3
65 to 74	2	5	0	0	0	0	0	0	2	5	7
75 to 84	8	7	0	0	0	0	0	0	8	7	15
85+	8	28	0	0	0	0	0	0	8	28	36
TOTALS	21	41	0	0	0	0	0	0	21	41	62

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.

Three Springs Lodge161 Three Springs Road
Chester, IL. 62233**Reference Numbers** Facility ID 6009393

Health Service Area 005 Planning Service Area 157

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	1	37	0	0	24	0	62
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	37	0	0	24	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	99	89
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	0.00
Non-Health Staff	16.00
Totals	45.00

TIBSTRA HOUSE

271 EAST 161ST STREET
 SOUTH HOLLAND, IL. 60473
Reference Numbers Facility ID 6012009
 Health Service Area 007 Planning Service Area 705

Administrator
 David Tiemersma

Contact Person and Telephone
 David Tiemersma
 708-596-4442

Registered Agent Information
 LANENGA,JOSEPH;MR.
 12927 SOUTH MONITOR AVENUE
 PALOS HEIGHTS , IL 60463

FACILITY OWNERSHIP
 NON-PROF CORPORATION

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-Medicare	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
 3/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5349	91.6%	0	5349	91.6%	91.6%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	5349	91.6%	0	5349	91.6%	91.6%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	4	0	0	2	4	6
45 to 59	0	0	0	0	8	2	0	0	8	2	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	10	6	0	0	10	6	16

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.

TIBSTRA HOUSE

271 EAST 161ST STREET
SOUTH HOLLAND, IL. 60473

Reference Numbers Facility ID 6012009

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	137	137
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.10
Registered Nurses	0.50
LPN's	0.00
Certified Aides	7.20
Other Health Staff	2.00
Non-Health Staff	2.00
Totals	12.80

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
 Andrea Miller

Contact Person and Telephone

Andrea Miller
 217-593-7734

Registered Agent Information

MAGENCE,MEYER
 8320 SKOKIE BOULEVARD
 SKOKIE, IL 60077

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	20
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	59
Non-Medical Conditions	0
TOTALS	85

Date Completed
 4/6/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	110	110	106	110	85	25	110	110	Total Admissions 2006	88
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2006	83
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2006	86
Sheltered Care	0	0	0	0	0	0		0		85
TOTAL BEDS	110	110	106	110	85	25	110	110		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	3392	8.4%	21521	53.6%	9183	34096	84.9%	84.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	3392	8.4%	21521	53.6%	9183	34096	84.9%	84.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	0	2	0	0	0	0	0	0	0	2	2
65 to 74	7	4	0	0	0	0	0	0	7	4	11
75 to 84	10	19	0	0	0	0	0	0	10	19	29
85+	11	25	0	0	0	0	0	0	11	25	36
TOTALS	33	52	0	0	0	0	0	0	33	52	85

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	52	0	0	25	0	85
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	52	0	0	25	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	117
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	85	0	0	0	85
Race Unknown	0	0	0	0	0
Total	85	0	0	0	85

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	12.00
Certified Aides	25.00
Other Health Staff	3.00
Non-Health Staff	15.00
Totals	59.00

Timbercreek Rehab and Health Care

2220 STATE STREET
PEKIN, IL. 61554

Reference Numbers Facility ID 6007330
Health Service Area 002 Planning Service Area 179

Administrator

Sally Strode

Contact Person and Telephone

Marikay Snyder
309-689-5880

Registered Agent Information

SNYDER,MARIKAY L
830 WEST TRAILCREEK DRIVE
PEORIA, IL 61614

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	30
Blood Disorders	2
*Nervous System	9
Alzheimer Disease	32
Mental Illness	4
Developmental Disability	2
Circulatory System	21
Respiratory System	6
Digestive System	12
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	139

Date Completed
4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	202	152	142	152	63	202	202	116	139
Skilled Under 22	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0		0		
TOTAL BEDS	202	152	142	152	63	202	202	116	139

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	6179	8.4%	32995	44.8%	6958	46132	62.6%	83.2%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	6179	8.4%	32995	44.8%	6958	46132	62.6%	83.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	2	2	0	0	0	0	0	0	2	2	4
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	7	10	0	0	0	0	0	0	7	10	17
75 to 84	16	37	0	0	0	0	0	0	16	37	53
85+	13	47	0	0	0	0	0	0	13	47	60
TOTALS	39	100	0	0	0	0	0	0	39	100	139

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.

Timbercreek Rehab and Health Care

2220 STATE STREET

PEKIN, IL. 61554

Reference Numbers Facility ID 6007330

Health Service Area 002 Planning Service Area 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	92	0	0	27	0	139
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	20	92	0	0	27	0	139

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	126
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	139	0	0	0	139
Race Unknown	0	0	0	0	0
Total	139	0	0	0	139

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	136	0	0	0	136
Ethnicity Unknown	0	0	0	0	0
Total	139	0	0	0	139

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	29.00
Other Health Staff	0.00
Non-Health Staff	27.00
Totals	72.00

TISH HEWITT HOUSE

5102 52ND AVENUE
MOLINE, IL. 61265

Reference Numbers Facility ID 6013452
Health Service Area 010 Planning Service Area 161

Administrator

Shelley Kroeger

Contact Person and Telephone

Shelley Kroeger
309-764-4974

Registered Agent Information

MCELHANEY ARTHUR; MR.
4016 9TH STREET
ROCK ISLAND , IL 61201

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/26/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	8	0
Skilled Under 22	0	0	0	0	0	0	0	0	0	0
Intermediate DD	8	8	8	8	7	1	8	8	1	7
Sheltered Care	0	0	0	0	0	0	0	0	0	0
TOTAL BEDS	8	8	8	8	7	1	0	8		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			2875	98.5%	0	2875	98.5%	98.5%	98.5%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	2875	98.5%	0	2875	98.5%	98.5%	98.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	3	4	0	0	3	4	7

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.

TISH HEWITT HOUSE

5102 52ND AVENUE
MOLINE, IL. 61265

Reference Numbers Facility ID 6013452

Health Service Area 010 Planning Service Area 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	0	123
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	7	0	7
Ethnicity Unknown	0	0	0	0	0
Total	0	0	7	0	7

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	7.00
Non-Health Staff	0.00
Totals	9.00

TORRENCE PLACE

2601 223RD STREET
SAUK VILLAGE, IL. 60411

Reference Numbers Facility ID 6013833
Health Service Area 007 Planning Service Area 705

Administrator
Whitney Oberlink

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	11
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	3
Intermediate DD	16	16	16	16	14	2	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	14
TOTAL BEDS	16	16	16	16	14	2	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			4238	72.6%	0	4238	72.6%	72.6%	72.6%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	4238	72.6%	0	4238	72.6%	72.6%	72.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	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	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	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	8	0	0	6	8	14

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.

TORRENCE PLACE

2601 223RD STREET
 SAUK VILLAGE, IL. 60411

Reference Numbers Facility ID 6013833

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	14	0	0	0	14
Sheltered Care			0	0	0	0	0
TOTALS	0	0	14	0	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	148	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	5	0	5
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.32
LPN's	0.00
Certified Aides	6.94
Other Health Staff	0.38
Non-Health Staff	1.42
Totals	9.31

TOULON REHABILITATION & HEALTH CARE

HIGHWAY 17 EAST BOX 249
 TOULON, IL. 61483
Reference Numbers Facility ID 6009427
 Health Service Area 002 Planning Service Area 123

Administrator
 Nathaniel Smith

Contact Person and Telephone

Marikay Snyder
 309-286-2631

Registered Agent Information

SNYDER, MARIKAY L.
 830 WEST TRAILCREEK DRIVE
 PEORIA, IL 61614

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	2
*Nervous System	7
Alzheimer Disease	26
Mental Illness	18
Developmental Disability	0
Circulatory System	14
Respiratory System	7
Digestive System	2
Genitourinary System Disorders	9
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	3
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	106

Date Completed
 4/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	136	129	126	129	106	30	82	136	117
Skilled Under 22	0	0	0	0	0	0	0	0	108
Intermediate DD	0	0	0	0	0	0	0	0	119
Sheltered Care	0	0	0	0	0	0	0	0	106
TOTAL BEDS	136	129	126	129	106	30	82	136	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	3681	12.3%	23955	48.3%	14062	41698	84.0%	88.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	3681	12.3%	23955	48.3%	14062	41698	84.0%	88.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	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	4	0	0	0	0	0	0	2	4	6
65 to 74	8	6	0	0	0	0	0	0	8	6	14
75 to 84	17	20	0	0	0	0	0	0	17	20	37
85+	7	38	0	0	0	0	0	0	7	38	45
TOTALS	36	70	0	0	0	0	0	0	36	70	106

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.

TOULON REHABILITATION & HEALTH CARE

HIGHWAY 17 EAST BOX 249

TOULON, IL. 61483

Reference Numbers Facility ID 6009427

Health Service Area 002 Planning Service Area 123

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	11	64	0	0	31	0	106
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	64	0	0	31	0	106

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	143	104
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	105	0	0	0	105
Race Unknown	0	0	0	0	0
Total	106	0	0	0	106

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	19.00
Other Health Staff	2.00
Non-Health Staff	22.00
Totals	61.00

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

Sheldon Wolfe
847-982-2300

Registered Agent Information

WOLFE,SHELDON
7434 NORTH SKOKIE BOULEVARD
SKOKIE, IL 60077

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	7
Blood Disorders	4
*Nervous System	7
Alzheimer Disease	6
Mental Illness	19
Developmental Disability	0
Circulatory System	22
Respiratory System	21
Digestive System	7
Genitourinary System Disorders	14
Skin Disorders	2
Musculo-skeletal Disorders	7
Injuries and Poisonings	20
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	145

Date Completed
3/29/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	206	206	157	206	61	206	206	Residents on 1/1/2006	142
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	108
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	105
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	145
TOTAL BEDS	206	206	157	206	61	206	206		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	5665	7.5%	35092	46.7%	12338	53095	70.6%	70.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	5665	7.5%	35092	46.7%	12338	53095	70.6%	70.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	2	0	0	0	0	0	0	1	2	3
65 to 74	8	20	0	0	0	0	0	0	8	20	28
75 to 84	15	34	0	0	0	0	0	0	15	34	49
85+	10	49	0	0	0	0	0	0	10	49	59
TOTALS	36	109	0	0	0	0	0	0	36	109	145

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.

TOWER HILL HEALTHCARE CENTER759 KANE STREET
SOUTH ELGIN, IL. 60177

Reference Numbers Facility ID 6003263

Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	11	100	0	0	34	0	145
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	100	0	0	34	0	145

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	133
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pac. Isl.	0	0	0	0	0
White	136	0	0	0	136
Race Unknown	0	0	0	0	0
Total	145	0	0	0	145

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	140	0	0	0	140
Ethnicity Unknown	0	0	0	0	0
Total	145	0	0	0	145

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.64
LPN's	4.65
Certified Aides	43.01
Other Health Staff	1.63
Non-Health Staff	55.10
Totals	123.03

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

Beth Quick
618-244-7701

Registered Agent Information

QUICK,STEVEN KENT
2025B BROADWAY, P O BOX 705
MOUNT VERNON , IL 62864

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	16	0	0	16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5721	98.0%	0	5721	98.0%	98.0%	98.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5721	98.0%	0	5721	98.0%	98.0%	98.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	3	0	0	1	3	4
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	1	0	0	0	1	0	1
TOTALS	0	0	0	0	8	8	0	0	8	8	16

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.

TRAFFORD ESTATES813 WEST CENTER
FAIRFIELD, IL. 62837

Reference Numbers Facility ID 6012983

Health Service Area 005 Planning Service Area 191

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	7.00
Other Health Staff	1.00
Non-Health Staff	1.50
Totals	9.95

TRINITY LIVING CENTER 1

3360 UGLAND DRIVE
JOLIET, IL. 60432

Reference Numbers Facility ID 6011811
Health Service Area 009 Planning Service Area 197

Administrator
Sally Ritchey

Contact Person and Telephone

Lisa Dillon
815-485-6197

Registered Agent Information

TROHA,GEORGE;MR.
71 NORTH CHICAGO STREET
JOLIET , IL 60431

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/6/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	15
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	0	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	0	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5500	94.2%	340	5840	100.0%	100.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	5500	94.2%	340	5840	100.0%	100.0%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	4	0	0	5	4	9
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	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

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.

TRINITY LIVING CENTER 1

3360 UGLAND DRIVE

JOLIET, IL. 60432

Reference Numbers Facility ID 6011811

Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	3.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	12.00
Totals	17.00

TRINITY LIVING CENTER 2

3302 HORSESHOE LANE
JOLIET, IL. 60432

Reference Numbers Facility ID 6011829
Health Service Area 009 Planning Service Area 197

Administrator
Sally Ritchey

Contact Person and Telephone

Lisa Dillon
815-485-6197

Registered Agent Information

TROHA,GEORGE;MR.
71 NORTH CHICAGO STREET
JOLIET , IL 60431

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/6/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	16	0	0	16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5298	90.7%	444	5742	98.3%	98.3%	98.3%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5298	90.7%	444	5742	98.3%	98.3%	98.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	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

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.

TRINITY LIVING CENTER 2

3302 HORSESHOE LANE

JOLIET, IL. 60432

Reference Numbers Facility ID 6011829

Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	1	0	1
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	3.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	12.00
Totals	17.00

TRINITY LIVING CENTER 3

3360 FRANCIS LANE
JOLIET, IL. 60432

Reference Numbers Facility ID 6011837
Health Service Area 009 Planning Service Area 197

Administrator
Sally Ritchey

Contact Person and Telephone

Lisa Dillon
815-485-6197

Registered Agent Information

TROHA,GEORGE;MR.
71 NORTH CHICAGO STREET
JOLIET , IL 60431

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/6/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	16	0	0	16	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5645	96.7%	65	5710	97.8%	97.8%	97.8%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5645	96.7%	65	5710	97.8%	97.8%	97.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	7	3	0	0	7	3	10
45 to 59	0	0	0	0	1	4	0	0	1	4	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	8	8	0	0	8	8	16

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.

TRINITY LIVING CENTER 3

3360 FRANCIS LANE

JOLIET, IL. 60432

Reference Numbers Facility ID 6011837

Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	3.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	13.00
Totals	18.00

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
Katherine Marchik

Contact Person and Telephone

Michael Nesseler
309-779-2310

Registered Agent Information

Date Completed
4/4/2007

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	4
Digestive System	6
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	4
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	26

Note: Reported restrictions denoted by '1'

FACILITY OWNERSHIP
OTHER NON-PROFIT

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	29	29	29	29	26	3	29	0	26	1071
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	29	29	29	29	26	3	29	0		26

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	8120	76.7%	0	0.0%	979	9099	86.0%		86.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	8120	76.7%	0	0.0%	979	9099	86.0%		86.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	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	2	6	0	0	0	0	0	0	2	6	8
75 to 84	1	10	0	0	0	0	0	0	1	10	11
85+	2	4	0	0	0	0	0	0	2	4	6
TOTALS	5	21	0	0	0	0	0	0	5	21	26

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.

Trinity Medical Center West

2701 17th Street
 ROCK ISLAND, IL. 61201

Reference Numbers Facility ID 6014336

Health Service Area 010 Planning Service Area 161

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	26	0	0	0	0	0	26
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	26	0	0	0	0	0	26

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	544	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	19	0	0	0	19
Race Unknown	3	0	0	0	3
Total	26	0	0	0	26

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	22	0	0	0	22
Ethnicity Unknown	3	0	0	0	3
Total	26	0	0	0	26

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.05
LPN's	5.41
Certified Aides	0.00
Other Health Staff	14.82
Non-Health Staff	0.00
Totals	36.28

TRI-STATE NURSING & REHAB. CENTER

2500 EAST 175TH STREET
 LANSING, IL. 60438
Reference Numbers Facility ID 6009443
 Health Service Area 007 Planning Service Area 705

Administrator

Crystal Wray

Contact Person and Telephone

Crystal Wray
 708-474-7330

Registered Agent Information

MAGENCE,MEYER
 8320 SKOLIE BOULEVARD
 SKOKIE, IL 60077

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	1
Alzheimer Disease	3
Mental Illness	2
Developmental Disability	0
Circulatory System	23
Respiratory System	11
Digestive System	1
Genitourinary System Disorders	6
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	8
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	77

Date Completed
 4/16/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	84	84	82	84	77	7	56	84	78	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	84	84	82	84	77	7	56	84		105
										Residents on 12/31/2006
										77

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	4184	20.5%	20932	68.3%	3645	28761	93.8%	93.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	4184	20.5%	20932	68.3%	3645	28761	93.8%	93.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	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	7	2	0	0	0	0	0	0	7	2	9
60 to 64	3	2	0	0	0	0	0	0	3	2	5
65 to 74	6	7	0	0	0	0	0	0	6	7	13
75 to 84	5	11	0	0	0	0	0	0	5	11	16
85+	3	30	0	0	0	0	0	0	3	30	33
TOTALS	25	52	0	0	0	0	0	0	25	52	77

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.

TRI-STATE NURSING & REHAB. CENTER

2500 EAST 175TH STREET

LANSING, IL. 60438

Reference Numbers Facility ID 6009443

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	13	53	0	1	10	0	77
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	53	0	1	10	0	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	230	157
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	26	0	0	0	26
Hawaiian/Pac. Isl.	0	0	0	0	0
White	51	0	0	0	51
Race Unknown	0	0	0	0	0
Total	77	0	0	0	77

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	72	0	0	0	72
Ethnicity Unknown	1	0	0	0	1
Total	77	0	0	0	77

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	7.00
Certified Aides	18.00
Other Health Staff	4.00
Non-Health Staff	13.00
Totals	46.00

TRULSON HOUSE

260 SOUTH MICHIGAN AVENUE
GALESBURG, IL. 61401

Reference Numbers Facility ID 6010201
Health Service Area 002 Planning Service Area 095

Administrator

Regina Mason

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLED SOE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/8/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5840	100.0%	0	5840	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	5	0	0	0	5	5
45 to 59	0	0	0	0	3	6	0	0	3	6	9
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	0	0	0	0	0	0
TOTALS	0	0	0	0	4	12	0	0	4	12	16

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.

TRULSON HOUSE

260 SOUTH MICHIGAN AVENUE
GALESBURG, IL. 61401

Reference Numbers Facility ID 6010201

Health Service Area 002 Planning Service Area 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	111	111
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	2	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	6.90
Other Health Staff	0.75
Non-Health Staff	1.90
Totals	9.80

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
618-252-1215

Registered Agent Information

CAPE, GRANT
105 SO COMMERCIAL ST, PO BOX 544
HARRISBURG, IL 62946

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	31
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	31

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	35
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	4
Intermediate DD	35	35	35	35	4	0	35	Total Discharges 2006	8
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	31
TOTAL BEDS	35	35	35	35	4	0	35		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			11771	92.1%	0	11771	92.1%	92.1%	92.1%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	11771	92.1%	0	11771	92.1%	92.1%	92.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	8	6	0	0	8	6	14
45 to 59	0	0	0	0	7	5	0	0	7	5	12
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	0	1	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	16	15	0	0	16	15	31

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.

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		31	0	0	0	0	31
Sheltered Care			0	0	0	0	0
TOTALS	0	31	0	0	0	0	31

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	139
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	5	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	26	0	26
Race Unknown	0	0	0	0	0
Total	0	0	31	0	31

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	29	0	29
Ethnicity Unknown	0	0	0	0	0
Total	0	0	31	0	31

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	5.00
Certified Aides	30.00
Other Health Staff	1.50
Non-Health Staff	12.00
Totals	50.50

TUSCOLA HEALTH CARE CENTER

1203 EGYPTAIN TRAIL
TUSCOLA, IL. 61953

Reference Numbers Facility ID 6002588
Health Service Area 004 Planning Service Area 041

Administrator
Thomas J Stephenson

Contact Person and Telephone

Marikay Snyder
309-689-5880

Registered Agent Information

SNYDER,MARIKAY L
830 WEST TRAILCREEK DRIVE
PEORIA, IL 61614

FACILITY OWNERSHIP
LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	4
Alzheimer Disease	6
Mental Illness	5
Developmental Disability	0
Circulatory System	10
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	2
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	50

Date Completed
4/6/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	73	73	56	61	50	23	0	73	55	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0		0	60	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0		0	50	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	73	73	56	61	50	23	0	73		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1467	0.0%	11711	44.0%	6228	19406	72.8%		72.8%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1467	0.0%	11711	44.0%	6228	19406	72.8%		72.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	0	0	0	0	0	0	0	1	0	1
75 to 84	1	11	0	0	0	0	0	0	1	11	12
85+	9	25	0	0	0	0	0	0	9	25	34
TOTALS	13	37	0	0	0	0	0	0	13	37	50

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.

TUSCOLA HEALTH CARE CENTER

1203 EGYPTAIN TRAIL

TUSCOLA, IL. 61953

Reference Numbers Facility ID 6002588

Health Service Area 004 Planning Service Area 041

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	27	0	0	17	0	50
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	27	0	0	17	0	50

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	117
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	14.00
Non-Health Staff	0.00
Totals	42.00

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 Snyder
 309-689-5880

Registered Agent Information

NEAL, JERRY R.
 2205 BROADWAY
 MOUNT VERNON, IL 62864

FACILITY OWNERSHIP
 LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	7
Mental Illness	1
Developmental Disability	3
Circulatory System	5
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	19
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	42

Date Completed
 4/6/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	62	55	43	55	42	20	18	62	Residents on 1/1/2006	38
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	48
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006	44
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	42
TOTAL BEDS	62	55	43	55	42	20	18	62		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1653	25.2%	12274	54.2%	1112	15039	66.5%	74.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	1653	25.2%	12274	54.2%	1112	15039	66.5%	74.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	2	0	0	0	0	0	0	2	2	4
65 to 74	2	5	0	0	0	0	0	0	2	5	7
75 to 84	1	7	0	0	0	0	0	0	1	7	8
85+	10	8	0	0	0	0	0	0	10	8	18
TOTALS	17	25	0	0	0	0	0	0	17	25	42

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.

TWIN LAKES REHAB & HEALTH CARE

310 EADS AVENUE

PARIS, IL. 61944

Reference Numbers Facility ID 6004188

Health Service Area 004 Planning Service Area 045

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	29	0	0	7	0	42
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	29	0	0	7	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	112	102
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	19.00
Other Health Staff	3.00
Non-Health Staff	20.00
Totals	53.00

TWIN RIVER ESTATE

4710 PIERCE LANE
GODFREY, IL. 62035

Reference Numbers Facility ID 6012744
Health Service Area 011 Planning Service Area 119

Administrator

Diane Tebbe

Contact Person and Telephone

Diane Tebbe
618-465-0044

Registered Agent Information

MOEHN, J. THOMAS
4 EMMIE L. KAUS LANE
ALTON, IL 62002

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	3
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	3
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5491	94.0%	0	5491	94.0%	94.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	5491	94.0%	0	5491	94.0%	94.0%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	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	8	8	0	0	8	8	16

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.

TWIN RIVER ESTATE

4710 PIERCE LANE
 GODFREY, IL. 62035

Reference Numbers Facility ID 6012744

Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.20
Registered Nurses	1.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	10.00
Non-Health Staff	0.50
Totals	12.70

Twin Willows Nursing Center

Rt. 37 North 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
618-548-0542

Registered Agent Information

WOODRUFF,HUBERT W.;MR.;II
216 S BROADWAY
SALEM , 62881

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	6
Alzheimer Disease	34
Mental Illness	4
Developmental Disability	2
Circulatory System	19
Respiratory System	1
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	69

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	74	74	72	74	69	5	0	76	Residents on 1/1/2006	68
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	42
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006	41
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	69
TOTAL BEDS	74	74	72	74	69	5	0	76		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2874	0.0%	16866	60.8%	5560	25300	93.7%		93.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2874	0.0%	16866	60.8%	5560	25300	93.7%		93.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	4	4	0	0	0	0	0	0	4	4	8
75 to 84	6	12	0	0	0	0	0	0	6	12	18
85+	9	32	0	0	0	0	0	0	9	32	41
TOTALS	19	50	0	0	0	0	0	0	19	50	69

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.

Twin Willows Nursing Center

Rt. 37 North Box 370

SALEM, IL. 62881

Reference Numbers Facility ID 6009484

Health Service Area 005 Planning Service Area 121

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	47	0	2	12	0	69
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	47	0	2	12	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	82
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	4.00
Certified Aides	21.00
Other Health Staff	4.00
Non-Health Staff	15.00
Totals	52.00

UNITED METHODIST VILLAGE

1616 CEDAR
LAWRENCEVILLE, IL. 62439
Reference Numbers Facility ID 6009500
Health Service Area 005 Planning Service Area 101

Administrator

Rose Sepulveda

Contact Person and Telephone

Carol Hawkins
618-943-3347

Registered Agent Information

LEIGHTY,GLEN;JR.
1616 CEDAR STREET
LAWRENCEVILLE , IL 62439

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	10
Blood Disorders	2
*Nervous System	6
Alzheimer Disease	35
Mental Illness	3
Developmental Disability	0
Circulatory System	31
Respiratory System	3
Digestive System	6
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	112

Date Completed

4/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	165	165	121	165	112	53	93	228	115	149
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	80	0	0	0	0	80				152
TOTAL BEDS	245	165	121	165	112	133	93	228		112

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3370	9.9%	21633	26.0%	15409	40412	67.1%		67.1%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	3370	9.9%	21633	26.0%	15409	40412	45.2%		67.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	2	0	0	0	0	0	0	2	2	4
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	7	31	0	0	0	0	0	0	7	31	38
85+	9	52	0	0	0	0	0	0	9	52	61
TOTALS	20	92	0	0	0	0	0	0	20	92	112

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.

UNITED METHODIST VILLAGE

1616 CEDAR

LAWRENCEVILLE, IL. 62439

Reference Numbers Facility ID 6009500

Health Service Area 005 Planning Service Area 101

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	11	58	0	3	40	0	112
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	58	0	3	40	0	112

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	113	96
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	110	0	0	0	110
Race Unknown	0	0	0	0	0
Total	112	0	0	0	112

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	21.00
Certified Aides	52.00
Other Health Staff	2.00
Non-Health Staff	97.00
Totals	187.00

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

Paul James

Contact Person and Telephone

Paul James
 618-943-3444

Registered Agent Information

LEIGHTY, GLEN; JR.
 1616 CEDAR STREET
 LAWRENCEVILLE, IL 62439

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System	10
Alzheimer Disease	2
Mental Illness	2
Developmental Disability	0
Circulatory System	19
Respiratory System	8
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	8
Injuries and Poisonings	1
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	67

Date Completed

4/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	119	119	80	119	67	52	119	119	69	133
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	4	4	0	4	0	4				67
TOTAL BEDS	123	123	80	123	67	56	119	119		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2989	6.9%	17774	40.9%	5451	26214	60.4%		60.4%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2989	6.9%	17774	40.9%	5451	26214	58.4%		58.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	6	6	0	0	0	0	0	0	6	6	12
75 to 84	3	13	0	0	0	0	0	0	3	13	16
85+	10	27	0	0	0	0	0	0	10	27	37
TOTALS	19	48	0	0	0	0	0	0	19	48	67

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.

UNITED METHODIST VILLAGE N. CA

2101 JAMES STREET
LAWRENCEVILLE, IL. 62439

Reference Numbers Facility ID 6013072

Health Service Area 005 Planning Service Area 101

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	9	43	0	0	15	0	67
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	43	0	0	15	0	67

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	105
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	66	0	0	0	66
Race Unknown	0	0	0	0	0
Total	67	0	0	0	67

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	33.00
Other Health Staff	2.00
Non-Health Staff	32.00
Totals	94.00

FACILITY NOTES

Name Change 8/21/2006 Name changed from Lawrenceville Manor.

UNIVERSITY NURSING & REHABIL.

1095 UNIVERSITY DRIVE
EDWARDSVILLE, IL. 62025
Reference Numbers Facility ID 6002711
Health Service Area 011 Planning Service Area 119

Administrator
SHANNON L DEY

Contact Person and Telephone

Shannon Dey
618-656-1081

Registered Agent Information

SCHWARTZ,LAWRENCE Y
7366 NORTH LINCOLN AVENUE
LINCOLNWOOD , IL 60712

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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 restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System	18
Alzheimer Disease	41
Mental Illness	8
Developmental Disability	3
Circulatory System	1
Respiratory System	8
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	104

Date Completed
3/6/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	122	116	116	116	18	14	122	Residents on 1/1/2006	103
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	122
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	121
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	104
TOTAL BEDS	122	116	116	116	18	14	122		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	4391	85.9%	28581	64.2%	7125	40097	90.0%	94.7%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	4391	85.9%	28581	64.2%	7125	40097	90.0%	94.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	5	8	0	0	0	0	0	0	5	8	13
75 to 84	8	34	0	0	0	0	0	0	8	34	42
85+	3	38	0	0	0	0	0	0	3	38	41
TOTALS	20	84	0	0	0	0	0	0	20	84	104

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.

UNIVERSITY NURSING & REHABIL.

1095 UNIVERSITY DRIVE
EDWARDSVILLE, IL. 62025

Reference Numbers Facility ID 6002711

Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	11	70	6	2	15	0	104
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	70	6	2	15	0	104

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	14	0	0	0	14
Hawaiian/Pac. Isl.	0	0	0	0	0
White	90	0	0	0	90
Race Unknown	0	0	0	0	0
Total	104	0	0	0	104

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	102	0	0	0	102
Ethnicity Unknown	0	0	0	0	0
Total	104	0	0	0	104

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	34.00
Other Health Staff	0.00
Non-Health Staff	28.00
Totals	83.00

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

Brenda Rulo

Contact Person and Telephone

Brenda Rulo
618-259-4111

Registered Agent Information

ILLINOIS CORP SERVICE COMPANY
801 ADLAI STEVENSON DRIVE
SPRINGFIELD , IL 62703

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	16
Blood Disorders	5
*Nervous System	6
Alzheimer Disease	9
Mental Illness	8
Developmental Disability	0
Circulatory System	18
Respiratory System	8
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	3
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	1
TOTALS	97

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	106	104	103	104	97	9	106	106	95	87
Skilled Under 22	0	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	106	104	103	104	97	9	106	106	95	87
									85	97

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	3850	10.0%	22574	58.3%	8428	34852	90.1%	91.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	3850	10.0%	22574	58.3%	8428	34852	90.1%	91.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	6	7	0	0	0	0	0	0	6	7	13
75 to 84	17	25	0	0	0	0	0	0	17	25	42
85+	4	35	0	0	0	0	0	0	4	35	39
TOTALS	27	70	0	0	0	0	0	0	27	70	97

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.

V I P MANOR

393 EDWARDSVILLE ROAD
WOOD RIVER, IL. 62095

Reference Numbers Facility ID 6009534

Health Service Area 011 Planning Service Area 119

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	68	0	2	16	0	97
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	68	0	2	16	0	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	145
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	1	0	0	0	1
Black	7	0	0	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	88	0	0	0	88
Race Unknown	0	0	0	0	0
Total	97	0	0	0	97

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	97	0	0	0	97
Ethnicity Unknown	0	0	0	0	0
Total	97	0	0	0	97

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	54.00
Other Health Staff	2.00
Non-Health Staff	28.00
Totals	104.00

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

Carol Nally
 309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
 115 EAST SOUTH STREET
 GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
 3/2/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	Total Admissions 2006
Nursing Care	0	0	0	0	0	0	0	0	Total Discharges 2006	0
Skilled Under 22	0	0	0	0	0	0	0	0	Residents on 12/31/2006	16
Intermediate DD	16	16	16	16	16	0	0	16		
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			5840	100.0%	0	5840	100.0%	100.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	7	1	0	0	7	1	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	10	6	0	0	10	6	16

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.

VAHLE TERRACE

301 MAPLE SUMMIT ROAD
 JERSEYVILLE, IL. 62052

Reference Numbers Facility ID 6010169

Health Service Area 003 Planning Service Area 083

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	111	111
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	7.30
Other Health Staff	0.70
Non-Health Staff	1.70
Totals	9.95

VALLEY HI NURSING HOME

2406 HARTLAND ROAD
 WOODSTOCK, IL. 60098
Reference Numbers Facility ID 6009542
 Health Service Area 008 Planning Service Area 111

Administrator

Timothy F. Wenberg

Contact Person and Telephone

Shelly Lunsford
 815-334-2808

Registered Agent Information

AUSTIN,PETER COUNTY ADMINISTRA
 2200 NORTH SEMINARY AVENUE
 WOODSTOCK , IL 60098

FACILITY OWNERSHIP
 COUNTY

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System	20
Alzheimer Disease	2
Mental Illness	25
Developmental Disability	0
Circulatory System	29
Respiratory System	4
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	10
Injuries and Poisonings	4
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	115

Date Completed
 4/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	127	127	117	127	12	10	117	Residents on 1/1/2006	112
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	38
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	35
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	115
TOTAL BEDS	127	127	117	127	12	10	117		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1052	28.8%	29706	69.6%	10423	41181	88.8%	88.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	1052	28.8%	29706	69.6%	10423	41181	88.8%	88.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	3	0	0	0	0	0	0	1	3	4
65 to 74	1	6	0	0	0	0	0	0	1	6	7
75 to 84	5	34	0	0	0	0	0	0	5	34	39
85+	5	55	0	0	0	0	0	0	5	55	60
TOTALS	13	102	0	0	0	0	0	0	13	102	115

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.

VALLEY HI NURSING HOME

2406 HARTLAND ROAD
WOODSTOCK, IL. 60098

Reference Numbers Facility ID 6009542

Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	83	7	0	20	0	115
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	83	7	0	20	0	115

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	139
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	2	0	0	0	2
White	113	0	0	0	113
Race Unknown	0	0	0	0	0
Total	115	0	0	0	115

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	32.00
Other Health Staff	0.00
Non-Health Staff	47.00
Totals	105.00

FACILITY NOTES

- P-03-082 12/27/2006 New facility licensed with 127 nursing care beds.
- P-03-082 12/27/2006 Old facility closed with 117 nursing care beds.

VANDALIA REHABILITATION AND HEALTH CARE

1500 WEST ST. LOUIS AVENUE
 VANDALIA, IL. 62471
Reference Numbers Facility ID 6009260
 Health Service Area 005 Planning Service Area 051

Administrator
 Shannon Paden

Contact Person and Telephone

Marikay Snyder
 309-689-5880

Registered Agent Information

SNYDER, MARIKAY L
 830 WEST TRAILCREEK DRIVE
 PEORIA, IL 61614

FACILITY OWNERSHIP
 LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System	1
Alzheimer Disease	10
Mental Illness	2
Developmental Disability	2
Circulatory System	13
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	21
Non-Medical Conditions	0
TOTALS	63

Date Completed
 4/6/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	116	87	70	87	53	57	116	Residents on 1/1/2006	60
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	62
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	59
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	63
TOTAL BEDS	116	87	70	87	53	57	116		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	3191	15.3%	14845	35.1%	3912	21948	51.8%	69.1%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	3191	15.3%	14845	35.1%	3912	21948	51.8%	69.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	9	7	0	0	0	0	0	0	9	7	16
60 to 64	2	5	0	0	0	0	0	0	2	5	7
65 to 74	6	7	0	0	0	0	0	0	6	7	13
75 to 84	7	6	0	0	0	0	0	0	7	6	13
85+	5	7	0	0	0	0	0	0	5	7	12
TOTALS	31	32	0	0	0	0	0	0	31	32	63

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.

VANDALIA REHABILITATION AND HEALTH CARE

1500 WEST ST. LOUIS AVENUE

VANDALIA, IL. 62471

Reference Numbers Facility ID 6009260

Health Service Area 005 Planning Service Area 051

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	12	42	0	0	9	0	63
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	42	0	0	9	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	0	0	0	0	0
Total	63	0	0	0	63

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	11.00
Certified Aides	33.00
Other Health Staff	7.00
Non-Health Staff	29.00
Totals	86.00

VANDALIA TERRACE, LTD.

1610 HILLSBORO ROAD
VANDALIA, IL. 62471

Reference Numbers Facility ID 6004238
Health Service Area 005 Planning Service Area 051

Administrator

Byron Witt

Contact Person and Telephone

Byron Witt
618-283-1434

Registered Agent Information

WEINTRAUB, GARY A
465 CENTRAL AVENUE, STE 100
NORTHFIELD, IL 60093

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	29
Developmental Disability	0
Circulatory System	2
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	42

Date Completed
4/12/2006

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	79	79	48	79	42	37	0	79	49	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		0		
TOTAL BEDS	79	79	48	79	42	37	0	79	29	42

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	15594	54.1%	178	15772	54.7%		54.7%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	15594	54.1%	178	15772	54.7%		54.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	5	3	0	0	0	0	0	0	5	3	8
45 to 59	11	2	0	0	0	0	0	0	11	2	13
60 to 64	4	4	0	0	0	0	0	0	4	4	8
65 to 74	8	2	0	0	0	0	0	0	8	2	10
75 to 84	1	1	0	0	0	0	0	0	1	1	2
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	29	13	0	0	0	0	0	0	29	13	42

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.

VANDALIA TERRACE, LTD.

1610 HILLSBORO ROAD
 VANDALIA, IL. 62471

Reference Numbers Facility ID 6004238

Health Service Area 005 Planning Service Area 051

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	42	0	0	0	0	42
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	42	0	0	0	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	105	100
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	1	0	0	0	1
Black	2	0	0	0	2
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	8.00
Other Health Staff	1.00
Non-Health Staff	9.00
Totals	26.00

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

Joan Darr

Contact Person and Telephone

Joan Darr
217-443-6430

Registered Agent Information

BOYER, WILLIAM
6 NORTH VERMILION
DANVILLE, IL 61832

FACILITY OWNERSHIP
COUNTY

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System	14
Alzheimer Disease	16
Mental Illness	25
Developmental Disability	4
Circulatory System	47
Respiratory System	9
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	12
Injuries and Poisonings	2
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	150

Date Completed
4/26/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	233	233	160	233	83	38	233	Residents on 1/1/2006	147
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	145
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	142
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	150
TOTAL BEDS	233	233	160	233	83	38	233		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	5213	37.6%	35599	41.9%	10302	51114	60.1%	60.1%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	5213	37.6%	35599	41.9%	10302	51114	60.1%	60.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	4	0	0	0	0	0	0	3	4	7
60 to 64	3	5	0	0	0	0	0	0	3	5	8
65 to 74	8	10	0	0	0	0	0	0	8	10	18
75 to 84	14	42	0	0	0	0	0	0	14	42	56
85+	13	48	0	0	0	0	0	0	13	48	61
TOTALS	41	109	0	0	0	0	0	0	41	109	150

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.

VERMILION MANOR NURSING HOME

14792 CATLIN - TILTON ROAD

DANVILLE, IL. 61834

Reference Numbers Facility ID 6009567

Health Service Area 004 Planning Service Area 183

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	104	1	1	29	0	150
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	104	1	1	29	0	150

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	108
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pac. Isl.	0	0	0	0	0
White	138	0	0	0	138
Race Unknown	0	0	0	0	0
Total	150	0	0	0	150

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	149	0	0	0	149
Ethnicity Unknown	0	0	0	0	0
Total	150	0	0	0	150

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	23.00
Certified Aides	70.00
Other Health Staff	5.00
Non-Health Staff	43.00
Totals	159.00

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
217-287-1484

Registered Agent Information

BRACKENBUSH, ANNA M.
120 MURRAY STREET
PANAMA, IL 62077

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/3/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	1
Intermediate DD	16	16	16	16	15	1		16	Total Discharges 2006	2
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2006	15
TOTAL BEDS	16	16	16	16	15	1	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%		0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			5467	93.6%	110	5577	95.5%		95.5%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	5467	93.6%	110	5577	95.5%		95.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	1	4	0	0	1	4	5
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	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

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.

Victorian Manor

815 E. Vine
Taylorville, IL. 62568

Reference Numbers Facility ID 6009575

Health Service Area 003 Planning Service Area 021

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	115	115
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	7.92
Other Health Staff	1.80
Non-Health Staff	0.17
Totals	10.49

VILLA HEALTH CARE EAST

100 MARIAN PARKWAY
SHERMAN, IL. 62684

Reference Numbers Facility ID 6012991
Health Service Area 003 Planning Service Area 167

Administrator

Warren Dick

Contact Person and Telephone

Warren Dick
217-744-2299

Registered Agent Information

WILLIAMSON, JAMES O.
313 SARATOGA CHASE
SHERMAN, IL 62684

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System	8
Alzheimer Disease	18
Mental Illness	15
Developmental Disability	0
Circulatory System	17
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	4
Musculo-skeletal Disorders	5
Injuries and Poisonings	4
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	95

Date Completed
4/4/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	99	99	99	99	95	4	99	99	98	223
Skilled Under 22	0	0	0	0	0	0	0	0		226
Intermediate DD	0	0	0	0	0	0	0	0		95
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	99	99	99	99	95	4	99	99		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	4632	12.8%	14371	39.8%	15892	34895	96.6%		96.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	4632	12.8%	14371	39.8%	15892	34895	96.6%		96.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	6	3	0	0	0	0	0	0	6	3	9
75 to 84	5	16	0	0	0	0	0	0	5	16	21
85+	11	52	0	0	0	0	0	0	11	52	63
TOTALS	22	73	0	0	0	0	0	0	22	73	95

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.

VILLA HEALTH CARE EAST100 MARIAN PARKWAY
SHERMAN, IL. 62684

Reference Numbers Facility ID 6012991

Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	9	41	0	1	44	0	95
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	41	0	1	44	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	133
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	28.00
Other Health Staff	5.00
Non-Health Staff	28.00
Totals	79.00

VILLA SCALABRINI NSG & REHAB

480 NORTH WOLF ROAD
NORTHLAKE, IL. 60164

Reference Numbers Facility ID 6009591
Health Service Area 007 Planning Service Area 704

Administrator

Jim Kouzios

Contact Person and Telephone

Jim Kouzios
708-562-0040

Registered Agent Information

TOOMEY, JOSEPH F
7435 WEST TALCOTT AVENUE
CHICAGO, IL 60631

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	10
Endocrine/Metabolic	10
Blood Disorders	12
*Nervous System	10
Alzheimer Disease	7
Mental Illness	37
Developmental Disability	1
Circulatory System	39
Respiratory System	12
Digestive System	9
Genitourinary System Disorders	7
Skin Disorders	2
Musculo-skeletal Disorders	22
Injuries and Poisonings	6
Other Medical Conditions	33
Non-Medical Conditions	0
TOTALS	217

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	236	253	228	253	19	154	206	211	366
Skilled Under 22	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0		
Sheltered Care	17	0	0	0	17				360
TOTAL BEDS	253	253	228	253	36	154	206	217	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	13317	23.7%	44787	59.6%	21112	79216	92.0%	85.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	13317	23.7%	44787	59.6%	21112	79216	85.8%	85.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	1	0	0	0	0	0	0	2	1	3
45 to 59	2	0	0	0	0	0	0	1	2	1	3
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	10	13	0	0	0	0	0	0	10	13	23
75 to 84	14	43	0	0	0	0	1	5	15	48	63
85+	13	100	0	0	0	0	3	7	16	107	123
TOTALS	42	158	0	0	0	0	4	13	46	171	217

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.

VILLA SCALABRINI NSG & REHAB

480 NORTH WOLF ROAD
 NORTHLAKE, IL. 60164

Reference Numbers Facility ID 6009591

Health Service Area 007 Planning Service Area 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	53	108	0	0	55	1	217
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	53	108	0	0	55	1	217

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	232	201
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pac. Isl.	0	0	0	0	0
White	203	0	0	0	203
Race Unknown	0	0	0	0	0
Total	217	0	0	0	217

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	12	0	0	0	12
Non-Hispanic	205	0	0	0	205
Ethnicity Unknown	0	0	0	0	0
Total	217	0	0	0	217

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	29.98
LPN's	6.92
Certified Aides	76.73
Other Health Staff	25.27
Non-Health Staff	56.12
Totals	197.02

FACILITY NOTES

- Bed Change 4/10/2006 Discontinue two sheltered care beds, total now 236 nursing care beds and 17 sheltered care beds.
- Bed Change 2/23/2006 Added 10 nursing care beds and discontinued 14 sheltered care beds, total now 236 nursing care beds and 19 sheltered care beds.

VILLAGE AT VICTORY LAKES, THE

1055 EAST GRAND AVENUE
LINDENHURST, IL. 60046

Reference Numbers Facility ID 6011332
Health Service Area 008 Planning Service Area 097

Administrator

Mary Riggs

Contact Person and Telephone

Mary Riggs
847-356-5900

Registered Agent Information

CT CORPORATION SYSTEM
208 S. LASALLE
CHICAGO, IL 60604

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System	19
Alzheimer Disease	12
Mental Illness	15
Developmental Disability	0
Circulatory System	21
Respiratory System	12
Digestive System	5
Genitourinary System Disorders	8
Skin Disorders	3
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	54
Non-Medical Conditions	0
TOTALS	161

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	120	120	107	120	13	20	0	149	698
Skilled Under 22	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0		
Sheltered Care	84	60	59	60	30			161	
TOTAL BEDS	204	180	166	180	43	20	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	10500	143.8%	0	0.0%	26596	37096	84.7%	84.7%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					20414	20414	66.6%	93.2%		
TOTALS	10500	143.8%	0	0.0%	47010	57510	77.2%	87.5%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	2	0	0	0	0	0	0	1	2	3
65 to 74	7	6	0	0	0	0	0	5	7	11	18
75 to 84	10	22	0	0	0	0	4	12	14	34	48
85+	14	36	0	0	0	0	12	28	26	64	90
TOTALS	34	66	0	0	0	0	16	45	50	111	161

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.

VILLAGE AT VICTORY LAKES, THE

1055 EAST GRAND AVENUE
LINDENHURST, IL. 60046

Reference Numbers Facility ID 6011332

Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	29	0	0	2	70	6	107
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	51	3	54
TOTALS	29	0	0	2	121	9	161

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	264	197
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	146	119

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	1	2
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	1	0	0	0	1
White	104	0	0	53	157
Race Unknown	0	0	0	0	0
Total	107	0	0	54	161

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	1	3
Non-Hispanic	105	0	0	53	158
Ethnicity Unknown	0	0	0	0	0
Total	107	0	0	54	161

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	52.00
Other Health Staff	8.50
Non-Health Staff	60.00
Totals	148.50

FACILITY NOTES

- Name Change 7/12/2006 Name changed from Victory Lake Continuing Care.
- E-040-06 7/12/2006 Change of ownership occurred.
- E-040-06 7/6/2006 Change of ownership exemption approved.

VILLAGE INN - COBDEN

114 ASH STREET
COBDEN, IL. 62920

Reference Numbers Facility ID 6009633
Health Service Area 005 Planning Service Area 181

Administrator

Robert Matthew Chamness

Contact Person and Telephone

Martha Clover
618-893-4222

Registered Agent Information

RENDELMAN,JOHN S.
2001 WEST MAIN ST. PO BOX 1570
CARBONDALE , IL 62901

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/26/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5775	98.9%	35	5810	99.5%	99.5%	99.5%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5775	98.9%	35	5810	99.5%	99.5%	99.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	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	2	0	0	4	2	6
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	10	6	0	0	10	6	16

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.

VILLAGE INN - COBDEN

114 ASH STREET
 COBDEN, IL. 62920

Reference Numbers Facility ID 6009633

Health Service Area 005 Planning Service Area 181

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	10.00
Other Health Staff	1.00
Non-Health Staff	0.00
Totals	12.00

VILLAGE NURSING HOME

9000 N LAVERGNE AVENUE
SKOKIE, IL. 60077

Reference Numbers Facility ID 6009625
Health Service Area 007 Planning Service Area 702

Administrator

CONSTANTIN CICEOVAN

Contact Person and Telephone

Constantin Ciceovan
847-679-2322

Registered Agent Information

BRANDMAN,SAMUEL
9000 LAVERGNE
SKOKIE, IL 60077

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	14
Blood Disorders	0
*Nervous System	12
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	7
Circulatory System	13
Respiratory System	9
Digestive System	0
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	80

Date Completed
4/30/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	149	149	80	149	80	69	96	149	96	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		0		
TOTAL BEDS	149	149	80	149	80	69	96	149		93
										80

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2826	8.1%	22644	41.6%	0	25470	46.8%		46.8%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2826	8.1%	22644	41.6%	0	25470	46.8%		46.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	5	0	0	0	0	0	0	2	5	7
65 to 74	5	3	0	0	0	0	0	0	5	3	8
75 to 84	8	13	0	0	0	0	0	0	8	13	21
85+	17	21	0	0	0	0	0	0	17	21	38
TOTALS	35	45	0	0	0	0	0	0	35	45	80

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.

VILLAGE NURSING HOME

9000 N LAVERGNE AVENUE
SKOKIE, IL. 60077

Reference Numbers Facility ID 6009625

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	9	60	0	0	11	0	80
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	60	0	0	11	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	105
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pac. Isl.	0	0	0	0	0
White	68	0	0	0	68
Race Unknown	0	0	0	0	0
Total	80	0	0	0	80

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	12	0	0	0	12
Non-Hispanic	68	0	0	0	68
Ethnicity Unknown	0	0	0	0	0
Total	80	0	0	0	80

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	27.00
Other Health Staff	7.00
Non-Health Staff	23.00
Totals	72.00

VINTAGE		ADMISSION RESTRICTIONS			RESIDENTS BY PRIMARY DIAGNOSIS		
709 CAMBRIDGE LANE		Aggressive/Anti-Social	1	DIAGNOSIS			
SHOREWOOD, IL. 60436		Chronic Alcoholism	1	Neoplasms	0		
Reference Numbers	Facility ID 6013569	Developmentally Disabled	0	Endocrine/Metabolic	0		
Health Service Area 009	Planning Service Area 197	Drug Addiction	1	Blood Disorders	0		
Administrator		Medicaid Recipient	0	*Nervous System	0		
Peggy A. Peterson		Medicare Recipient	0	Alzheimer Disease	0		
		Mental Illness	0	Mental Illness	0		
Contact Person and Telephone		Non-Ambulatory	1	Developmental Disability	4		
PEGGY A. PETERSON		Non-Mobile	0	Circulatory System	0		
815-741-7038		Public Aid Recipient	0	Respiratory System	0		
	Date Completed	Under 65 Years Old	0	Digestive System	0		
	4/2/2007	Unable to Self-Medicare	0	Genitourinary System Disorders	0		
Registered Agent Information		Ventilator Dependent	1	Skin Disorders	0		
HOGAN,JAMES A.		Infectious Disease w/ Isolation	1	Musculo-skeletal Disorders	0		
777 JOYCE ROAD		Other Restrictions	0	Injuries and Poisonings	0		
JOLIET , IL 60436		No Restrictions	0	Other Medical Conditions	0		
		<i>Note: Reported restrictions denoted by '1'</i>			Non-Medical Conditions	0	
FACILITY OWNERSHIP				TOTALS	4		
NON-PROF CORPORATION							

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	0	0	0	0	0	0	0	0	Total Admissions 2006	0
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2006	0
Intermediate DD	4	4	4	4	4	0	4	4	Residents on 12/31/2006	4
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	4	4	4	4	4	0	0	4		

FACILITY UTILIZATION - 2006									
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE									
LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			1460	100.0%	0	1460	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	0	0.0%	1460	100.0%	0	1460	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006											
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	0	0	0	3	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	0	4	0	0	0	4	4

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.

VINTAGE

709 CAMBRIDGE LANE
SHOREWOOD, IL. 60436

Reference Numbers Facility ID 6013569

Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	185	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	0.00
Other Health Staff	4.50
Non-Health Staff	5.00
Totals	10.75

Virgil Calvert Nursing & Rehab

5100 Summit Avenue
 EAST ST. LOUIS, IL. 62203
Reference Numbers Facility ID 6010904
 Health Service Area 011 Planning Service Area 163

Administrator

Kathleen Crawford

Contact Person and Telephone

Sheldon Wolfe
 847-982-2300

Registered Agent Information

STERN, ABRAHAM J.
 30 SOUTH WACKER DR, STE 2900
 CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	17
Blood Disorders	2
*Nervous System	1
Alzheimer Disease	5
Mental Illness	5
Developmental Disability	0
Circulatory System	18
Respiratory System	6
Digestive System	13
Genitourinary System Disorders	6
Skin Disorders	3
Musculo-skeletal Disorders	6
Injuries and Poisonings	23
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	113

Date Completed
 3/26/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	150	150	124	150	37	26	150	Residents on 1/1/2006	115
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	53
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	55
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	113
TOTAL BEDS	150	150	124	150	37	26	150		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	3763	39.7%	38676	70.6%	47	42486	77.6%	77.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	3763	39.7%	38676	70.6%	47	42486	77.6%	77.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	11	8	0	0	0	0	0	0	11	8	19
60 to 64	8	0	0	0	0	0	0	0	8	0	8
65 to 74	14	7	0	0	0	0	0	0	14	7	21
75 to 84	13	18	0	0	0	0	0	0	13	18	31
85+	4	29	0	0	0	0	0	0	4	29	33
TOTALS	51	62	0	0	0	0	0	0	51	62	113

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.

Virgil Calvert Nursing & Rehab

5100 Summit Avenue

EAST ST. LOUIS, IL. 62203

Reference Numbers Facility ID 6010904

Health Service Area 011 Planning Service Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	11	102	0	0	0	0	113
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	102	0	0	0	0	113

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	120	108
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	113	0	0	0	113
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	0	0	0	0	0
Total	113	0	0	0	113

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.27
LPN's	11.30
Certified Aides	42.20
Other Health Staff	1.80
Non-Health Staff	29.96
Totals	89.53

WABASH CHRISTIAN RETIREMENT CENTER

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

Sandra Bryant
 618-382-4644

Registered Agent Information

PHILLIPPE,TIMOTHY;DR
 200 NORTH POSTVILLE DRIVE
 LINCOLN , IL 62656

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	1
Ventilator Dependent	0
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by 'I'

Date Completed
 4/12/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	3
Blood Disorders	3
*Nervous System	9
Alzheimer Disease	6
Mental Illness	6
Developmental Disability	0
Circulatory System	50
Respiratory System	12
Digestive System	4
Genitourinary System Disorders	5
Skin Disorders	4
Musculo-skeletal Disorders	9
Injuries and Poisonings	2
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	133

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	158	148	146	148	133	25	158	150	144
Skilled Under 22	0	0	0	0	0	0	0	0	108
Intermediate DD	0	0	0	0	0	0	0	0	119
Sheltered Care	0	0	0	0	0	0	0	0	133
TOTAL BEDS	158	148	146	148	133	25	158	150	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	6935	12.0%	28174	51.5%	16671	51780	89.8%	95.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	6935	12.0%	28174	51.5%	16671	51780	89.8%	95.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	10	0	0	0	0	0	0	2	10	12
75 to 84	10	30	0	0	0	0	0	0	10	30	40
85+	13	66	0	0	0	0	0	0	13	66	79
TOTALS	26	107	0	0	0	0	0	0	26	107	133

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.

WABASH CHRISTIAN RETIREMENT CENTER

216 COLLEGE BOULEVARD

CARMI, IL. 62821

Reference Numbers Facility ID 6009674

Health Service Area 005 Planning Service Area 193

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	77	1	1	40	0	133
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	77	1	1	40	0	133

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	133	0	0	0	133
Race Unknown	0	0	0	0	0
Total	133	0	0	0	133

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	21.00
Certified Aides	55.00
Other Health Staff	5.00
Non-Health Staff	40.00
Totals	133.00

WALKER NURSING HOME

530 EAST BEARDSTOWN STREET
VIRGINIA, IL. 62691

Reference Numbers Facility ID 6009682
Health Service Area 003 Planning Service Area 017

Administrator
George White

Contact Person and Telephone

Rachel White
217-452-3218

Registered Agent Information

RABIN, MARK
1300 S. 8TH STREET
SPRINGFIELD, IL 62703

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System	11
Alzheimer Disease	14
Mental Illness	0
Developmental Disability	1
Circulatory System	4
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	48

Date Completed
4/4/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	71	71	50	60	48	23	71	71	45	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		0		
TOTAL BEDS	71	71	50	60	48	23	71	71	22	48

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	556	2.1%	9599	37.0%	8095	18250	70.4%		70.4%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	556	2.1%	9599	37.0%	8095	18250	70.4%		70.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	0	2	0	0	0	0	0	0	0	2	2
75 to 84	0	12	0	0	0	0	0	0	0	12	12
85+	6	26	0	0	0	0	0	0	6	26	32
TOTALS	6	42	0	0	0	0	0	0	6	42	48

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.

WALKER NURSING HOME

530 EAST BEARDSTOWN STREET

VIRGINIA, IL. 62691

Reference Numbers Facility ID 6009682

Health Service Area 003 Planning Service Area 017

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	3	27	0	1	17	0	48
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	27	0	1	17	0	48

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	48	0	0	0	48
Total	48	0	0	0	48

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	12.00
Certified Aides	18.00
Other Health Staff	14.00
Non-Health Staff	0.00
Totals	52.00

WALNUT GROVE VILLAGE, LLC

1095 TWILIGHT DRIVE
 MORRIS, IL. 60450
Reference Numbers Facility ID 6011381
 Health Service Area 009 Planning Service Area 063

Administrator
 Barbara A. (Wulf) Alderks

Contact Person and Telephone

Barak Baver
 773-202-0000

Registered Agent Information

GILMAN,PAUL A
 ONE IBM PLAZA, SUITE 3000
 CHICAGO, IL 60611

FACILITY OWNERSHIP
 LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	12
Blood Disorders	4
*Nervous System	7
Alzheimer Disease	2
Mental Illness	6
Developmental Disability	1
Circulatory System	30
Respiratory System	8
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	6
Musculo-skeletal Disorders	17
Injuries and Poisonings	11
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	113

Date Completed
 4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	99	99	90	99	9	35	99	Residents on 1/1/2006	116
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	148
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	151
Sheltered Care	24	24	23	24	1			Residents on 12/31/2006	113
TOTAL BEDS	123	123	113	123	10	35	99		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	5706	44.7%	13915	38.5%	13895	33516	92.8%	92.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					8030	8030	91.7%	91.7%	
TOTALS	5706	44.7%	13915	38.5%	21925	41546	92.5%	92.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	9	0	0	0	0	0	0	4	9	13
75 to 84	9	19	0	0	0	0	1	6	10	25	35
85+	4	44	0	0	0	0	4	12	8	56	64
TOTALS	17	73	0	0	0	0	5	18	22	91	113

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.

WALNUT GROVE VILLAGE, LLC

1095 TWILIGHT DRIVE
MORRIS, IL. 60450

Reference Numbers Facility ID 6011381

Health Service Area 009 Planning Service Area 063

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance			
Nursing Care	17	30	0	1	42	0	90
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	23	0	23
TOTALS	17	30	0	1	65	0	113

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	149	117
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	94	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	89	0	0	23	112
Race Unknown	0	0	0	0	0
Total	90	0	0	23	113

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	1	0	0	0	1
Ethnicity Unknown	89	0	0	23	112
Total	90	0	0	23	113

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	40.00
Other Health Staff	4.00
Non-Health Staff	36.00
Totals	99.00

FACILITY NOTES

E-101-05 3/21/2006 Change of ownership occurred.

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
Dennis L. Grobe
815-379-2131

Registered Agent Information
SILTMAN, KENT J
308 SOUTH 2ND STR, P.O. BOX 623
WALNUT, IL 61376

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	15
Mental Illness	3
Developmental Disability	0
Circulatory System	12
Respiratory System	0
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	51

Date Completed
4/13/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	62	62	51	62	11	0	62	48	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0	0	56	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0	0	53	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0	0	51	
TOTAL BEDS	62	62	51	62	11	0	62		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1692	0.0%	8806	38.9%	7340	17838	78.8%	78.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	1692	0.0%	8806	38.9%	7340	17838	78.8%	78.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	6	15	0	0	0	0	0	0	6	15	21
85+	9	19	0	0	0	0	0	0	9	19	28
TOTALS	17	34	0	0	0	0	0	0	17	34	51

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.

WALNUT MANOR NURSING HOME

308 SOUTH SECOND STREET
 WALNUT, IL. 61376

Reference Numbers Facility ID 6009690

Health Service Area 002 Planning Service Area 011

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	4	26	0	2	19	0	51
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	26	0	2	19	0	51

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	166	136
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	51	0	0	0	51
Total	51	0	0	0	51

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	0.00
Non-Health Staff	30.00
Totals	70.00

WALSH TERRACE

2016 WINDISH DRIVE
GALESBURG, IL. 61401

Reference Numbers Facility ID 6009708
Health Service Area 002 Planning Service Area 095

Administrator

Regina Mason

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/8/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5840	100.0%	0	5840	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	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	12	4	0	0	12	4	16

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.

WALSH TERRACE

2016 WINDISH DRIVE
 GALESBURG, IL. 61401

Reference Numbers Facility ID 6009708

Health Service Area 002 Planning Service Area 095

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	111	111
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	7.40
Other Health Staff	0.75
Non-Health Staff	2.20
Totals	10.60

WALTER J LAWSON MEMORIAL HOME

1820 WALTER LAWSON DRIVE
LOVES PARK, 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

Registered Agent Information

C T CORPORATION SYSTEM
208 SOUTH LASALLE STREET
CHICAGO, IL 60604

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	82
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	82

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	81	
Skilled Under 22	93	93	82	0	82	11		93	10	
Intermediate DD	0	0	0	0	0	0		0		9
Sheltered Care	0	0	0	0	0	0				82
TOTAL BEDS	93	93	82	0	82	11	0	93		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			29362	86.5%	365	29727	87.6%	87.6%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	29362	86.5%	365	29727	87.6%	87.6%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	33	11	0	0	0	0	33	11	44
18 to 44	0	0	23	15	0	0	0	0	23	15	38
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	56	26	0	0	0	0	56	26	82

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.

WALTER J LAWSON MEMORIAL HOME

1820 WALTER LAWSON DRIVE
 LOVES PARK, IL. 61111

Reference Numbers Facility ID 6009716

Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	81	0	0	1	0	82
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	81	0	0	1	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	171
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	1	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	17	0	0	17
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	57	0	0	57
Race Unknown	0	7	0	0	7
Total	0	82	0	0	82

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	6	0	0	6
Non-Hispanic	0	76	0	0	76
Ethnicity Unknown	0	0	0	0	0
Total	0	82	0	0	82

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	10.50
Certified Aides	90.00
Other Health Staff	0.00
Non-Health Staff	18.75
Totals	133.25

WARREN BARR PAVILION

66 WEST OAK STREET
CHICAGO, IL. 60610

Reference Numbers Facility ID 6004725
Health Service Area 006 Planning Service Area 602

Administrator
Karen Mason

Contact Person and Telephone

Karen Mason
312-705-6755

Registered Agent Information

SCN & R REGISTERED AGENT, INC.
8000 SEARS TOWER
CHICAGO, IL 60606

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	16
Blood Disorders	2
*Nervous System	12
Alzheimer Disease	16
Mental Illness	17
Developmental Disability	0
Circulatory System	36
Respiratory System	16
Digestive System	2
Genitourinary System Disorders	7
Skin Disorders	2
Musculo-skeletal Disorders	7
Injuries and Poisonings	14
Other Medical Conditions	26
Non-Medical Conditions	0
TOTALS	178

Date Completed
4/24/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	271	235	192	235	178	93	271	0	182	1052
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	271	235	192	235	178	93	271	0	178	1056

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	22325	22.6%	15745	0.0%	27420	65490	66.2%		76.4%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	22325	22.6%	15745	0.0%	27420	65490	66.2%		76.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	6	0	0	0	0	0	0	2	6	8
65 to 74	6	22	0	0	0	0	0	0	6	22	28
75 to 84	25	68	0	0	0	0	0	0	25	68	93
85+	13	35	0	0	0	0	0	0	13	35	48
TOTALS	46	132	0	0	0	0	0	0	46	132	178

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.

WARREN BARR PAVILION

66 WEST OAK STREET
CHICAGO, IL. 60610

Reference Numbers Facility ID 6004725

Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	59	40	0	4	75	0	178
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	59	40	0	4	75	0	178

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	305	252
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	44	0	0	0	44
Hawaiian/Pac. Isl.	0	0	0	0	0
White	131	0	0	0	131
Race Unknown	0	0	0	0	0
Total	178	0	0	0	178

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	175	0	0	0	175
Ethnicity Unknown	0	0	0	0	0
Total	178	0	0	0	178

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	27.00
LPN's	16.00
Certified Aides	86.00
Other Health Staff	8.00
Non-Health Staff	42.00
Totals	181.00

WARREN PARK NURSING PAVILION

6700 NORTH DAMEN AVENUE
CHICAGO, IL. 60645

Reference Numbers Facility ID 6008262
Health Service Area 006 Planning Service Area 601

Administrator
Steve Goldstein

Contact Person and Telephone

Steve Goldstein
773-465-5000

Registered Agent Information

STERN, ABRAHAM J.; MR.
10 SOUTH WACKER DRIVE, 40TH FL
CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	16
Blood Disorders	4
*Nervous System	21
Alzheimer Disease	0
Mental Illness	4
Developmental Disability	0
Circulatory System	25
Respiratory System	2
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	82

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	127	127	88	127	45	51	127	Residents on 1/1/2006	87
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	165
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	170
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	82
TOTAL BEDS	127	127	88	127	45	51	127		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1376	7.4%	28540	61.6%	892	30808	66.5%	66.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	1376	7.4%	28540	61.6%	892	30808	66.5%	66.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	6	1	0	0	0	0	0	0	6	1	7
45 to 59	24	12	0	0	0	0	0	0	24	12	36
60 to 64	9	1	0	0	0	0	0	0	9	1	10
65 to 74	8	3	0	0	0	0	0	0	8	3	11
75 to 84	7	5	0	0	0	0	0	0	7	5	12
85+	0	6	0	0	0	0	0	0	0	6	6
TOTALS	54	28	0	0	0	0	0	0	54	28	82

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.

WARREN PARK NURSING PAVILION

6700 NORTH DAMEN AVENUE

CHICAGO, IL. 60645

Reference Numbers Facility ID 6008262

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	1	80	0	0	1	0	82
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	80	0	0	1	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	22	0	0	0	22
Hawaiian/Pac. Isl.	0	0	0	0	0
White	58	0	0	0	58
Race Unknown	0	0	0	0	0
Total	82	0	0	0	82

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	14	0	0	0	14
Non-Hispanic	68	0	0	0	68
Ethnicity Unknown	0	0	0	0	0
Total	82	0	0	0	82

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	0.00
Non-Health Staff	35.00
Totals	79.00

WASHINGTON & JANE SMITH COMM.

11308 SOUTH OAKLEY AVENUE
 CHICAGO, IL. 60643
Reference Numbers Facility ID 6009732
 Health Service Area 006 Planning Service Area 603

Administrator
 Michael A. Flynn

Contact Person and Telephone

Kelly Ciger
 773-474-7380

Registered Agent Information

CHOMICZ,TOM
 500 WEST MADISON, STE 3700
 CHICAGO , IL 60643

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System	1
Alzheimer Disease	38
Mental Illness	0
Developmental Disability	0
Circulatory System	34
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	6
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	89

Date Completed
 4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	103	96	96	96	14	15	94	Residents on 1/1/2006	82
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	92
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	85
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	89
TOTAL BEDS	103	96	96	96	14	15	94		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	2533	46.3%	9472	27.6%	18068	30073	80.0%	85.8%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2533	46.3%	9472	27.6%	18068	30073	80.0%	85.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	7	14	0	0	0	0	0	0	7	14	21
85+	11	54	0	0	0	0	0	0	11	54	65
TOTALS	18	71	0	0	0	0	0	0	18	71	89

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.

WASHINGTON & JANE SMITH COMM.

11308 SOUTH OAKLEY AVENUE
CHICAGO, IL. 60643

Reference Numbers Facility ID 6009732

Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	13	28	0	0	48	0	89
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	28	0	0	48	0	89

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	209	179
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	87	0	0	0	87
Race Unknown	0	0	0	0	0
Total	89	0	0	0	89

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	88	0	0	0	88
Ethnicity Unknown	0	0	0	0	0
Total	89	0	0	0	89

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	10.20
Certified Aides	59.00
Other Health Staff	12.60
Non-Health Staff	87.20
Totals	182.00

FACILITY NOTES

Bed Change 3/27/2006 Added nine nursing care beds and discontinued all 185 sheltered care beds, total now 103 nursing care beds.

WASHINGTON CHRISTIAN VILLAGE

1201 NEW CASTLE
 WASHINGTON, IL. 61571
Reference Numbers Facility ID 6009740
 Health Service Area 002 Planning Service Area 179

Administrator
 Roger D. Herman

Contact Person and Telephone

Sherry Gutermuth
 309-444-3161

Registered Agent Information

PHILLIPPE,TIMOTHY F
 200 N POSTVILLE DR
 LINCOLN , IL 62656

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System	8
Alzheimer Disease	0
Mental Illness	1
Developmental Disability	0
Circulatory System	34
Respiratory System	9
Digestive System	4
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	8
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	101

Date Completed
 4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	122	115	111	114	101	21	122	106	105
Skilled Under 22	0	0	0	0	0	0		0	122
Intermediate DD	0	0	0	0	0	0		0	126
Sheltered Care	0	0	0	0	0	0		0	101
TOTAL BEDS	122	115	111	114	101	21	122	106	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	4988	11.2%	20159	52.1%	12789	37936	85.2%	90.4%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	4988	11.2%	20159	52.1%	12789	37936	85.2%	90.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	3	5	0	0	0	0	0	0	3	5	8
75 to 84	5	21	0	0	0	0	0	0	5	21	26
85+	8	57	0	0	0	0	0	0	8	57	65
TOTALS	17	84	0	0	0	0	0	0	17	84	101

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.

WASHINGTON CHRISTIAN VILLAGE

1201 NEW CASTLE

WASHINGTON, IL. 61571

Reference Numbers Facility ID 6009740

Health Service Area 002 Planning Service Area 179

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	18	56	3	2	22	0	101
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	56	3	2	22	0	101

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	193	165
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	47.00
Other Health Staff	0.00
Non-Health Staff	39.00
Totals	106.00

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

Kim Larkin
618-327-2203

Registered Agent Information

Date Completed
4/10/2007

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	1
Alzheimer Disease	2
Mental Illness	2
Developmental Disability	1
Circulatory System	12
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	22

Note: Reported restrictions denoted by '1'

FACILITY OWNERSHIP
COUNTY

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	33	33	33	33	22	11	6	0	32	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0	0	0	24	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0	0	0	34	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0	0	0	22	
TOTAL BEDS	33	33	33	33	22	11	6	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	10873	10873	90.3%	90.3%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	0	0.0%	10873	10873	90.3%	90.3%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	4	2	0	0	0	0	0	0	4	2	6
85+	3	13	0	0	0	0	0	0	3	13	16
TOTALS	7	15	0	0	0	0	0	0	7	15	22

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.

WASHINGTON COUNTY HOSPITAL

705 SOUTH GRAND AVENUE

NASHVILLE, IL. 62263

Reference Numbers Facility ID 6013288

Health Service Area 005 Planning Service Area 189

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	22	0	22
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	22	0	22

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	118	98
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	22	0	0	0	22
Race Unknown	0	0	0	0	0
Total	22	0	0	0	22

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	22	0	0	0	22
Ethnicity Unknown	0	0	0	0	0
Total	22	0	0	0	22

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.50
LPN's	4.30
Certified Aides	8.30
Other Health Staff	1.50
Non-Health Staff	13.00
Totals	28.60

WASHINGTON HGTS NUR & REHAB

1010 WEST 95TH STREET
 CHICAGO, IL. 60643
Reference Numbers Facility ID 6014781
 Health Service Area 006 Planning Service Area 603

Administrator

Randi Kennard

Contact Person and Telephone

Randi Kennard
 773-298-1177

Registered Agent Information

MAGENCE,MEYER;MR.
 8320 SKOKIE BOULEVARD
 SKOKIE, IL 60077

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	11
Blood Disorders	2
*Nervous System	3
Alzheimer Disease	7
Mental Illness	6
Developmental Disability	3
Circulatory System	39
Respiratory System	19
Digestive System	5
Genitourinary System Disorders	15
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	6
Other Medical Conditions	55
Non-Medical Conditions	0
TOTALS	183

Date Completed
 4/27/2006

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	228	228	214	228	45	228	228	Residents on 1/1/2006	177
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	601
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	595
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	183
TOTAL BEDS	228	228	214	228	45	228	228		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	8545	10.3%	57398	69.0%	6076	72019	86.5%	86.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	8545	10.3%	57398	69.0%	6076	72019	86.5%	86.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	2	0	0	0	0	0	0	2	2	4
45 to 59	12	14	0	0	0	0	0	0	12	14	26
60 to 64	7	22	0	0	0	0	0	0	7	22	29
65 to 74	17	22	0	0	0	0	0	0	17	22	39
75 to 84	7	33	0	0	0	0	0	0	7	33	40
85+	8	37	0	0	0	0	0	0	8	37	45
TOTALS	53	130	0	0	0	0	0	0	53	130	183

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.

WASHINGTON HGTS NUR & REHAB

1010 WEST 95TH STREET

CHICAGO, IL. 60643

Reference Numbers Facility ID 6014781

Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	29	152	0	0	2	0	183
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	29	152	0	0	2	0	183

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	182	0	0	0	182
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	0	0	0	0	0
Total	183	0	0	0	183

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	183	0	0	0	183
Ethnicity Unknown	0	0	0	0	0
Total	183	0	0	0	183

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	22.00
Certified Aides	46.00
Other Health Staff	10.00
Non-Health Staff	54.00
Totals	139.00

Wasson Street Place

205 East Wasson
AMBOY, IL. 61310

Reference Numbers Facility ID 6013627
Health Service Area 001 Planning Service Area 103

Administrator

Catherine A. Adelman

Contact Person and Telephone

Catherine Adelman
815-288-6691 ext. 273

Registered Agent Information

MCCLAIN, ARLAN L.
500 ANCHOR ROAD, P. O. BOX 366
DIXON, IL 61021

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	4
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	4	4	4	4	0	4	4	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	4
TOTAL BEDS	4	4	4	4	0	0	4		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			1460	100.0%	0	1460	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	1460	100.0%	0	1460	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	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	1	3	0	0	1	3	4

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.

Wasson Street Place205 East Wasson
AMBOY, IL. 61310

Reference Numbers Facility ID 6013627

Health Service Area 001 Planning Service Area 103

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	221	210
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	4.50
Other Health Staff	0.00
Non-Health Staff	0.25
Totals	5.50

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
773-731-4200

Registered Agent Information

STERN, ABRAHAM; MR.
10 SOUTH WACKER DRIVE, 40TH FL
CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	1
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	16
Blood Disorders	3
*Nervous System	18
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	33
Respiratory System	15
Digestive System	14
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	105

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	118	118	118	118	105	13	42	118	100
Skilled Under 22	0	0	0	0	0	0	0	0	352
Intermediate DD	0	0	0	0	0	0	0	0	347
Sheltered Care	0	0	0	0	0	0	0	0	105
TOTAL BEDS	118	118	118	118	105	13	42	118	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	3812	24.9%	27457	63.7%	0	31269	72.6%	72.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	3812	24.9%	27457	63.7%	0	31269	72.6%	72.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	12	0	0	0	0	0	0	5	12	17
65 to 74	15	15	0	0	0	0	0	0	15	15	30
75 to 84	25	10	0	0	0	0	0	0	25	10	35
85+	10	5	0	0	0	0	0	0	10	5	15
TOTALS	60	45	0	0	0	0	0	0	60	45	105

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.

WATERFRONT TERRACE

7750 SOUTH SHORE DRIVE
CHICAGO, IL. 60649

Reference Numbers Facility ID 6009757

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	12	93	0	0	0	0	105
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	93	0	0	0	0	105

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	120	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	101	0	0	0	101
Hawaiian/Pac. Isl.	0	0	0	0	0
White	4	0	0	0	4
Race Unknown	0	0	0	0	0
Total	105	0	0	0	105

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	14.00
Certified Aides	40.00
Other Health Staff	3.00
Non-Health Staff	12.00
Totals	73.00

WATSEKA HEALTH CARE

715 EAST RAYMOND ROAD
WATSEKA, IL. 60970

Reference Numbers Facility ID 6009765
Health Service Area 004 Planning Service Area 075

Administrator
Linda Hasbargen

Contact Person and Telephone

Marikay Snyder
309-689-5880

Registered Agent Information

SNYDER, MARIKAY L.
830 WEST TRAILCREEK DRIVE
PEORIA, IL 61614

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	23
Mental Illness	3
Developmental Disability	2
Circulatory System	21
Respiratory System	24
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	78

Date Completed
4/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	123	113	89	113	78	45	23	123	89	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				78
TOTAL BEDS	123	113	89	113	78	45	23	123		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	5221	62.2%	18805	41.9%	5323	29349	65.4%		71.2%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	5221	62.2%	18805	41.9%	5323	29349	65.4%		71.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	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	7	0	0	0	0	0	0	3	7	10
60 to 64	5	8	0	0	0	0	0	0	5	8	13
65 to 74	7	14	0	0	0	0	0	0	7	14	21
75 to 84	6	11	0	0	0	0	0	0	6	11	17
85+	5	9	0	0	0	0	0	0	5	9	14
TOTALS	26	52	0	0	0	0	0	0	26	52	78

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.

WATSEKA HEALTH CARE

715 EAST RAYMOND ROAD
 WATSEKA, IL. 60970

Reference Numbers Facility ID 6009765

Health Service Area 004 Planning Service Area 075

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	52	0	1	17	0	78
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	52	0	1	17	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	137	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	1	0	0	0	1
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	75	0	0	0	75
Race Unknown	0	0	0	0	0
Total	78	0	0	0	78

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	73	0	0	0	73
Ethnicity Unknown	2	0	0	0	2
Total	78	0	0	0	78

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	12.00
Certified Aides	29.00
Other Health Staff	0.00
Non-Health Staff	28.00
Totals	73.00

Wauconda Healthcare & Rehab

176 Thomas Court
Wauconda, IL. 60084

Reference Numbers Facility ID 6009435
Health Service Area 008 Planning Service Area 097

Administrator

Kathy Berg

Contact Person and Telephone

Kathy Berg
847-526-5551

Registered Agent Information

SCHWARTZ,LAWRENCE Y
7366 NORTH LINCOLN,SUITE 404
LINCOLNWOOD , IL 60646

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System	12
Alzheimer Disease	0
Mental Illness	11
Developmental Disability	0
Circulatory System	45
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	24
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	110

Date Completed
4/28/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	125	125	125	110	15	125	125	Residents on 1/1/2006	111
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	154
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	155
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	110
TOTAL BEDS	125	125	125	110	15	125	125		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	6493	14.2%	27563	60.4%	8919	42975	94.2%	94.2%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	6493	14.2%	27563	60.4%	8919	42975	94.2%	94.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	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	7	27	0	0	0	0	0	0	7	27	34
85+	13	49	0	0	0	0	0	0	13	49	62
TOTALS	26	84	0	0	0	0	0	0	26	84	110

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.

Wauconda Healthcare & Rehab176 Thomas Court
Wauconda, IL. 60084**Reference Numbers** Facility ID 6009435

Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	11	73	0	0	26	0	110
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	73	0	0	26	0	110

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	231	206
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	110	0	0	0	110
Race Unknown	0	0	0	0	0
Total	110	0	0	0	110

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.00
LPN's	2.00
Certified Aides	48.00
Other Health Staff	7.00
Non-Health Staff	64.00
Totals	144.00

WAUKEGAN TERRACE

860 SOUTH LEWIS AVENUE
WAUKEGAN, IL. 60085

Reference Numbers Facility ID 6014229
Health Service Area 008 Planning Service Area 097

Administrator

Marianne Hickey-Scaccia

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/6/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	6
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	6	6	6	6	5	1	6	Total Discharges 2006	1
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	5
TOTAL BEDS	6	6	6	6	5	1	6		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			2094	95.6%	0	2094	95.6%	95.6%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	2094	95.6%	0	2094	95.6%	95.6%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	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

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.

WAUKEGAN TERRACE

860 SOUTH LEWIS AVENUE
 WAUKEGAN, IL. 60085

Reference Numbers Facility ID 6014229

Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	207	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	5	0	5
Race Unknown	0	0	0	0	0
Total	0	0	5	0	5

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	2.20
Other Health Staff	0.11
Non-Health Staff	0.48
Totals	3.04

WAY-FAIR		ADMISSION RESTRICTIONS			RESIDENTS BY PRIMARY DIAGNOSIS		
305 N W 11TH STREET		Aggressive/Anti-Social	1	DIAGNOSIS			
FAIRFIELD, IL. 62837		Chronic Alcoholism	1	Neoplasms	0		
Reference Numbers	Facility ID 6009815	Developmentally Disabled	1	Endocrine/Metabolic	26		
Health Service Area 005	Planning Service Area 191	Drug Addiction	1	Blood Disorders	0		
Administrator		Medicaid Recipient	0	*Nervous System	3		
Katherine J. Bunting		Medicare Recipient	0	Alzheimer Disease	19		
		Mental Illness	1	Mental Illness	2		
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	1		
Katherine J. Bunting		Non-Mobile	0	Circulatory System	3		
618-842-2611		Public Aid Recipient	0	Respiratory System	17		
	Date Completed	Under 65 Years Old	0	Digestive System	0		
	4/12/2007	Unable to Self-Medicare	0	Genitourinary System Disorders	5		
Registered Agent Information		Ventilator Dependent	0	Skin Disorders	0		
YATES, HARLAN K.		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	0		
301 NW 11TH STREET		Other Restrictions	0	Injuries and Poisonings	0		
FAIRFIELD, IL 62837		No Restrictions	0	Other Medical Conditions	9		
		<i>Note: Reported restrictions denoted by 'I'</i>			Non-Medical Conditions	0	
FACILITY OWNERSHIP				TOTALS	85		
NON-PROF CORPORATION							

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	104	97	85	97	85	19	104	104	94	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0		0	64	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0		0	73	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0		0	85	
TOTAL BEDS	104	97	85	97	85	19	104	104		

FACILITY UTILIZATION - 2006										
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE										
LEVEL OF CARE	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.	
Nursing Care	1769	4.7%	20909	55.1%	6707	29385	77.4%	83.0%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	1769	4.7%	20909	55.1%	6707	29385	77.4%	83.0%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006											
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	2	0	0	0	0	0	0	1	2	3
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	8	15	0	0	0	0	0	0	8	15	23
85+	6	39	0	0	0	0	0	0	6	39	45
TOTALS	20	65	0	0	0	0	0	0	20	65	85

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.

WAY-FAIR

305 N W 11TH STREET
 FAIRFIELD, IL. 62837

Reference Numbers Facility ID 6009815

Health Service Area 005 Planning Service Area 191

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	7	59	0	0	19	0	85
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	59	0	0	19	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	116	108
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	85	0	0	0	85
Race Unknown	0	0	0	0	0
Total	85	0	0	0	85

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	42.00
Other Health Staff	4.00
Non-Health Staff	25.00
Totals	90.00

WESLEY VILLAGE HEALTH CARE CTR

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
 309-833-2123

Registered Agent Information

BATTIN, LOUIS
 1200 EAST GRANT STREET
 MACOMB, IL 61455

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System	19
Alzheimer Disease	14
Mental Illness	0
Developmental Disability	0
Circulatory System	17
Respiratory System	3
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	70

Date Completed
 4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	73	73	73	73	70	3	0	84	Residents on 1/1/2006 69
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006 75
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006 74
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006 70
TOTAL BEDS	73	73	73	73	70	3	0	84	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1306	0.0%	12173	39.7%	10849	24328	91.3%		91.3%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1306	0.0%	12173	39.7%	10849	24328	91.3%		91.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	6	21	0	0	0	0	0	0	6	21	27
85+	3	37	0	0	0	0	0	0	3	37	40
TOTALS	11	59	0	0	0	0	0	0	11	59	70

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.

WESLEY VILLAGE HEALTH CARE CTR

1200 EAST GRANT STREET

MACOMB, IL. 61455

Reference Numbers Facility ID 6009864

Health Service Area 002 Planning Service Area 109

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	34	0	0	31	0	70
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	34	0	0	31	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	69	0	0	0	69
Race Unknown	0	0	0	0	0
Total	70	0	0	0	70

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.50
LPN's	8.25
Certified Aides	28.50
Other Health Staff	10.50
Non-Health Staff	47.50
Totals	102.25

West Chicago Terrace

928 Joliet Road
 WEST CHICAGO, IL. 60185
Reference Numbers Facility ID 6009872
 Health Service Area 007 Planning Service Area 703

Administrator
 Kimberly M. Steele

Contact Person and Telephone

Kimberly M. Steele
 630-231-9292

Registered Agent Information

WEINFELD,AVRUM
 6865 N. LINCOLN AVE.
 LINCOLNWOOD , IL 60712

FACILITY OWNERSHIP
 LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System	2
Alzheimer Disease	50
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	4
Digestive System	4
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	50
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	120

Date Completed
 4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	120	120	120	120	120	0	0	120	Residents on 1/1/2006	117
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	32
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006	29
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	120
TOTAL BEDS	120	120	120	120	120	0	0	120		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	42340	96.7%	1460	43800	100.0%	100.0%	100.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	42340	96.7%	1460	43800	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	11	16	0	0	0	0	0	0	11	16	27
45 to 59	13	23	0	0	0	0	0	0	13	23	36
60 to 64	7	10	0	0	0	0	0	0	7	10	17
65 to 74	8	11	0	0	0	0	0	0	8	11	19
75 to 84	10	5	0	0	0	0	0	0	10	5	15
85+	1	5	0	0	0	0	0	0	1	5	6
TOTALS	50	70	0	0	0	0	0	0	50	70	120

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.

West Chicago Terrace

928 Joliet Road
 WEST CHICAGO, IL. 60185

Reference Numbers Facility ID 6009872

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	116	0	0	4	0	120
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	116	0	0	4	0	120

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	128
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	3	0	0	0	3
Black	10	0	0	0	10
Hawaiian/Pac. Isl.	0	0	0	0	0
White	107	0	0	0	107
Race Unknown	0	0	0	0	0
Total	120	0	0	0	120

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	115	0	0	0	115
Ethnicity Unknown	0	0	0	0	0
Total	120	0	0	0	120

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	28.00
Other Health Staff	3.00
Non-Health Staff	31.00
Totals	74.00

FACILITY NOTES

- E-058-06 10/31/2006 Change of ownership occurred.
- E-058-06 8/26/2006 Change of ownership exemption approved.

West Grove

R.R. 1, Box 417
Lawrenceville, IL. 62439

Reference Numbers Facility ID 6011423
Health Service Area 007 Planning Service Area 705

Administrator

Deanna R Gillis

Contact Person and Telephone

William Robert Gillis
618-945-2091

Registered Agent Information

STOUT,JAMES D.
324 NORTH MAIN ST., PO BOX 8
BRIDGEPORT , IL 62417

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/13/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	0	14	1
Skilled Under 22	0	0	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	15	1		0		15
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	16	16	15	16	15	1	0	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%		0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			5475	#Div/0!	0	5475	93.8%		93.8%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	0	0.0%	5475	0.0%	0	5475	93.8%		93.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	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	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	9	6	0	0	9	6	15

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.

West Grove

R.R. 1, Box 417

Lawrenceville, IL. 62439

Reference Numbers Facility ID 6011423

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	126	126
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	8.50
Other Health Staff	2.50
Non-Health Staff	2.00
Totals	13.10

WEST SUBURBAN MEDICAL CTR SNF

3 ERIE COURT
 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

Date Completed
 4/9/2007

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	9
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	28

FACILITY OWNERSHIP
 CHURCH OPER OR AFF

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	79	79	42	79	28	51	50	26	25	789
Skilled Under 22	0	0	0	0	0	0		0		786
Intermediate DD	0	0	0	0	0	0		0		28
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	79	79	42	79	28	51	50	26		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	9613	52.7%	0	0.0%	2226	11839	41.1%		41.1%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	9613	52.7%	0	0.0%	2226	11839	41.1%		41.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	3	4	0	0	0	0	0	0	3	4	7
75 to 84	1	7	0	0	0	0	0	0	1	7	8
85+	0	11	0	0	0	0	0	0	0	11	11
TOTALS	4	24	0	0	0	0	0	0	4	24	28

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.

WEST SUBURBAN MEDICAL CTR SNF

3 ERIE COURT
OAK PARK, IL. 60302

Reference Numbers Facility ID 6013478

Health Service Area 007 Planning Service Area 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	27	0	0	1	0	0	28
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	27	0	0	1	0	0	28

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	610	610
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	14	0	0	0	14
Hawaiian/Pac. Isl.	0	0	0	0	0
White	14	0	0	0	14
Race Unknown	0	0	0	0	0
Total	28	0	0	0	28

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.30
LPN's	1.00
Certified Aides	13.90
Other Health Staff	2.00
Non-Health Staff	4.00
Totals	40.20

WEST SUBURBAN CARE CENTER

311 EDGEWATER DRIVE
BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID 6001002
Health Service Area 007 Planning Service Area 703

Administrator
Aimee L. Musial

Contact Person and Telephone

Aimee L. MUSIAL
630-894-7400

Registered Agent Information

STERN, ABRAHAM J
10 SOUTH WACKER DRIVE, 40TH FL
CHICAGO, IL 60606

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System	34
Alzheimer Disease	26
Mental Illness	0
Developmental Disability	1
Circulatory System	25
Respiratory System	31
Digestive System	2
Genitourinary System Disorders	26
Skin Disorders	0
Musculo-skeletal Disorders	18
Injuries and Poisonings	4
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	172

Date Completed
4/16/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	259	259	193	259	172	87	30	259	168	291
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	0	0	0	0	0	0				287
TOTAL BEDS	259	259	193	259	172	87	30	259	172	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	10331	94.3%	42025	44.5%	11957	64313	68.0%		68.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	10331	94.3%	42025	44.5%	11957	64313	68.0%		68.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	9	7	0	0	0	0	0	0	9	7	16
60 to 64	3	18	0	0	0	0	0	0	3	18	21
65 to 74	27	23	0	0	0	0	0	0	27	23	50
75 to 84	22	31	0	0	0	0	0	0	22	31	53
85+	11	19	0	0	0	0	0	0	11	19	30
TOTALS	73	99	0	0	0	0	0	0	73	99	172

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.

WEST SUBURBAN CARE CENTER

311 EDGEWATER DRIVE
 BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID 6001002

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	29	95	21	1	26	0	172
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	29	95	21	1	26	0	172

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	197	180
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	11	0	0	0	11
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	156	0	0	0	156
Race Unknown	0	0	0	0	0
Total	172	0	0	0	172

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	23.00
LPN's	11.00
Certified Aides	62.00
Other Health Staff	12.00
Non-Health Staff	61.00
Totals	171.00

FACILITY NOTES

Name Change 6/1/2006 Name changed from Bloomingdale Pavilion.
 E-147-05 5/4/2006 Change of ownership occurred.

WESTBURY CARE CENTER

1800 ROBIN LANE
 LISLE, IL. 60532
Reference Numbers Facility ID 6014955
 Health Service Area 007 Planning Service Area 703

Administrator
 Cathy Flanagan

Contact Person and Telephone
 Cathy Flanagan
 630-810-0600

Registered Agent Information
 RUDNIK,ROBERT J
 330 NORTH WABASH AVE,STE 1400
 CHICAGO , IL 60611

FACILITY OWNERSHIP
 LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	22
Respiratory System	15
Digestive System	6
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	72

Date Completed
 4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	55	55	55	55	45	10	55	0	76
Skilled Under 22	0	0	0	0	0	0	0	0	248
Intermediate DD	0	0	0	0	0	0	0	0	252
Sheltered Care	27	27	27	27	27	0	0	0	72
TOTAL BEDS	82	82	82	82	72	10	55	0	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	5348	26.6%	0	0.0%	12948	18296	91.1%		91.1%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					9324	9324	94.6%		94.6%	
TOTALS	5348	26.6%	0	0.0%	22272	27620	92.3%		92.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	1	11	0	0	0	0	2	3	3	14	17
85+	11	21	0	0	0	0	6	16	17	37	54
TOTALS	12	33	0	0	0	0	8	19	20	52	72

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.

WESTBURY CARE CENTER

1800 ROBIN LANE
LISLE, IL. 60532

Reference Numbers Facility ID 6014955

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	15	0	0	0	30	0	45
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	27	0	27
TOTALS	15	0	0	0	57	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	232
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	175	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	1	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	44	0	0	26	70
Race Unknown	0	0	0	0	0
Total	45	0	0	27	72

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	45	0	0	27	72
Ethnicity Unknown	0	0	0	0	0
Total	45	0	0	27	72

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	8.00
Certified Aides	29.00
Other Health Staff	0.00
Non-Health Staff	36.00
Totals	84.00

WESTCHESTER HEALTH & REHAB CTR

2901 WOLF ROAD
 WESTCHESTER, IL. 60154
Reference Numbers Facility ID 6012173
 Health Service Area 007 Planning Service Area 704

Administrator
 Mary F. von goeben

Contact Person and Telephone

Mary F. Von Goeben
 708-531-1441

Registered Agent Information

C T CORPORATION SYSTEM
 208 SOUTH LASALLE ST,SUITE 814
 CHICAGO , IL 60604

FACILITY OWNERSHIP
 LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	17
Blood Disorders	4
*Nervous System	5
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	22
Respiratory System	6
Digestive System	7
Genitourinary System Disorders	8
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	8
Other Medical Conditions	8
Non-Medical Conditions	4
TOTALS	104

Date Completed
 4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	120	120	114	120	16	120	120	Residents on 1/1/2006	102
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	310
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	308
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	104
TOTAL BEDS	120	120	114	120	16	120	120		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	8233	18.8%	21591	49.3%	7983	37807	86.3%	86.3%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	8233	18.8%	21591	49.3%	7983	37807	86.3%	86.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	3	0	0	0	0	0	0	2	3	5
60 to 64	1	4	0	0	0	0	0	0	1	4	5
65 to 74	6	4	0	0	0	0	0	0	6	4	10
75 to 84	16	36	0	0	0	0	0	0	16	36	52
85+	4	28	0	0	0	0	0	0	4	28	32
TOTALS	29	75	0	0	0	0	0	0	29	75	104

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.

WESTCHESTER HEALTH & REHAB CTR

2901 WOLF ROAD

WESTCHESTER, IL. 60154

Reference Numbers Facility ID 6012173

Health Service Area 007 Planning Service Area 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	26	58	0	1	19	0	104
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	26	58	0	1	19	0	104

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	300	232
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pac. Isl.	0	0	0	0	0
White	95	0	0	0	95
Race Unknown	0	0	0	0	0
Total	104	0	0	0	104

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	17.00
Certified Aides	56.00
Other Health Staff	20.00
Non-Health Staff	46.00
Totals	156.00

WESTLAKE HOME

2090 WEST LAKE DRIVE
CARLYLE, IL. 62231

Reference Numbers Facility ID 6012652
Health Service Area 011 Planning Service Area 027

Administrator

Amanda Welsh

Contact Person and Telephone

Amanda Welsh
618-594-8188

Registered Agent Information

KRCHAK,DAVID E
30 MAIN STREET, P O BOX 560
CHAMPAIGN , IL 61824

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/2/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	14
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	2
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5687	97.4%	0	5687	97.4%	97.4%	97.4%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5687	97.4%	0	5687	97.4%	97.4%	97.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	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	1	0	0	0	1	1
TOTALS	0	0	0	0	10	6	0	0	10	6	16

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.

WESTLAKE HOME

2090 WEST LAKE DRIVE
 CARLYLE, IL. 62231

Reference Numbers Facility ID 6012652

Health Service Area 011 Planning Service Area 027

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	3	0	3
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	8.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	10.50

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
847-866-1650

Registered Agent Information

MULVEY,PETER S
3200 GRANT STREET
EVANSTON , IL 60201

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System	8
Alzheimer Disease	70
Mental Illness	0
Developmental Disability	0
Circulatory System	35
Respiratory System	9
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	32
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	173

Date Completed
4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	210	202	190	202	167	43	111	0	181	673
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	51	50	10	50	6	45			681	173
TOTAL BEDS	261	252	200	252	173	88	111	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	6246	15.4%	0	0.0%	56935	63181	82.4%	85.7%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					2920	2920	15.7%	16.0%	
TOTALS	6246	15.4%	0	0.0%	59855	66101	69.4%	71.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	14	27	0	0	0	0	0	1	14	28	42
85+	22	99	0	0	0	0	0	5	22	104	126
TOTALS	37	130	0	0	0	0	0	6	37	136	173

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.

WESTMINSTER PLACE

3200 GRANT STREET
EVANSTON, IL. 60201

Reference Numbers Facility ID 6007603

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance			
Nursing Care	18	0	0	0	128	21	167
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	3	3	6
TOTALS	18	0	0	0	131	24	173

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	295	222
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	190	185

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	1	3
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	162	0	0	5	167
Race Unknown	0	0	0	0	0
Total	167	0	0	6	173

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	167	0	0	6	173
Ethnicity Unknown	0	0	0	0	0
Total	167	0	0	6	173

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	2.00
Director of Nursing	1.00
Registered Nurses	32.00
LPN's	9.30
Certified Aides	106.40
Other Health Staff	17.00
Non-Health Staff	12.00
Totals	180.70

WESTMINSTER VILLAGE

2025 EAST LINCOLN STREET
BLOOMINGTON, IL. 61701

Reference Numbers Facility ID 6009922
Health Service Area 004 Planning Service Area 113

Administrator

Rhonda Polzin

Contact Person and Telephone

Rhonda Polzin
309-663-6474

Registered Agent Information

DECAIR,LYNN A.
2025 E. LINCOLN STREET
BLOOMINGTON , IL 61701

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	7
Blood Disorders	1
*Nervous System	5
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	2
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	16
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	69

Date Completed
4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	78	73	71	73	69	9	8	0	69	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		0		
TOTAL BEDS	78	73	71	73	69	9	8	0		69

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1834	62.8%	0	0.0%	22777	24611	86.4%		92.4%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1834	62.8%	0	0.0%	22777	24611	86.4%		92.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	3	5	0	0	0	0	0	0	3	5	8
85+	15	43	0	0	0	0	0	0	15	43	58
TOTALS	21	48	0	0	0	0	0	0	21	48	69

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.

WESTMINSTER VILLAGE

2025 EAST LINCOLN STREET
 BLOOMINGTON, IL. 61701

Reference Numbers Facility ID 6009922

Health Service Area 004 Planning Service Area 113

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	4	0	0	0	65	0	69
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	0	0	0	65	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	243	173
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	24.00
Other Health Staff	2.00
Non-Health Staff	6.00
Totals	56.00

WESTMONT CONVALESCENT CENTER

6501 SOUTH CASS
 WESTMONT, IL. 60559
Reference Numbers Facility ID 6009930
 Health Service Area 007 Planning Service Area 703

Administrator
 Helen Sicat

Contact Person and Telephone

Helen Sicat
 630-960-2026

Registered Agent Information

SCHWARTZ,LAWRENCE Y;MR.
 30 S. WACKER DRIVE, 29TH FLOOR
 CHICAGO , IL 60606

FACILITY OWNERSHIP
 LIMITED PARTNERSHIP

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

Date Completed
 3/22/2007

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	27
Blood Disorders	0
*Nervous System	5
Alzheimer Disease	41
Mental Illness	7
Developmental Disability	5
Circulatory System	55
Respiratory System	19
Digestive System	5
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	191

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	215	215	205	215	24	87	215	Residents on 1/1/2006	193
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	421
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	423
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	191
TOTAL BEDS	215	215	205	215	24	87	215		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	8075	25.4%	47034	59.9%	16059	71168	90.7%	90.7%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	8075	25.4%	47034	59.9%	16059	71168	90.7%	90.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
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	15	25	0	0	0	0	0	0	15	25	40
75 to 84	21	37	0	0	0	0	0	0	21	37	58
85+	8	71	0	0	0	0	0	0	8	71	79
TOTALS	49	142	0	0	0	0	0	0	49	142	191

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.

WESTMONT CONVALESCENT CENTER6501 SOUTH CASS
WESTMONT, IL. 60559

Reference Numbers Facility ID 6009930

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	24	125	3	0	39	0	191
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	125	3	0	39	0	191

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	155
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	184	0	0	0	184
Race Unknown	0	0	0	0	0
Total	191	0	0	0	191

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	188	0	0	0	188
Ethnicity Unknown	0	0	0	0	0
Total	191	0	0	0	191

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	19.00
Certified Aides	65.00
Other Health Staff	12.00
Non-Health Staff	53.00
Totals	161.00

WESTSHIRE NURSING & REHAB CTR

5825 WEST CERMAK ROAD
CICERO, IL. 60804

Reference Numbers Facility ID 6009948
Health Service Area 007 Planning Service Area 704

Administrator
Ken Bogard

Contact Person and Telephone

Todd Tedrow
708-656-9120

Registered Agent Information

ARONIN, DAVID_M.
2201 WEST MAIN STREET
EVANSTON, IL 60202

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	36
Blood Disorders	2
*Nervous System	24
Alzheimer Disease	3
Mental Illness	76
Developmental Disability	0
Circulatory System	63
Respiratory System	39
Digestive System	17
Genitourinary System Disorders	0
Skin Disorders	4
Musculo-skeletal Disorders	6
Injuries and Poisonings	5
Other Medical Conditions	51
Non-Medical Conditions	0
TOTALS	326

Date Completed
4/16/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK	PEAK	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2006	
Nursing Care	485	485	326	485	326	159	33	485	271
Skilled Under 22	0	0	0	0	0	0	0	0	119
Intermediate DD	0	0	0	0	0	0	0	0	64
Sheltered Care	0	0	0	0	0	0	0	0	326
TOTAL BEDS	485	485	326	485	326	159	33	485	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	3201	26.6%	112391	63.5%	2078	117670	66.5%	66.5%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	3201	26.6%	112391	63.5%	2078	117670	66.5%	66.5%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	50	19	0	0	0	0	0	0	50	19	69
45 to 59	106	45	0	0	0	0	0	0	106	45	151
60 to 64	19	12	0	0	0	0	0	0	19	12	31
65 to 74	22	12	0	0	0	0	0	0	22	12	34
75 to 84	10	14	0	0	0	0	0	0	10	14	24
85+	4	13	0	0	0	0	0	0	4	13	17
TOTALS	211	115	0	0	0	0	0	0	211	115	326

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.

WESTSHIRE NURSING & REHAB CTR

5825 WEST CERMAK ROAD

CICERO, IL. 60804

Reference Numbers Facility ID 6009948

Health Service Area 007 Planning Service Area 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	3	313	5	0	5	0	326
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	313	5	0	5	0	326

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	85	85
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	177	0	0	0	177
Hawaiian/Pac. Isl.	0	0	0	0	0
White	146	0	0	0	146
Race Unknown	0	0	0	0	0
Total	326	0	0	0	326

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	25	0	0	0	25
Non-Hispanic	301	0	0	0	301
Ethnicity Unknown	0	0	0	0	0
Total	326	0	0	0	326

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	3.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	8.00
LPN's	24.00
Certified Aides	59.00
Other Health Staff	12.00
Non-Health Staff	99.00
Totals	205.00

WESTSIDE CARE CENTER

601 NORTH COLUMBIA
 WEST FRANKFORT, IL. 62896
Reference Numbers Facility ID 6000194
 Health Service Area 005 Planning Service Area 055
Administrator
 Joel Piper

Contact Person and Telephone

James Barron
 618-932-2109

Registered Agent Information

BRETSCH,GREG
 601 NORTH COLUMBIA STREET
 WEST FRANKFORT , IL 62896

FACILITY OWNERSHIP
 LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	14
Blood Disorders	2
*Nervous System	6
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	9
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	6
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	66

Date Completed
 4/26/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	96	92	75	92	66	30	40	96	Residents on 1/1/2006	60
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	146
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006	140
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	66
TOTAL BEDS	96	92	75	92	66	30	40	96		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3046	20.9%	17336	49.5%	3621	24003	68.5%	71.5%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	3046	20.9%	17336	49.5%	3621	24003	68.5%	71.5%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	2	0	0	0	0	0	0	2	2	4
45 to 59	6	2	0	0	0	0	0	0	6	2	8
60 to 64	2	9	0	0	0	0	0	0	2	9	11
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	8	11	0	0	0	0	0	0	8	11	19
85+	2	13	0	0	0	0	0	0	2	13	15
TOTALS	24	42	0	0	0	0	0	0	24	42	66

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.

WESTSIDE CARE CENTER

601 NORTH COLUMBIA
 WEST FRANKFORT, IL. 62896

Reference Numbers Facility ID 6000194

Health Service Area 005 Planning Service Area 055

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	7	46	0	1	12	0	66
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	46	0	1	12	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	75	70
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	24.00
Other Health Staff	6.00
Non-Health Staff	20.00
Totals	62.00

Westwood Manor

2444 West Touhy Avenue
CHICAGO, IL. 60645

Reference Numbers Facility ID 6009955
Health Service Area 006 Planning Service Area 601

Administrator
Joseph Liberman

Contact Person and Telephone
Joseph Liberman
773-274-7705

Registered Agent Information
LIBERMAN,JOSEPH;MR.
2444 W TOUHY AVE
CHICAGO , IL 60645

FACILITY OWNERSHIP
FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	23
Mental Illness	85
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	110

Date Completed
4/6/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	115	115	115	115	110	5	0	115	Residents on 1/1/2006	110
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	36
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006	36
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	110
TOTAL BEDS	115	115	115	115	110	5	0	115		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	38805	92.4%	640	39445	94.0%	94.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	0	0.0%	38805	92.4%	640	39445	94.0%	94.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	8	12	0	0	0	0	0	0	8	12	20
45 to 59	29	15	0	0	0	0	0	0	29	15	44
60 to 64	4	7	0	0	0	0	0	0	4	7	11
65 to 74	10	14	0	0	0	0	0	0	10	14	24
75 to 84	2	8	0	0	0	0	0	0	2	8	10
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	53	57	0	0	0	0	0	0	53	57	110

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.

Westwood Manor

2444 West Touhy Avenue
 CHICAGO, IL. 60645

Reference Numbers Facility ID 6009955

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	108	0	0	2	0	110
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	108	0	0	2	0	110

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	110
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	22	0	0	0	22
Hawaiian/Pac. Isl.	1	0	0	0	1
White	85	0	0	0	85
Race Unknown	0	0	0	0	0
Total	110	0	0	0	110

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	101	0	0	0	101
Ethnicity Unknown	0	0	0	0	0
Total	110	0	0	0	110

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	1.00
Certified Aides	13.00
Other Health Staff	4.00
Non-Health Staff	16.00
Totals	43.00

WETHERELL PLACE

1026 NORTH MERCHANT STREET
EFFINGHAM, IL. 62401

Reference Numbers Facility ID 6011431
Health Service Area 005 Planning Service Area 049

Administrator
Gregory Baumgardner

Contact Person and Telephone

Carol Nally
309-343-7777, ext. 5081

Registered Agent Information

BLEDSONE, TIMOTHY L.
115 EAST SOUTH STREET
GALESBURG, IL 61401

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/8/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5840	100.0%	0	5840	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	6	0	0	0	6	0	6
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	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	12	4	0	0	12	4	16

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.

WETHERELL PLACE

1026 NORTH MERCHANT STREET
EFFINGHAM, IL. 62401

Reference Numbers Facility ID 6011431

Health Service Area 005 Planning Service Area 049

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		14	0	0	2	0	16
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	2	0	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	103	103
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	7.50
Other Health Staff	0.75
Non-Health Staff	1.25
Totals	9.75

WHEATON CARE CENTER

1325 MANCHESTER ROAD
WHEATON, IL. 60187

Reference Numbers Facility ID 6009963
Health Service Area 007 Planning Service Area 703

Administrator

Lolita Munsayac

Contact Person and Telephone

Lolita Munsayac
708-668-2500

Registered Agent Information

MAGENCE,MEYER
8320 SKOKIE BOULEVARD
SKOKIE, IL 60077

FACILITY OWNERSHIP

LIMITED PARTNERSHIP

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	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	16
Blood Disorders	3
*Nervous System	3
Alzheimer Disease	2
Mental Illness	26
Developmental Disability	6
Circulatory System	19
Respiratory System	11
Digestive System	6
Genitourinary System Disorders	4
Skin Disorders	7
Musculo-skeletal Disorders	9
Injuries and Poisonings	6
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	121

Date Completed
4/16/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	123	123	123	123	2	81	123	119	
Skilled Under 22	0	0	0	0	0		0	71	
Intermediate DD	0	0	0	0	0		0	69	
Sheltered Care	0	0	0	0	0		0	121	
TOTAL BEDS	123	123	123	123	2	81	123		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1849	6.3%	40058	89.2%	2124	44031	98.1%	98.1%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	1849	6.3%	40058	89.2%	2124	44031	98.1%	98.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	13	9	0	0	0	0	0	0	13	9	22
45 to 59	26	18	0	0	0	0	0	0	26	18	44
60 to 64	5	8	0	0	0	0	0	0	5	8	13
65 to 74	13	14	0	0	0	0	0	0	13	14	27
75 to 84	4	9	0	0	0	0	0	0	4	9	13
85+	0	2	0	0	0	0	0	0	0	2	2
TOTALS	61	60	0	0	0	0	0	0	61	60	121

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.

WHEATON CARE CENTER

1325 MANCHESTER ROAD

WHEATON, IL. 60187

Reference Numbers Facility ID 6009963

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	7	107	0	0	7	0	121
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	107	0	0	7	0	121

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	137	127
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pac. Isl.	0	0	0	0	0
White	109	0	0	0	109
Race Unknown	0	0	0	0	0
Total	121	0	0	0	121

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	116	0	0	0	116
Ethnicity Unknown	0	0	0	0	0
Total	121	0	0	0	121

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	23.00
Other Health Staff	23.00
Non-Health Staff	0.00
Totals	62.00

WHISPERING OAKS

201 SPRING STREET
ROSICLARE, IL. 62982

Reference Numbers Facility ID 6012538
Health Service Area 005 Planning Service Area 069

Administrator
Rebekah Mahoney

Contact Person and Telephone

Marikay Snyder
309-689-5880

Registered Agent Information

SNYDER, MARIKAY L.
830 W. TRAILCREEK DRIVE
PEORIA, IL 61614

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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-Medicare	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
4/6/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	12
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	3
Intermediate DD	16	16	14	16	13	3	16	Total Discharges 2006	2
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	13
TOTAL BEDS	16	16	14	16	13	3	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			4638	79.4%	0	4638	79.4%	79.4%	79.4%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	4638	79.4%	0	4638	79.4%	79.4%	79.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	2	0	0	0	2	2
45 to 59	0	0	0	0	3	1	0	0	3	1	4
60 to 64	0	0	0	0	2	1	0	0	2	1	3
65 to 74	0	0	0	0	3	0	0	0	3	0	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	8	5	0	0	8	5	13

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.

WHISPERING OAKS

201 SPRING STREET
 ROSICLARE, IL. 62982

Reference Numbers Facility ID 6012538

Health Service Area 005 Planning Service Area 069

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	5.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	12.00
Non-Health Staff	0.00
Totals	18.00

FACILITY NOTES

- Name Change 2/28/2006 Name changed from Riverview Terrace.
- E-001-06 2/28/2006 Change of ownership occurred.
- E-001-06 2/11/2006 Change of ownership exemption approved.

White Hall Nrsg & Rehab Ctr LLC

620 WEST BRIDGEPORT
WHITE HALL, IL. 62092

Reference Numbers Facility ID 6006597
Health Service Area 003 Planning Service Area 061

Administrator

Charles Jordan

Contact Person and Telephone

Gary F. Eye
716-972-2392

Registered Agent Information

ILLINOIS CORPORATION SERVICE
801 ADLAI STEVENSON DRIVE
SPRINGFIELD, IL 62703

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	27
Mental Illness	7
Developmental Disability	0
Circulatory System	24
Respiratory System	12
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	82

Date Completed
5/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	119	114	92	114	82	37	119	119	87	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				82
TOTAL BEDS	119	114	92	114	82	37	119	119		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	3766	8.7%	19391	44.6%	7928	31085	71.6%	74.7%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	3766	8.7%	19391	44.6%	7928	31085	71.6%	74.7%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	4	0	0	0	0	0	0	5	4	9
75 to 84	11	14	0	0	0	0	0	0	11	14	25
85+	14	30	0	0	0	0	0	0	14	30	44
TOTALS	32	50	0	0	0	0	0	0	32	50	82

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.

White Hall Nrsg & Rehab Ctr LLC

620 WEST BRIDGEPORT

WHITE HALL, IL. 62092

Reference Numbers Facility ID 6006597

Health Service Area 003 Planning Service Area 061

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	9	51	0	1	21	0	82
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	51	0	1	21	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	105	94
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	3.00
LPN's	10.00
Certified Aides	24.00
Other Health Staff	12.00
Non-Health Staff	15.00
Totals	67.00

WHITE OAK REHABILITATION AND HEALTH CARE

1700 WEST WHITE STREET
MOUNT VERNON, IL. 62864

Reference Numbers Facility ID 6004881
Health Service Area 005 Planning Service Area 081

Administrator
Susan Morgan

Contact Person and Telephone

Marikay Snyder
309-689-5880

Registered Agent Information

SNYDER, MARIKAY
830 W. TRAILCREEK DRIVE
PEORIA, IL 61614

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System	9
Alzheimer Disease	2
Mental Illness	2
Developmental Disability	1
Circulatory System	5
Respiratory System	12
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	3
Musculo-skeletal Disorders	2
Injuries and Poisonings	7
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	54

Date Completed
4/5/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	65	65	58	65	54	11	65	65	Total Admissions 2006	154
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2006	157
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2006	54
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	65	65	58	65	54	11	65	65		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	5686	24.0%	8861	37.3%	4200	18747	79.0%		79.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	5686	24.0%	8861	37.3%	4200	18747	79.0%		79.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	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	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	10	15	0	0	0	0	0	0	10	15	25
85+	5	10	0	0	0	0	0	0	5	10	15
TOTALS	23	31	0	0	0	0	0	0	23	31	54

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.

WHITE OAK REHABILITATION AND HEALTH CARE1700 WEST WHITE STREET
MOUNT VERNON, IL. 62864

Reference Numbers Facility ID 6004881

Health Service Area 005 Planning Service Area 081

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	18	23	0	0	13	0	54
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	23	0	0	13	0	54

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	100
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	49	0	0	0	49
Race Unknown	0	0	0	0	0
Total	54	0	0	0	54

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	22.00
Other Health Staff	6.00
Non-Health Staff	20.00
Totals	61.00

FACILITY NOTES

Name Change 7/5/2006 Name changed from Jeffersonian Care Center.
E-155-05 3/1/2006 Change of ownership occurred.
E-155-05 2/20/2006 Change of ownership exemption approved.

WHITEHALL- NORTH

300 WAUKEGAN ROAD
DEERFIELD, IL. 60015

Reference Numbers Facility ID 6010003
Health Service Area 008 Planning Service Area 097

Administrator
Diane L. Androvich

Contact Person and Telephone

Cindy Cohen
847-945-4600

Registered Agent Information

HOLLANDER, MARK
6633 NORTH LINCOLN AVENUE
LINCOLNWOOD , IL 60712

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	6
Blood Disorders	4
*Nervous System	11
Alzheimer Disease	22
Mental Illness	1
Developmental Disability	0
Circulatory System	40
Respiratory System	11
Digestive System	4
Genitourinary System Disorders	6
Skin Disorders	2
Musculo-skeletal Disorders	34
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	151

Date Completed
4/2/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	Total Admissions 2006
Nursing Care	190	190	170	190	151	39	149	0	Total Discharges 2006	1034
Skilled Under 22	0	0	0	0	0	0	0	0	Residents on 12/31/2006	151
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	190	190	170	190	151	39	149	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	44692	82.2%	0	0.0%	11879	56571	81.6%		81.6%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	44692	82.2%	0	0.0%	11879	56571	81.6%		81.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	8	6	0	0	0	0	0	0	8	6	14
75 to 84	17	33	0	0	0	0	0	0	17	33	50
85+	19	65	0	0	0	0	0	0	19	65	84
TOTALS	44	107	0	0	0	0	0	0	44	107	151

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.

WHITEHALL- NORTH

300 WAUKEGAN ROAD
DEERFIELD, IL. 60015

Reference Numbers Facility ID 6010003

Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	60	0	0	6	85	0	151
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	60	0	0	6	85	0	151

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	291	190
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	151	0	0	0	151
Race Unknown	0	0	0	0	0
Total	151	0	0	0	151

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	31.00
LPN's	13.00
Certified Aides	71.00
Other Health Staff	19.00
Non-Health Staff	81.00
Totals	217.00

FACILITY NOTES

Bed Change 6/6/2006 Added ten nursing care beds, total now 190 nursing care beds.

William L. Dawson Nursing Home

3500 South Giles Avenue
Chicago, IL 60653

Reference Numbers Facility ID 6010011
Health Service Area 006 Planning Service Area 603

Administrator

Pamela Orr

Contact Person and Telephone

Claudelle Hampton
312-326-2000 ext 11

Registered Agent Information

MORA, RONALD N.
222 N. LASALLE ST, SUITE 800
CHICAGO, IL 60601

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System	5
Alzheimer Disease	58
Mental Illness	4
Developmental Disability	2
Circulatory System	28
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	8
Skin Disorders	2
Musculo-skeletal Disorders	12
Injuries and Poisonings	1
Other Medical Conditions	22
Non-Medical Conditions	0
TOTALS	154

Date Completed
4/23/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	245	185	174	185	91	21	245	Residents on 1/1/2006	166
Skilled Under 22	0	0	0	0	0		0	Total Admissions 2006	121
Intermediate DD	0	0	0	0	0		0	Total Discharges 2006	133
Sheltered Care	0	0	0	0	0		0	Residents on 12/31/2006	154
TOTAL BEDS	245	185	174	185	91	21	245		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	3003	39.2%	53859	60.2%	1977	58839	65.8%		87.1%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	3003	39.2%	53859	60.2%	1977	58839	65.8%		87.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	1	0	0	0	0	0	0	4	1	5
45 to 59	3	5	0	0	0	0	0	0	3	5	8
60 to 64	6	2	0	0	0	0	0	0	6	2	8
65 to 74	9	14	0	0	0	0	0	0	9	14	23
75 to 84	22	39	0	0	0	0	0	0	22	39	61
85+	8	41	0	0	0	0	0	0	8	41	49
TOTALS	52	102	0	0	0	0	0	0	52	102	154

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.

William L. Dawson Nursing Home

3500 South Giles Avenue

Chicago, IL. 60653

Reference Numbers Facility ID 6010011

Health Service Area 006 Planning Service Area 603

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	9	140	0	0	5	0	154
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	140	0	0	5	0	154

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	152	0	0	0	152
Hawaiian/Pac. Isl.	0	0	0	0	0
White	2	0	0	0	2
Race Unknown	0	0	0	0	0
Total	154	0	0	0	154

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	154	0	0	0	154
Ethnicity Unknown	0	0	0	0	0
Total	154	0	0	0	154

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	26.00
Certified Aides	56.00
Other Health Staff	8.00
Non-Health Staff	56.00
Totals	155.00

WILLOW CREST NURSING PAVILION

515 NORTH MAIN
 SANDWICH, IL. 60548
Reference Numbers Facility ID 6008379
 Health Service Area 001 Planning Service Area 037

Administrator
 Pamela S. Ingold

Contact Person and Telephone
 Pamela S. Ingold
 815-786-8426

Registered Agent Information
 STERN, ABRAHAM J.; MR.
 10 SOUTH WACKER DRIVE, 40TH FL
 CHICAGO, IL 60606

FACILITY OWNERSHIP
 FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	6
Blood Disorders	2
*Nervous System	10
Alzheimer Disease	12
Mental Illness	0
Developmental Disability	1
Circulatory System	8
Respiratory System	12
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	28
Non-Medical Conditions	0
TOTALS	91

Date Completed
 4/11/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	116	116	98	116	91	25	58	116	75	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		0		
TOTAL BEDS	116	116	98	116	91	25	58	116		198
										Residents on 12/31/2006
										91

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	5830	27.5%	17173	40.6%	8330	31333	74.0%		74.0%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	5830	27.5%	17173	40.6%	8330	31333	74.0%		74.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	1	0	0	0	0	0	0	2	1	3
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	4	6	0	0	0	0	0	0	4	6	10
75 to 84	9	21	0	0	0	0	0	0	9	21	30
85+	8	31	0	0	0	0	0	0	8	31	39
TOTALS	27	64	0	0	0	0	0	0	27	64	91

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.

WILLOW CREST NURSING PAVILION

515 NORTH MAIN
SANDWICH, IL. 60548

Reference Numbers Facility ID 6008379

Health Service Area 001 Planning Service Area 037

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	16	51	0	3	21	0	91
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	51	0	3	21	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	33.00
Other Health Staff	2.00
Non-Health Staff	15.00
Totals	68.00

WILLOW HOUSE

555 BURNHAM
 UNIVERSITY PARK, IL. 60466
Reference Numbers Facility ID 6014559
 Health Service Area 009 Planning Service Area 197

Administrator

Becky Omonode

Contact Person and Telephone

Becky Omonode
 217-417-1256

Registered Agent Information

KRCHAK,DAVID E
 30 MAIN STREET, P O BOX 560
 CHAMPAIGN , IL 61824

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
 4/3/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	2
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	2
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5741	98.3%	0	5741	98.3%	98.3%	98.3%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5741	98.3%	0	5741	98.3%	98.3%	98.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	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	5	1	0	0	5	1	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

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.

WILLOW HOUSE

555 BURNHAM

UNIVERSITY PARK, IL. 60466

Reference Numbers Facility ID 6014559

Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	146
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	6	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	10	0	10
Race Unknown	0	0	0	0	0
Total	0	0	16	0	16

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	14.00
Other Health Staff	2.00
Non-Health Staff	0.00
Totals	16.50

WILLOW ROSE REHAB & HEALTH CARE

410 FLETCHER
 JERSEYVILLE, IL. 62052
Reference Numbers Facility ID 6003842
 Health Service Area 003 Planning Service Area 083

Administrator

Linda Franklin

Contact Person and Telephone

Marikay Snyder
 309-689-5880

Registered Agent Information

SNYDER,MARIKAY
 830 W. TRAILCREEK DRIVE
 PEORIA, IL 61614

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	11
Blood Disorders	1
*Nervous System	3
Alzheimer Disease	11
Mental Illness	8
Developmental Disability	0
Circulatory System	19
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	2
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	75

Date Completed
 4/9/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	98	98	90	98	75	23	0	98	89	53
Skilled Under 22	0	0	0	0	0	0		0		67
Intermediate DD	0	0	0	0	0	0		0		75
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	98	98	90	98	75	23	0	98		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	1290	0.0%	20499	57.3%	6517	28306	79.1%		79.1%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	1290	0.0%	20499	57.3%	6517	28306	79.1%		79.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	3	3	0	0	0	0	0	0	3	3	6
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	8	13	0	0	0	0	0	0	8	13	21
75 to 84	8	11	0	0	0	0	0	0	8	11	19
85+	3	23	0	0	0	0	0	0	3	23	26
TOTALS	23	52	0	0	0	0	0	0	23	52	75

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.

WILLOW ROSE REHAB & HEALTH CARE

410 FLETCHER
 JERSEYVILLE, IL. 62052

Reference Numbers Facility ID 6003842
 Health Service Area 003 Planning Service Area 083

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	6	54	0	0	15	0	75
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	54	0	0	15	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	101
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	22.00
Other Health Staff	0.00
Non-Health Staff	28.00
Totals	61.00

FACILITY NOTES

Name Change 12/7/2006 Name changed from Greenwood Manor Nursing Home.
 E-069-06 12/17/2006 Change of ownership occurred.
 E-069-06 9/20/2006 Change of ownership exemption approved.

WILLOWCREEK REHABILITATION

40 NORTH 64TH STREET
 BELLEVILLE, IL. 62223

Reference Numbers Facility ID 6006704
 Health Service Area 011 Planning Service Area 163

Administrator

Mark Warren

Contact Person and Telephone

Mark Warren
 618-397-8400

Registered Agent Information

CLOCH,BRIAN
 8950 GROSS POINT ROAD,STE E
 SKOKIE , IL 60077

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	17
Blood Disorders	0
*Nervous System	6
Alzheimer Disease	0
Mental Illness	13
Developmental Disability	0
Circulatory System	18
Respiratory System	39
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	5
TOTALS	110

Date Completed
 4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	122	120	112	120	110	12	122	122	107
Skilled Under 22	0	0	0	0	0	0	0	0	364
Intermediate DD	0	0	0	0	0	0	0	0	361
Sheltered Care	0	0	0	0	0	0	0	0	110
TOTAL BEDS	122	120	112	120	110	12	122	122	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	5603	12.6%	28679	64.4%	3847	38129	85.6%	87.1%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	5603	12.6%	28679	64.4%	3847	38129	85.6%	87.1%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	6	3	0	0	0	0	0	0	6	3	9
45 to 59	3	9	0	0	0	0	0	0	3	9	12
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	8	11	0	0	0	0	0	0	8	11	19
75 to 84	14	30	0	0	0	0	0	0	14	30	44
85+	2	19	0	0	0	0	0	0	2	19	21
TOTALS	35	75	0	0	0	0	0	0	35	75	110

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.

WILLOWCREEK REHABILITATION

40 NORTH 64TH STREET
 BELLEVILLE, IL. 62223

Reference Numbers Facility ID 6006704

Health Service Area 011 Planning Service Area 163

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	19	83	0	4	4	0	110
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	83	0	4	4	0	110

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	54	0	0	0	54
Hawaiian/Pac. Isl.	1	0	0	0	1
White	54	0	0	0	54
Race Unknown	0	0	0	0	0
Total	110	0	0	0	110

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.50
LPN's	23.00
Certified Aides	44.00
Other Health Staff	12.00
Non-Health Staff	38.00
Totals	124.50

WILLOWS HEALTH CARE

4054 ALBRIGHT LANE
ROCKFORD, IL. 61103

Reference Numbers Facility ID 6010037
Health Service Area 001 Planning Service Area 201

Administrator

Debra Adkins

Contact Person and Telephone

Debra Adkins
815-654-2530

Registered Agent Information

PRATT, WILLIAM T
4141 NORTH ROCKTON AVENUE
ROCKFORD, IL 61103

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	23
Blood Disorders	0
*Nervous System	12
Alzheimer Disease	12
Mental Illness	41
Developmental Disability	0
Circulatory System	73
Respiratory System	11
Digestive System	6
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	34
Injuries and Poisonings	4
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	229

Date Completed
4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	91	91	88	91	76	15	0	91	211	180
Skilled Under 22	0	0	0	0	0	0		0		
Intermediate DD	0	0	0	0	0	0		0		
Sheltered Care	202	202	161	202	153	49			162	229
TOTAL BEDS	293	293	249	293	229	64	0	91		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	3087	0.0%	4260	12.8%	20299	27646	83.2%	83.2%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					52219	52219	70.8%	70.8%		
TOTALS	3087	0.0%	4260	12.8%	72518	79865	74.7%	74.7%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	2	0	2	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	0	0	0	0	0	1	3	4	3	7
75 to 84	6	20	0	0	0	0	8	35	14	55	69
85+	12	35	0	0	0	0	28	76	40	111	151
TOTALS	21	55	0	0	0	0	37	116	58	171	229

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.

WILLOWS HEALTH CARE

4054 ALBRIGHT LANE
 ROCKFORD, IL. 61103

Reference Numbers Facility ID 6010037

Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	10	0	0	54	0	76
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	153	0	153
TOTALS	12	10	0	0	207	0	229

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	178	172
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	90	75

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	76	0	0	153	229
Race Unknown	0	0	0	0	0
Total	76	0	0	153	229

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	76	0	0	153	229
Ethnicity Unknown	0	0	0	0	0
Total	76	0	0	153	229

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	27.00
Certified Aides	72.00
Other Health Staff	4.00
Non-Health Staff	131.00
Totals	249.00

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

MAGENCE,MEYER
8320 SKOKIE BOULEVARD
SKOKIE, IL 60077

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	188
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	188

Date Completed
4/10/2006

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	198	198	190	198	10	0	198	Residents on 1/1/2006	173
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	180
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	165
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	188
TOTAL BEDS	198	198	190	198	10	0	198		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	61481	85.1%	2784	64265	88.9%	88.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	0	0.0%	61481	85.1%	2784	64265	88.9%	88.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	54	19	0	0	0	0	0	0	54	19	73
45 to 59	69	29	0	0	0	0	0	0	69	29	98
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	7	4	0	0	0	0	0	0	7	4	11
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	133	55	0	0	0	0	0	0	133	55	188

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.

WILSON CARE

4544 NORTH HAZEL STREET
CHICAGO, IL. 60640

Reference Numbers Facility ID 6010045

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	185	0	0	3	0	188
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	185	0	0	3	0	188

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	118	118
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	106	0	0	0	106
Hawaiian/Pac. Isl.	0	0	0	0	0
White	79	0	0	0	79
Race Unknown	0	0	0	0	0
Total	188	0	0	0	188

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	12	0	0	0	12
Non-Hispanic	176	0	0	0	176
Ethnicity Unknown	0	0	0	0	0
Total	188	0	0	0	188

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	31.00
Other Health Staff	4.00
Non-Health Staff	49.00
Totals	97.00

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
Jamie Weibeler

Contact Person and Telephone

Anne Wagner
847-377-7307

Registered Agent Information

SCHMIDT,SUZI;BD CHMN
18 NORTH COUNTY STREET
WAUKEGAN, IL 60085

FACILITY OWNERSHIP
COUNTY

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	11
Blood Disorders	1
*Nervous System	21
Alzheimer Disease	57
Mental Illness	0
Developmental Disability	0
Circulatory System	73
Respiratory System	24
Digestive System	5
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	17
Injuries and Poisonings	8
Other Medical Conditions	26
Non-Medical Conditions	0
TOTALS	252

Date Completed
4/4/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	360	320	282	320	252	108	360	360	266
Skilled Under 22	0	0	0	0	0	0	0	0	162
Intermediate DD	0	0	0	0	0	0	0	0	176
Sheltered Care	0	0	0	0	0	0	0	0	252
TOTAL BEDS	360	320	282	320	252	108	360	360	

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	6665	5.1%	77591	59.0%	11821	96077	73.1%	82.3%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	6665	5.1%	77591	59.0%	11821	96077	73.1%	82.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	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	2	4	0	0	0	0	0	0	2	4	6
65 to 74	7	12	0	0	0	0	0	0	7	12	19
75 to 84	15	58	0	0	0	0	0	0	15	58	73
85+	16	125	0	0	0	0	0	0	16	125	141
TOTALS	46	206	0	0	0	0	0	0	46	206	252

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.

WINCHESTER HOUSE NURSING HOME

1125 NORTH MILWAUKEE AVENUE
LIBERTYVILLE, IL. 60048

Reference Numbers Facility ID 6010052

Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	17	191	0	0	44	0	252
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	191	0	0	44	0	252

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	175
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	5	0	0	0	5
Amer. Indian	4	0	0	0	4
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	239	0	0	0	239
Race Unknown	0	0	0	0	0
Total	252	0	0	0	252

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	248	0	0	0	248
Ethnicity Unknown	0	0	0	0	0
Total	252	0	0	0	252

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	32.00
LPN's	8.00
Certified Aides	117.38
Other Health Staff	12.00
Non-Health Staff	102.98
Totals	274.35

Wincrest Nursing Center

6326 North Winthrop Avenue
Chicago, IL 60660

Reference Numbers Facility ID 6010060
Health Service Area 006 Planning Service Area 601

Administrator
Narad Persadsingh

Contact Person and Telephone

Narad Persadsingh
773-338-7800

Registered Agent Information

DITKOWSKY, KENNETH K.
5940 W. TOUHY AVENUE
NILES, IL 60714

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	0
Alzheimer Disease	0
Mental Illness	68
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	1
Non-Medical Conditions	0
TOTALS	69

Date Completed
3/26/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	82	82	73	82	69	13	0	82	Residents on 1/1/2006	69
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	60
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006	60
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	69
TOTAL BEDS	82	82	73	82	69	13	0	82		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	24392	81.5%	365	24757	82.7%	82.7%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	24392	81.5%	365	24757	82.7%	82.7%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	21	6	0	0	0	0	0	0	21	6	27
45 to 59	22	6	0	0	0	0	0	0	22	6	28
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	4	2	0	0	0	0	0	0	4	2	6
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	52	17	0	0	0	0	0	0	52	17	69

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.

Wincrest Nursing Center6326 North Winthrop Avenue
Chicago, IL. 60660**Reference Numbers** Facility ID 6010060

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	68	0	0	1	0	69
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	68	0	0	1	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	82	82
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	49	0	0	0	49
Hawaiian/Pac. Isl.	0	0	0	0	0
White	19	0	0	0	19
Race Unknown	0	0	0	0	0
Total	69	0	0	0	69

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	65	0	0	0	65
Ethnicity Unknown	0	0	0	0	0
Total	69	0	0	0	69

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	23.00
Other Health Staff	1.00
Non-Health Staff	27.00
Totals	59.00

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

STERN, ABRAHAM J.; MR.
 10 S WACKER DR, 40TH FLOOR
 CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	66
Blood Disorders	0
*Nervous System	3
Alzheimer Disease	13
Mental Illness	10
Developmental Disability	3
Circulatory System	13
Respiratory System	21
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	136

Date Completed
 4/12/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	150	150	150	136	14	100	150	Residents on 1/1/2006	140
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	114
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	118
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	136
TOTAL BEDS	150	150	150	136	14	100	150		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	4767	13.1%	35064	64.0%	10761	50592	92.4%	92.4%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	4767	13.1%	35064	64.0%	10761	50592	92.4%	92.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	5	0	0	0	0	0	0	3	5	8
60 to 64	5	5	0	0	0	0	0	0	5	5	10
65 to 74	12	9	0	0	0	0	0	0	12	9	21
75 to 84	19	27	0	0	0	0	0	0	19	27	46
85+	5	46	0	0	0	0	0	0	5	46	51
TOTALS	44	92	0	0	0	0	0	0	44	92	136

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.

WINDMILL NURSING PAVILION16000 SOUTH WABASH
SOUTH HOLLAND, IL. 60473

Reference Numbers Facility ID 6010078

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	121	0	0	7	0	136
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	121	0	0	7	0	136

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	82	0	0	0	82
Hawaiian/Pac. Isl.	0	0	0	0	0
White	54	0	0	0	54
Race Unknown	0	0	0	0	0
Total	136	0	0	0	136

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	133	0	0	0	133
Ethnicity Unknown	0	0	0	0	0
Total	136	0	0	0	136

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	22.00
Certified Aides	44.00
Other Health Staff	0.00
Non-Health Staff	23.00
Totals	94.00

WINDSOR PARK MANOR

124 WINDSOR PARK DRIVE
CAROL STREAM, IL. 60188

Reference Numbers Facility ID 6011753
Health Service Area 007 Planning Service Area 703

Administrator
Courtney Littlejohn

Contact Person and Telephone

Courtney Littlejohn
630-510-5200

Registered Agent Information

ERICKSON, GRANT D
1625 SHERMER ROAD
NORTHBROOK, IL 60062

FACILITY OWNERSHIP

NON-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	2
*Nervous System	6
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	9
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	66

Date Completed
4/3/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	80	80	76	80	66	14	32	0	66	142
Skilled Under 22	0	0	0	0	0	0	0	0		142
Intermediate DD	0	0	0	0	0	0	0	0		66
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	80	80	76	80	66	14	32	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	3028	25.9%	0	0.0%	23143	26171	89.6%	89.6%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	3028	25.9%	0	0.0%	23143	26171	89.6%	89.6%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0
75 to 84	4	12	0	0	0	0	0	0	4	12	16
85+	12	37	0	0	0	0	0	0	12	37	49
TOTALS	17	49	0	0	0	0	0	0	17	49	66

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.

WINDSOR PARK MANOR124 WINDSOR PARK DRIVE
CAROL STREAM, IL. 60188

Reference Numbers Facility ID 6011753

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	3	0	0	0	63	0	66
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	0	0	0	63	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	266	213
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	6.00
Certified Aides	38.00
Other Health Staff	0.00
Non-Health Staff	6.00
Totals	64.00

WINFIELD WOODS

28 WEST 141 LIBERTY STREET
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
630-668-9696

Registered Agent Information

CRAMAROSSO, MICHAEL A
444 N MICHIGAN AVENUE, STE 2500
CHICAGO, IL 60611

FACILITY OWNERSHIP

LIMITED LIABILITY CO

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	1
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System	4
Alzheimer Disease	0
Mental Illness	124
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	132

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	138	138	138	138	6	0	138	135	
Skilled Under 22	0	0	0	0	0	0	0	21	
Intermediate DD	0	0	0	0	0	0	0	24	
Sheltered Care	0	0	0	0	0	0	0	132	
TOTAL BEDS	138	138	138	138	6	0	138		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.		
Nursing Care	0	0.0%	40387	80.2%	8106	48493	96.3%	96.3%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	40387	80.2%	8106	48493	96.3%	96.3%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	7	0	0	0	0	0	0	2	7	9
45 to 59	40	25	0	0	0	0	0	0	40	25	65
60 to 64	7	10	0	0	0	0	0	0	7	10	17
65 to 74	9	21	0	0	0	0	0	0	9	21	30
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	62	70	0	0	0	0	0	0	62	70	132

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.

WINFIELD WOODS

28 WEST 141 LIBERTY STREET
WINFIELD, IL. 60190

Reference Numbers Facility ID 6005334

Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	111	1	1	19	0	132
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	111	1	1	19	0	132

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	1	0	0	0	1
Black	9	0	0	0	9
Hawaiian/Pac. Isl.	0	0	0	0	0
White	121	0	0	0	121
Race Unknown	0	0	0	0	0
Total	132	0	0	0	132

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	132	0	0	0	132
Ethnicity Unknown	0	0	0	0	0
Total	132	0	0	0	132

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	24.00
Other Health Staff	8.00
Non-Health Staff	36.00
Totals	82.00

WINNING WHEELS

701 EAST 3RD STREET
 PROPHETSTOWN, IL. 61277

Reference Numbers Facility ID 6010094
 Health Service Area 001 Planning Service Area 195

Administrator

Libby Goodman

Contact Person and Telephone

Libby Goodman
 815-537-5168

Registered Agent Information

OSBORN,PAUL;MR.
 701 EAST THIRD STREET
 PROPHETSTOWN , IL 61277

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	20
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	9
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	49
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	78

Date Completed
 4/6/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	80	80	80	80	78	2	80	80	80	8
Skilled Under 22	0	0	0	0	0	0	0	0		
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	80	80	80	80	78	2	80	80		10
										78

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	412	1.4%	25362	86.9%	2319	28093	96.2%		96.2%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	412	1.4%	25362	86.9%	2319	28093	96.2%		96.2%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	30	9	0	0	0	0	0	0	30	9	39
45 to 59	26	9	0	0	0	0	0	0	26	9	35
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	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	59	19	0	0	0	0	0	0	59	19	78

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.

WINNING WHEELS

701 EAST 3RD STREET
 PROPHETSTOWN, IL. 61277

Reference Numbers Facility ID 6010094

Health Service Area 001 Planning Service Area 195

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	2	70	0	0	6	0	78
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	70	0	0	6	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	175
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pac. Isl.	0	0	0	0	0
White	69	0	0	0	69
Race Unknown	0	0	0	0	0
Total	78	0	0	0	78

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	76	0	0	0	76
Ethnicity Unknown	0	0	0	0	0
Total	78	0	0	0	78

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	4.00
LPN's	6.00
Certified Aides	37.00
Other Health Staff	11.00
Non-Health Staff	32.00
Totals	93.00

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

Jeff Mermelstein
773-252-2066

Registered Agent Information

MERMELSTEIN, MARVIN
2450 NORTH CENTRAL AVENUE
CHICAGO, IL 60639

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	74
Blood Disorders	1
*Nervous System	17
Alzheimer Disease	0
Mental Illness	37
Developmental Disability	0
Circulatory System	18
Respiratory System	10
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	2
TOTALS	168

Date Completed
3/30/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	180	180	175	180	12	0	180	Residents on 1/1/2006	173
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	85
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	90
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	168
TOTAL BEDS	180	180	175	180	12	0	180		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	60955	92.8%	365	61320	93.3%	93.3%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	0	0.0%	60955	92.8%	365	61320	93.3%	93.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	19	12	0	0	0	0	0	0	19	12	31
45 to 59	56	20	0	0	0	0	0	0	56	20	76
60 to 64	16	6	0	0	0	0	0	0	16	6	22
65 to 74	20	5	0	0	0	0	0	0	20	5	25
75 to 84	7	6	0	0	0	0	0	0	7	6	13
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	118	50	0	0	0	0	0	0	118	50	168

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.

Winston Manor Convalescent

2155 West Pierce
Chicago, IL. 60622

Reference Numbers Facility ID 6010102

Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	167	0	0	1	0	168
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	167	0	0	1	0	168

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	84
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	68	0	0	0	68
Hawaiian/Pac. Isl.	0	0	0	0	0
White	100	0	0	0	100
Race Unknown	0	0	0	0	0
Total	168	0	0	0	168

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	20	0	0	0	20
Non-Hispanic	148	0	0	0	148
Ethnicity Unknown	0	0	0	0	0
Total	168	0	0	0	168

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	32.00
Other Health Staff	0.00
Non-Health Staff	43.00
Totals	94.00

WOOD GLEN NURSING & REHAB CTR

30 WEST 300 NORTH AVENUE
WEST CHICAGO, IL. 60185

Reference Numbers Facility ID 6001713
Health Service Area 007 Planning Service Area 703

Administrator
Jeffrey S. White

Contact Person and Telephone

Jeff White
630-876-8100

Registered Agent Information

STERN, ABRAHAM J
10 SOUTH WACKER DRIVE, 40TH FL
CHICAGO, IL 60606

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	19
Blood Disorders	3
*Nervous System	12
Alzheimer Disease	4
Mental Illness	92
Developmental Disability	4
Circulatory System	18
Respiratory System	3
Digestive System	9
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	2
Other Medical Conditions	27
Non-Medical Conditions	0
TOTALS	201

Date Completed
3/26/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	207	207	207	201	6	207	207	Residents on 1/1/2006	191
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	114
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	104
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	201
TOTAL BEDS	207	207	207	201	6	207	207		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	3438	4.6%	66061	87.4%	4471	73970	97.9%	97.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	3438	4.6%	66061	87.4%	4471	73970	97.9%	97.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	39	19	0	0	0	0	0	0	39	19	58
45 to 59	36	23	0	0	0	0	0	0	36	23	59
60 to 64	9	13	0	0	0	0	0	0	9	13	22
65 to 74	14	17	0	0	0	0	0	0	14	17	31
75 to 84	9	11	0	0	0	0	0	0	9	11	20
85+	0	11	0	0	0	0	0	0	0	11	11
TOTALS	107	94	0	0	0	0	0	0	107	94	201

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.

WOOD GLEN NURSING & REHAB CTR

30 WEST 300 NORTH AVENUE

WEST CHICAGO, IL. 60185

Reference Numbers Facility ID 6001713

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	6	183	0	0	12	0	201
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	183	0	0	12	0	201

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	160
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	6	0	0	0	6
Amer. Indian	0	0	0	0	0
Black	19	0	0	0	19
Hawaiian/Pac. Isl.	0	0	0	0	0
White	165	0	0	0	165
Race Unknown	11	0	0	0	11
Total	201	0	0	0	201

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	190	0	0	0	190
Ethnicity Unknown	0	0	0	0	0
Total	201	0	0	0	201

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	12.00
Non-Health Staff	39.00
Totals	94.00

Woodbridge Nursing Pavilion

2242 North Kedzie Blvd.
CHICAGO, IL. 60647

Reference Numbers Facility ID 6007074
Health Service Area 006 Planning Service Area 602

Administrator

Juvenal Jay Gonzalez

Contact Person and Telephone

Jay Gonzalez
773-486-7700

Registered Agent Information

STERN, ABRAHAM J.; MR.
10 SOUTH WACKER DRIVE, 40TH FL.
CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	29
Blood Disorders	6
*Nervous System	6
Alzheimer Disease	3
Mental Illness	26
Developmental Disability	0
Circulatory System	43
Respiratory System	10
Digestive System	13
Genitourinary System Disorders	6
Skin Disorders	4
Musculo-skeletal Disorders	0
Injuries and Poisonings	16
Other Medical Conditions	37
Non-Medical Conditions	0
TOTALS	200

Date Completed
4/6/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	222	222	210	220	200	22	222	222	202	
Skilled Under 22	0	0	0	0	0	0		0	88	
Intermediate DD	0	0	0	0	0	0		0	90	
Sheltered Care	0	0	0	0	0	0				200
TOTAL BEDS	222	222	210	220	200	22	222	222		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	8396	10.4%	57654	71.2%	6831	72881	89.9%	89.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	8396	10.4%	57654	71.2%	6831	72881	89.9%	89.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	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	12	0	0	0	0	0	0	15	12	27
60 to 64	15	7	0	0	0	0	0	0	15	7	22
65 to 74	40	26	0	0	0	0	0	0	40	26	66
75 to 84	19	30	0	0	0	0	0	0	19	30	49
85+	12	20	0	0	0	0	0	0	12	20	32
TOTALS	103	97	0	0	0	0	0	0	103	97	200

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.

Woodbridge Nursing Pavilion

2242 North Kedzie Blvd.

CHICAGO, IL. 60647

Reference Numbers Facility ID 6007074

Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	27	166	0	1	6	0	200
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	27	166	0	1	6	0	200

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	125
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	27	0	0	0	27
Hawaiian/Pac. Isl.	0	0	0	0	0
White	172	0	0	0	172
Race Unknown	0	0	0	0	0
Total	200	0	0	0	200

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	142	0	0	0	142
Non-Hispanic	58	0	0	0	58
Ethnicity Unknown	0	0	0	0	0
Total	200	0	0	0	200

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	17.00
Certified Aides	55.00
Other Health Staff	6.00
Non-Health Staff	45.00
Totals	141.00

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

Debbie Massey

Contact Person and Telephone

Debbie Massey
 708-756-5200

Registered Agent Information

SCHWARTZ,LAWRENCE Y.
 7366 NORTH LINCOLN, SUITE 404
 LINCOLNWOOD , IL 60646

FACILITY OWNERSHIP

LIMITED LIABILITY CO

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-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	28
Blood Disorders	0
*Nervous System	4
Alzheimer Disease	2
Mental Illness	34
Developmental Disability	0
Circulatory System	32
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	111

Date Completed
 4/13/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	112	112	112	112	111	1	20	112	111	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0		0		Total Discharges 2006
Intermediate DD	0	0	0	0	0	0		0		Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	112	112	112	112	111	1	20	112		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	2800	38.4%	37812	92.5%	0	40612	99.3%	99.3%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	2800	38.4%	37812	92.5%	0	40612	99.3%	99.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	8	10	0	0	0	0	0	0	8	10	18
45 to 59	20	11	0	0	0	0	0	0	20	11	31
60 to 64	14	8	0	0	0	0	0	0	14	8	22
65 to 74	12	5	0	0	0	0	0	0	12	5	17
75 to 84	6	6	0	0	0	0	0	0	6	6	12
85+	5	6	0	0	0	0	0	0	5	6	11
TOTALS	65	46	0	0	0	0	0	0	65	46	111

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.

WOODSIDE MANOR

120 WEST 26TH STREET
 SOUTH CHICAGO HEIGHTS, IL. 60411

Reference Numbers Facility ID 6007991

Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	97	0	0	0	0	111
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	97	0	0	0	0	111

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	115
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	69	0	0	0	69
Hawaiian/Pac. Isl.	0	0	0	0	0
White	41	0	0	0	41
Race Unknown	0	0	0	0	0
Total	111	0	0	0	111

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	30.00
Other Health Staff	9.00
Non-Health Staff	28.00
Totals	90.00

WOODSTOCK RESIDENCE

309 MCHENRY AVENUE
WOODSTOCK, IL. 60098
Reference Numbers Facility ID 6010136
Health Service Area 008 Planning Service Area 111

Administrator
ALISSA NATAUPSKY

Contact Person and Telephone

ALISSA NATAUPSKY
815-338-1700

Registered Agent Information

STERN, ABRAHAM J.
10 SOUTH WACKER DRIVE, 40TH FL
CHICAGO, IL 60606

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	3
*Nervous System	11
Alzheimer Disease	24
Mental Illness	10
Developmental Disability	2
Circulatory System	12
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	86

Date Completed
4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	115	115	86	0	86	29	29	115	81	Total Admissions 2006
Skilled Under 22	0	0	0	0	0	0	0	0	76	Total Discharges 2006
Intermediate DD	0	0	0	0	0	0	0	0	86	Residents on 12/31/2006
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	115	115	86	0	86	29	29	115		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	2644	25.0%	21915	52.2%	5561	30120	71.8%		71.8%	
Skilled Under 22			0	0.0%	0	0	0.0%		0.0%	
Intermediate DD			0	0.0%	0	0	0.0%		0.0%	
Sheltered Care					0	0	0.0%		0.0%	
TOTALS	2644	25.0%	21915	52.2%	5561	30120	71.8%		71.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	6	2	0	0	0	0	0	0	6	2	8
60 to 64	3	5	0	0	0	0	0	0	3	5	8
65 to 74	7	11	0	0	0	0	0	0	7	11	18
75 to 84	8	10	0	0	0	0	0	0	8	10	18
85+	8	25	0	0	0	0	0	0	8	25	33
TOTALS	32	54	0	0	0	0	0	0	32	54	86

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.

WOODSTOCK RESIDENCE

309 MCHENRY AVENUE
WOODSTOCK, IL. 60098

Reference Numbers Facility ID 6010136

Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	67	1	0	10	0	86
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	67	1	0	10	0	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	160
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	85	0	0	0	85
Race Unknown	0	0	0	0	0
Total	86	0	0	0	86

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	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

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	29.00
Other Health Staff	0.00
Non-Health Staff	37.00
Totals	79.00

WRIGHT NURSING HOME INC.

501 EAST FRONT STREET
 STOCKTON, IL. 61085
Reference Numbers Facility ID 6006365
 Health Service Area 001 Planning Service Area 085

Administrator

Paula Haas

Contact Person and Telephone

Paula Haas
 815-947-2215

Registered Agent Information

HAAS,PAULA S
 10337 IL ROUTE 78 SOUTH
 MOUNT CARROLL , IL 61053

FACILITY OWNERSHIP

FOR-PROF CORPORATION

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	7
Alzheimer Disease	10
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	1
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	34

Date Completed
 3/8/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
									Residents on 1/1/2006	
Nursing Care	49	49	49	49	34	15	0	49	Resident on 1/1/2006	37
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2006	8
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2006	11
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2006	34
TOTAL BEDS	49	49	49	49	34	15	0	49		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	5110	28.6%	7300	12410	69.4%	69.4%		
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0.0%	0.0%		
Sheltered Care					0	0	0.0%	0.0%		
TOTALS	0	0.0%	5110	28.6%	7300	12410	69.4%	69.4%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	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	4	6	0	0	0	0	0	0	4	6	10
85+	5	17	0	0	0	0	0	0	5	17	22
TOTALS	9	25	0	0	0	0	0	0	9	25	34

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.

WRIGHT NURSING HOME INC.

501 EAST FRONT STREET
 STOCKTON, IL. 61085

Reference Numbers Facility ID 6006365

Health Service Area 001 Planning Service Area 085

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	14	0	0	20	0	34
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	20	0	34

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	117	107
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	16.00
Other Health Staff	8.00
Non-Health Staff	1.00
Totals	31.00

WYNSCAPE

2180 MANCHESTER ROAD
WHEATON, IL 60187

Reference Numbers Facility ID 6008361
Health Service Area 007 Planning Service Area 703

Administrator

Renee Cisewski

Contact Person and Telephone

Renee Cisewski
630-665-4330

Registered Agent Information

BENSON, JOSEPH L.
200 WYNDEMERE CIRCLE
WHEATON, IL 60187

FACILITY OWNERSHIP

NON-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System	7
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	13
Digestive System	15
Genitourinary System Disorders	8
Skin Disorders	5
Musculo-skeletal Disorders	5
Injuries and Poisonings	39
Other Medical Conditions	16
Non-Medical Conditions	17
TOTALS	157

Date Completed
4/10/2007

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	209	198	172	169	52	108	0	Residents on 1/1/2006	161
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	704
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2006	708
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	157
TOTAL BEDS	209	198	172	169	52	108	0		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	16383	41.6%	24139	0.0%	18692	59214	77.6%	81.9%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0.0%	0.0%	
Sheltered Care					0	0	0.0%	0.0%	
TOTALS	16383	41.6%	24139	0.0%	18692	59214	77.6%	81.9%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	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	11	0	0	0	0	0	0	4	11	15
75 to 84	15	25	0	0	0	0	0	0	15	25	40
85+	18	82	0	0	0	0	0	0	18	82	100
TOTALS	37	120	0	0	0	0	0	0	37	120	157

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.

WYNSCAPE

2180 MANCHESTER ROAD
WHEATON, IL. 60187

Reference Numbers Facility ID 6008361

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	47	54	0	0	56	0	157
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	47	54	0	0	56	0	157

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	300	260
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	147	0	0	0	147
Race Unknown	0	0	0	0	0
Total	157	0	0	0	157

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	157	0	0	0	157
Ethnicity Unknown	0	0	0	0	0
Total	157	0	0	0	157

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	23.11
LPN's	5.70
Certified Aides	57.64
Other Health Staff	25.41
Non-Health Staff	42.18
Totals	156.04

ZACHARY HOUSE

1102 EAST AVENUE
STREAMWOOD, IL. 60107

Reference Numbers Facility ID 6015002
Health Service Area 007 Planning Service Area 701

Administrator

Donita Link

Contact Person and Telephone

Robin Witt
847-397-0055

Registered Agent Information

WITT, BYRN T.
3250 SOUTH PLUM GROVE ROAD
ROLLING MEADOWS, IL 60008

FACILITY OWNERSHIP

FOR-PROF CORPORATION

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-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System	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

Date Completed
3/22/2006

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2006	
		SET-UP	USED					Residents on 1/1/2006	
Nursing Care	0	0	0	0	0	0	0	Residents on 1/1/2006	16
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2006	0
Intermediate DD	16	16	16	16	0	0	16	Total Discharges 2006	0
Sheltered Care	0	0	0	0	0	0	0	Residents on 12/31/2006	16
TOTAL BEDS	16	16	16	16	0	0	16		

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other	TOTAL	Licensed Beds		Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%	
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%	0.0%	
Intermediate DD			5840	100.0%	0	5840	100.0%	100.0%	100.0%	
Sheltered Care					0	0	0.0%	0.0%	0.0%	
TOTALS	0	0.0%	5840	100.0%	0	5840	100.0%	100.0%	100.0%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	7	2	0	0	7	2	9
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	10	6	0	0	10	6	16

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.

ZACHARY HOUSE

1102 EAST AVENUE
 STREAMWOOD, IL. 60107

Reference Numbers Facility ID 6015002

Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		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	150	136
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	1	0	1
Hawaiian/Pac. 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	SkIUnd22	ICF/DD	Shelter	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

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	5.30
Other Health Staff	0.49
Non-Health Staff	1.84
Totals	8.63